

HEALTH EDUCATION FRAMEWORK



FOR CALIFORNIA PUBLIC SCHOOLS
Kindergarten Through Grade Twelve

Adopted by the California State
Board of Education
May 2019

*Published by the California
Department of Education
Sacramento, 2021*



HEALTH EDUCATION

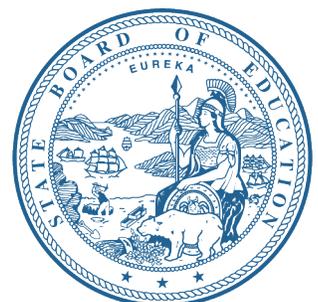
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Publishing Information

The Health Education Framework for California Public Schools, Kindergarten Through Grade Twelve (2019 edition) was adopted by the State Board of Education (SBE) on May 8, 2019. When this edition was approved, the following persons were serving on the SBE: Linda Darling-Hammond, President; Ilene W. Strauss, Vice President; Sue Burr; Matt Navo; Feliza I. Ortiz-Licon; Kim Pattillo Brownson; Patricia A. Rucker; Ting L. Sun; Gema Q. Cardenas, Student Member; and Tony Thurmond, State Superintendent of Public Instruction, Secretary and Executive Officer. The Executive Director was Karen Stapf Walters.

The 2019 Health Education Framework for California Public Schools, Kindergarten Through Grade Twelve was prepared under the direction of the Curriculum Frameworks and Instructional Resources Division, California Department of Education (CDE). This publication was edited, designed, and prepared for printing by the staff of CDE Press, working in cooperation with Jennifer Bentley, Education Programs Consultant; Constantino Silva, Administrator; Dr. Lindsay Weiss, Education Programs Consultant; and Dr. Stephanie Gregson, Director, Curriculum Frameworks and Instructional Resources Division. Cover design was done by Aristotle Ramirez. The framework was published by the California Department of Education, 1430 N Street, Sacramento, CA 95814-5901, and distributed under the provisions of the Library Distribution Act and Government Code Section 11096.

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ISBN 978-0-8011-1808-1

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Notice

The guidance in 2019 Health Education Framework for California Public Schools, Kindergarten Through Grade Twelve is not binding on local educational agencies or other entities. Except for the statutes, regulations, and court decisions that are referenced herein, the document is exemplary and compliance with it is not mandatory. (See Education Code Section 33308.5)

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Foreword

The new Health Education Framework for California Public Schools is a welcome update to our state curricular resources in health instruction.

This document supports the goals of the Health Education Content Standards for California Public Schools, Kindergarten Through Grade Twelve and is an important step forward in our ongoing commitment to ensure that all California students are prepared for college, twenty-first century careers, and citizenship. This framework models the diversity of our great state and reflects the inclusionary objectives of the State Board of Education (SBE) and the California Department of Education (CDE).

Curriculum based on this updated framework will help students build strong and healthy relationships with their families, friends, and communities while strengthening their resiliency and personal decision-making skills for healthy living. During the lengthy development process of the framework, the CDE and the SBE received a significant volume of public comment. This feedback from stakeholder groups throughout the state—teachers, administrators, professional organizations, interest groups, and members of the public—has been reflected in the document.

The guiding principle of the Health Education Framework is a focus on the idea that healthy students are successful students. Healthy students, healthy relationships, and a healthier environment are achievable goals through health education that fully addresses the Health Education Content Standards. In the

past 20 years, health education has evolved to become a powerful, comprehensive, theory-driven, evidence-based platform from which to educate, inform, and empower youth to make well-informed health decisions that lead to positive practices that promote a lifetime of good health.

Consistent with our recently adopted frameworks in other subject areas, this framework relies on students being active participants in the learning process. The framework is designed to help teachers and administrators create a curriculum where students comprehend essential health concepts, analyze their health influences, learn how to access valid health information, demonstrate their interpersonal communication skills, make healthy decisions, set goals, practice health-enhancing behaviors, and demonstrate their ability to promote healthy lifestyles.

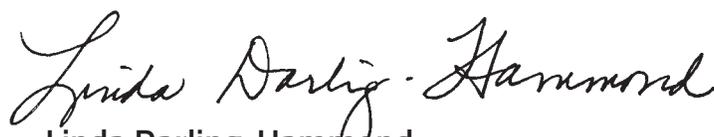
In addition to the guidance for teachers and administrators on standards implementation, the framework includes new chapters on assessment, access and equity, instructional strategies, and professional learning—all designed to assist teachers and administrators in furthering the collective goal of creating healthy students throughout the state of California. The framework also includes the criteria for evaluating kindergarten-through-eighth-grade instructional materials, which will ensure that the curricular tools for the next generation will reflect these aims.

As we move further into the twenty-first century, the information students receive related to their health will only increase. A collaborative effort to prepare our students for the changing world they will enter as adults ensures that they will be equipped to make choices that will lead to personal and professional success as healthy and prepared citizens of a prosperous state.



Tony Thurmond

State Superintendent of Public Instruction



Linda Darling-Hammond

President, State Board of Education

Acknowledgments

This edition of the *Health Education Framework for California Public Schools, Kindergarten Through Grade Twelve* was adopted by the California State Board of Education (SBE) on May 8, 2019. When this edition was approved, the following persons were serving on the SBE:

Linda Darling-Hammond, President

Ilene W. Strauss, Vice President

Sue Burr

Matt Navo

Feliza I. Ortiz-Licon

Kim Pattillo Brownson

Patricia A. Rucker

Ting L. Sun

Gema Q. Cardenas, Student Member

Tony Thurmond, State Superintendent of Public Instruction, Secretary and Executive Officer

Karen Stapf Walters, Executive Director

Special appreciation is expressed to Feliza Ortiz-Licon, Patricia Rucker, and Ilene Straus who offered guidance and support while serving as the SBE's liaisons to the framework and the Instructional Quality Commission.

In May 2019 when the framework was recommended for adoption by the SBE, the members of the Instructional Quality Commission (IQC) were as follows:

Soomin Chao, Commission Chair, San Marino Unified School District

Lizette Diaz, Ontario-Montclair School District

ACKNOWLEDGMENTS

Nicole Naditz, San Juan Union School District
Jennifer Woo, Twin Rivers School District
Julie Tonkovich, Whittier Union High School District
Melanie Murphy-Corwin, Retired Educator
Jose Iniguez, Fallbrook Unified School District
Christine Chapman, Bakersfield City School District
Alma-Delia Renteria, El Rancho Unified School District
Shay Fairchild, Norwalk-La Mirada Unified School District
Jose Lara, Anaheim Union High School District
Yolanda Muñoz, Pasadena Unified School District
Deborah Costa Hernández, CSMP
David Phanthai, Sacramento City Unified School District
Manuel Rustin, Pasadena Unified School District
Pamela Williamson, Fairfield Suisun Unified School District

The following members of the Health Subject Matter Committee participated in the development and approval process for the framework from 2016 through 2019:

Soomin Chao (Vice Chair 2017)	Jose Iniguez (Member 2018)
Lizette Diaz (Member 2017 – 2018)	Risha Krishna (Member 2016 – 2018)
Shay Fairchild (Vice Chair 2018, Chair 2019)	Jose Lara (Member 2018)
Jose Flores (Member 2017 and 2018, Vice Chair 2016)	Brian Muller (Member 2016 and 2017)
Carla Herrera (Member 2016)	Dean Reese (Member 2017)
Louis “Bill” Honig (Member 2016 and 2017)	Jennifer Woo (Chair 2016 – 2018)

The initial draft of the framework was developed by the Health Education Curriculum Framework and Evaluation Criteria Committee (HE CFCC) between May 2017 and January 2018. The State Board of Education and the Instructional Quality Commission commend the following members of the HE CFCC and extend great appreciation for their efforts (affiliations listed were current at the time of each member's appointment).

Martha Adriasola-Martinez, HE CFCC Co-Chair, Teacher on Special Assignment, San Francisco Unified School District

Kimberley Walden, HE CFCC Co-Chair, Teacher, Twin Rivers Unified School District

Shannon Bennett, Teacher, Garden Grove Unified School District

Samantha Blackburn, Assistant Professor, California State University, Sacramento

Bridget A. Brownell, Teacher, Los Angeles Unified School District

Lidia Carlton, Chief, Health Education Unit, California Department of Public Health

Cynthia Dimon, Behavioral Health Program Manager, Oakland Unified School District

Diane Farthing, Teacher, Pleasanton Unified School District

Matthew French, Teacher, Los Angeles Unified School District

Robert G. LaChausse, Chairman, Department of Public Health Sciences, California Baptist University

Darren McDonald, Principal, Morgan Hill Unified School District

Michelle Presley, Teacher, San Marcos Unified School District

Michael Riggs, Teacher, Bonita Unified School District

David Rodgers, Teacher, Visalia Unified School District

Robyn Russon, Teacher, Burbank Unified School District

Kimberley Sinclair, Teacher, Glendale Unified School District

Amy Streavel, Director, Community Education and Outreach, Planned Parenthood of Orange and San Bernardino Counties

Aimee Sturges, Teacher, Conejo Valley Unified School District

Jill Vandroff, School Nurse, San Mateo County Office of Education

ACKNOWLEDGMENTS

Gratitude is expressed to **Sloane Burke**, Professor, Department of Health Science, California State University, Northridge, who served as the primary writer of the framework.

Gratitude is expressed to **Jaime Gerigk**, Director of Counseling and Outreach, WEAVE, Inc., and **Brittany Bray**, Training and Education Coordinator, WEAVE, Inc., who served as the healthy relationships and sexual violence prevention content experts for the framework.

Special recognition is extended to **Janelle Kubinec**, Director, California Comprehensive Center at WestEd, whose staff provided support as the framework was developed; **Pam Spycher**, Senior Research Associate, WestEd, and **Rachel Lagunoff**, Senior Program Associate, WestEd, for contributing to the Access and Equity chapter and strengthening the diversity in the framework.

Special recognition is also extended to **Dianne Wilson-Graham**, Executive Director, California Physical Education–Health Project, and her staff who contributed their expertise and examples of assessments to the development of the Assessment chapter.

Appreciation is extended to **Bryan Ehlers**, Director, CalRecycle, Office of Education and the Environment, and **Gerald A. Lieberman**, Director, State Education and Environment Roundtable, for providing classroom examples connecting health education to environmental health.

In addition to the individuals and groups referenced above, the California Department of Education (CDE) and SBE would like to acknowledge the many thousands of members of the public who took the time to submit public comments during the framework development process. There are too many to thank individually, but public input was instrumental in the development of the document.

The following managers at the CDE coordinated the development and publication of this framework:

Stephanie Gregson, Director, Curriculum Frameworks and Instructional Resources Division, and Executive Director, Instructional Quality Commission

Shanine Coats, Director, Curriculum Frameworks and Instructional Resources Division, and Executive Director, Instructional Quality Commission

Constantino Silva, Administrator, Curriculum Frameworks Unit

Kristen Cruz Allen, Administrator, Curriculum Frameworks Unit

The following staff members from the CDE’s Curriculum Frameworks and Instructional Resources Division also assisted in the development of the framework:

Lindsay Weiss, Project Lead, Education Programs Consultant, Division Support

Jennifer Bentley, Project Co-Lead, Education Programs Consultant, Instructional Resources Unit

Deborah Franklin, Education Programs Consultant, Curriculum Frameworks Unit

David Almquist, Education Programs Consultant, Instructional Resources Unit

Bryan Boyd, Education Programs Consultant, Instructional Resources Unit

Gloria Dobson, Analyst, Administrative Support Unit

Lisa Grant, Education Programs Consultant, Curriculum Frameworks Unit

Susan Hardesty, Analyst, Administrative Support Unit

Alejandro Hernandez, Education Programs Consultant, Instructional Resources Unit

Letty Kraus, Education Programs Consultant, Curriculum Frameworks Unit

Lisa Leiplein, Analyst, Curriculum Frameworks Unit

Jim Long, Education Program Consultant, Instructional Resources Unit

Kenneth McDonald, Education Programs Consultant, Curriculum Frameworks Unit

Ashley Mitchell, Office Technician, Administrative Support Unit

Renee Ousley-Swank, Education Programs Consultant, Instructional Resources Unit

Jonn Paris-Salb, Education Programs Consultant, Instructional Resources Unit

Anton Piskulyov, Analyst, Instructional Resources Unit

Cliff Rudnick, Administrator, Instructional Resources Unit

Rhonda Runyan, Analyst, Curriculum Frameworks Unit

Carol Singleton, Manager, CDE Press

Susan Sweeney, Analyst, Administrative Support Unit

Joe Thompson, Manager, Analyst, Administrative Support Unit

Terri Yan, Analyst, Curriculum Frameworks Unit

Tracie Yee, Analyst, Curriculum Frameworks Unit

ACKNOWLEDGMENTS

Finally, the CDE gratefully acknowledges the following staff members for their contributions to the development of the framework:

Laura Bridges, Child Development Consultant, Quality Improvement Office, Early Education and Support Division

Michael Danzik, Nutrition Education Consultant, Education and Nutrition Policy Unit, Nutrition Services Division

Elizabeth Golchert, Education Program Consultant, Quality Improvement Office, Early Education and Support Division

Kathleen Halverson, Education Program Consultant, Policy Office, Early Education and Support Division

Monica Nepomuceno, Education Programs Consultant, School Health and Safety Office, Educator Excellence and Equity Division

Heather Reed, Nutrition Education Consultant, Education and Nutrition Policy Unit, Nutrition Services Division

Sharla Smith, School Health Education Consultant, School Health and Safety Office, Educator Excellence and Equity Division

Introduction

CHAPTER 1

Health education is a vital subject for all California students—one that will influence many aspects of their lives. Good health and academic success are inextricably linked. Healthy children make better students and better students become healthy, successful adults who are productive members of their communities. Healthy students, healthy relationships, and a healthier environment are achievable goals through health education that fully addresses the *Health Education Content Standards for California Public Schools, Kindergarten Through Grade Twelve* (health education standards) (2008). In the past 20 years, health education has evolved to become a powerful, comprehensive, theory-driven, evidence-based platform from which to educate, inform, and empower youth to make well-informed health decisions that lead to positive practices that promote a lifetime of good health.

The *Health Education Framework for California Public Schools, Kindergarten Through Grade Twelve* (framework), which is guided by the health education standards, is intended to assist elementary teachers, secondary health education teachers, administrators, school nurses, school counselors, other educators, local educational agencies (LEAs), district personnel such as curriculum specialists, community partners such as school-based health center staff, and school board members in developing programs that educate, influence, and inspire California’s children to learn, adopt, and maintain positive health practices throughout their lives.

An effective school health program can be one of the single most cost-effective investments a nation can make to simultaneously improve education and health

(World Health Organization 2019). Schools play a critical role in promoting the health and safety of children and adolescents by assisting them in establishing a lifetime of positive health practices. Schools have direct contact with more than 95 percent of our nation's youth aged five to seventeen years old, for approximately six hours a day, and up to 13 critical years of their social, psychological, physical, and intellectual development (Centers for Disease Control and Prevention [CDC] 2019a). Thus, health instruction is best provided by credentialed health education teachers in middle and high school, fully credentialed teachers in transitional kindergarten (TK) through sixth grade, or credentialed school nurses with a special teaching authorization in health.

As discussed in the Health Education for Every Student section of chapter two, in areas where there is a shortage of credentialed health instructors, LEAs are encouraged to explore a variety of local-level options for ensuring appropriate health education credentialing. Also, opportunities for professional learning are essential in assisting all teachers to expand their knowledge and skills to teach health education. High-risk behaviors, such as unhealthy eating; inadequate physical activity; high-risk sexual and violence-related behaviors including bullying and intimate partner violence; and usage of alcohol, tobacco, and other drugs, are often established in childhood and adolescence. Today's youth encounter greater health challenges and more complex health-related issues at a faster pace than in previous generations (Telljohann et al. 2015). Health education teachers have the unique opportunity to make a meaningful impact and positive change for the youth of today and tomorrow by teaching students positive health behaviors, skills, and practices they will remember and apply for a lifetime.

One of the primary goals of health education is health literacy for all students in California. Health-literate students can understand basic health information, directions, and services needed to make informed personal health decisions which may also contribute to healthier communities. Health-literate and health-informed students are:

- Critical thinkers and problem solvers when confronting health issues
- Self-directed learners who have the competence and skills to use basic health information and services in health-enhancing way
- Effective communicators who organize and convey beliefs, ideas, and information about health issues, translating their knowledge to applied practices

- Responsible and productive citizens who help ensure that their community is kept healthy, safe, and secure

These four essential characteristics of health-literate individuals are woven throughout the health education standards and this framework.

The Health of Our State

All students in California should have access to high-quality health education. California youth experience many real and potential health challenges that could be improved by high-quality health education. For example, consider the following statistics related to obesity: 74 percent of adolescents in California do not consume the recommended five or more servings of fruit and vegetables per day, and at least 65 percent of youth consume at least one sugary beverage or soda per day (Wolstein, Babey, and Diamant 2015, 14). Only 18 percent of California adolescents meet the recommended one hour of physical activity a day (Wolstein, Babey, and Diamant 2015, 18). Those who are less physically active and have poor nutrition are more likely to be obese. More than one million California adolescents aged twelve to seventeen are overweight (16 percent) or obese (17 percent) (Wolstein, Babey, and Diamant 2015, 3). Obesity is a well-established risk factor for diabetes and cardiovascular issues such as stroke and heart disease later in life. Issues such as food insecurity, lack of sleep, and nutrition deficiencies are also a growing concern (CDC 2019b).

Growing trends confirm some adolescents may spend more time using technology-related activities (texting and engaging with online social media on their mobile devices, playing video games, or watching television) than engaged in physical activity, placing them at an increased risk for obesity-related childhood diseases and mental health issues (American Academy of Pediatrics 2009; 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. Students may also experience transportation challenges, have limited funds to participate in exercise programs, or are unable to obtain exercise equipment (Pate et al. 2011; Rosen et al. 2014). Human-caused environmental health hazards, such as poor air quality, also affect millions of Californians, including 1.2 million children diagnosed with asthma, making it imperative students learn the importance of maintaining a healthy environment as a cornerstone to good personal and community health (Milet 2017).

The health of California youth may be improved by high-quality health education. Many children in California are eating a nutritious diet, exercising regularly and meeting the recommended amounts of physical activity; not using alcohol, tobacco, and other drugs; and are generally healthy and happy. Important legislative initiatives, such as limiting or prohibiting the sale of sweetened beverages in schools, and policies for school health education curriculum, such as the California Healthy Youth Act, have fostered more promising health outcomes. However, continued efforts are warranted to support healthy youth in adopting lifelong health-enhancing behaviors and becoming productive, healthy adults.

The California Healthy Kids Survey provides insightful student data on health behaviors (WestEd 2018):

- 40 percent of high school students do not eat breakfast
- Close to 13 percent of seventh-graders, 32 percent of ninth-graders, and 48 percent of eleventh-graders have used alcohol or drugs at some time with 32 percent having used electronic smoking devices (ESDs).
- 7 percent of seventh-graders, 19 percent of ninth graders, and 29 percent of eleventh graders reported currently using alcohol and other drugs
- Approximately 30 percent of seventh-grade students reported being harassed or bullied

High levels of depression are occurring among adolescents, with 25 percent of seventh-graders and 32 percent of eleventh-graders reporting chronic sadness

The CDC confirmed 32 percent of high school (grade levels nine through eleven) students in the United States felt sad or hopeless almost every day for two or more consecutive weeks prompting them to discontinue their usual activities, and 16 percent of California high school students reported seriously contemplating suicide (2018, 48; WestEd 2018, 37). Regarding sexual behavior, 32 percent of California students in grade levels nine through twelve reported ever having sexual intercourse, approximately 10 percent lower than the national average (CDC n.d.).

Educating students about environmental health, from both a personal and community health perspective, is a strand in the standards that continues from kindergarten through high school where students are expected to learn, among other issues, about the impacts of air and water pollution on health. These topics

tie directly to California’s Environmental Principles and Concepts (EP&Cs), adopted by the State Board of Education in 2004. The EP&Cs are an important piece of the curricular expectations for all California students that teachers can incorporate through their many connections with the health education standards, specifically by focusing instruction on the personal and community effects of environmental issues.

California’s Environmental Principles and Concepts

Principle 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.

Principle II—The long-term functioning and health of terrestrial, freshwater, coastal and marine ecosystems are influenced by their relationships with human society.

Principle III—Natural systems proceed through cycles that humans depend upon, benefit from, and can alter.

Principle IV—The exchange of matter between natural systems and human societies affects the long-term functioning of both.

Principle V—Decisions affecting resources and natural systems are based on a wide range of considerations and decision-making processes.

Source: California Education and the Environment Initiative (2019). A complete listing of the EP&Cs, including their detailed descriptions, is provided on the California Education and the Environment Initiative website. This initiative is run through the CalRecycle program and the document is available on the CalRecycle website.

Concerns about achieving environmental justice are a critical social dimension of health education because of the potential broad-ranging community effects of environmental issues such as air pollution, water pollution, and toxic chemicals released by industrial and other activities. The California Environmental Protection Agency states that the “principles of environmental justice call for fairness, regardless of race, color, national origin or income, in the development of laws and regulations that affect every community’s natural surroundings, and the places people live, work, play and learn” (CalEPA 2020). Other definitions speak to the equitable distribution of environmental risks and benefits; fair and meaningful participation in environmental decision-making; recognition of community

ways of life, local knowledge, and cultural differences; and the capability of communities and individuals to function and flourish in society.

Rigorous standards-based instructional methods and strategies can support students in achieving more positive health-behavior outcomes and addressing the complex community and global health issues that impact the natural world and their personal health.

Health Defined

The World Health Organization defines health as a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity (1946). This definition of health is still the most recognized guiding definition in public health today. Beyond this comprehensive definition, the US Department of Health and Human Services' Healthy People 2020 and the CDC are resources that examine public health through a variety of lenses, including health disparities and health equity. Health disparities and health equity are greatly influenced by the social determinants of health—the conditions in which people are born, grow, live, work, and age (World Health Organization 2017). Researchers and public health professionals recognize the following five categories as determinants of health (CDC 2014b):

- Biology and genetics (e.g., sex assigned at birth, age, family history of a chronic disease)
- Individual behavior (e.g., eating unhealthy foods, not engaging in physical activity, trying alcohol for the first time)
- Social environment (e.g., discrimination, socioeconomic status, and other factors that influence environmental justice in local communities and the state as a whole)
- Physical environment (e.g., housing, recreational areas, air and water quality)
- Health services (e.g., a child having access to quality health care and having or not having health insurance)

Health Education: An Essential Component of Comprehensive School Health

The American School Health Association definition of school health is comprehensive and includes the following components (2014b):

- A healthful environment
- Nursing and other health services students need to stay in school
- Nutritious and appealing school meals
- Opportunities for physical activity that include physical education
- Health education that covers a range of developmentally appropriate topics taught by knowledgeable teachers
- Programs that promote the health of school faculty and staff
- Counseling, psychological, and social services that promote healthy social and emotional development and remove barriers to students' learning

In accordance with the mission of the American School Health Association, the school health sector envisions “healthy students who learn and achieve in safe and healthy environments nurtured by caring adults functioning within coordinated school and community support systems” (2014a).

Health education begins in the earliest years of schooling and continues through graduation from high school. It is best provided by credentialed teachers or credentialed school nurses with a special teaching authorization in health during a designated time in elementary grades and by credentialed health education teachers in a health education class in middle and high school. Establishing healthy behaviors, practices, and skills during childhood is the work of all professional educators and more effective than trying to change well-established behaviors during adulthood.

Schools play a critical role in not only promoting the health and safety of children but also in teaching young people the skills, applied practices, and behaviors for a lifetime of good health. The health education standards are the foundation for instruction that provides opportunities for students to practice

essential skills to maintain healthy lifestyles and emotional well-being. Social and emotional learning can help students develop the understanding, strategies, and skills that support a positive sense of self, promote respectful relationships, and build student capacity to recognize and manage their own emotions and make responsible decisions. Social and emotional learning provides a foundation for safe and positive learning, and enhances students' ability to succeed in school, careers, and life.

Research confirms that age-appropriate and medically accurate health education in schools reduces the prevalence of high-risk health behaviors among youth and can positively impact academic performance outcomes, including retention and graduation (Basch 2010; CDC 2014a). Children who are physically, socially, and mentally healthy are ready to learn and be productive in school. Establishing positive personal and public health practices among young people can lead to improved individual health outcomes. Healthy students attend school regularly, achieve academically, and live healthier lives (Michael et al. 2015; CDC 2014a).

Research in education also confirms instructional strategies that address cognitive, affective, and skill domains are most effective (Telljohann et al. 2015). As medical research and health information develops quickly, and changes at an even more rapid pace, effective health education instruction must also incorporate the most current, medically accurate, evidence-based, and theory-driven content from reliable resources. Health education instruction and resources must be accessible for all student groups, inclusive, culturally relevant, and age appropriate and must incorporate technology, when available, in support of the twenty-first century learner. The health education standards and this framework provide recommendations for health education teachers, other credentialed teachers, school counselors, school nurses, administrators, and curriculum development specialists to plan, implement, and evaluate effective health education from TK through twelfth grade. This framework also serves as a resource for health educators and community-based organizations working with school districts.

The World Health Organization conducted a comprehensive evaluation of school health education programs and found the most effective programs share the following qualities (2003):

- Youth are more successful in establishing healthy behaviors when health education develops learners' skills, increases students' knowledge, and influences their attitudes.

- Healthy behavioral outcomes are more likely to occur when skill development and practice are tied to specific health content, decisions, or behaviors.
- The most effective method of skill development is learning by doing—ensuring students are active, not passive, learners.

For more information on skills-based health education reference the World Health Organization’s Information Series on School Health, *Skills for Health* (2003).

The Whole School, Whole Community, Whole Child Approach

The CDC and Association for Supervision and Curriculum Development (ASCD) provide a collaborative and comprehensive approach to school health with the Whole School, Whole Community, and Whole Child (WSCC) model (CDC 2019d; see the CDC and ASCD’s Whole School, Whole Community, and Whole Child Model image below). The whole-child approach is an effort to transition from a focus on narrowly defined academic achievement to one that promotes the long-term development and success of all children. Health education is often implemented in a certain class or specific awareness campaign, but may not be truly integrated into the entire school district’s master curriculum plan in the same manner as other content areas. The WSCC model includes the eight components of a coordinated school health program, extending to integrate a whole child approach to education. The WSCC approach seeks to improve a child’s cognitive, physical, social, and emotional development as it pertains to health education. This approach includes individual health, community involvement, family engagement, physical environment, advocacy, and public policy.

This standards-based health education framework addresses the majority of the constructs of the WSCC, including:

- Health education
- Physical activity
- Nutrition
- Health services
- Counseling and social services
- Social and emotional climate
- Physical environment
- Family engagement

It also addresses community involvement in support of improving learning and health outcomes for a healthy, safe, challenged, engaged, and supported child through coordinated policy, processes, and practice (CDC 2019d). The wheel could also be expanded to demonstrate the importance of community, cultural norms, climate, agencies, parents/caretakers/guardians, stakeholders, health practitioners, and educators that ideally work in concert to support students. Additionally, many school districts have found this model to provide guidance as they revise their district's school wellness policies and regulations to implement wellness throughout school environments and instructional programs for students as well as other programs for students and employees.

The CDC and ASCD's Whole School, Whole Community, and Whole Child Model



Long description of the CDC and ASCD's Whole School, Whole Community, and Whole Child Model is available at <https://www.cde.ca.gov/ci/he/cf/ch1longdescriptions.asp#ch1link1>.

Source: CDC (2019d).

Promoting a Safe, Supportive, and Inclusive Learning Environment

California schools are made up of diverse populations that vary in terms of primary language, culture, ethnicity, gender, gender identity, sexual orientation, religion, health conditions, immigration status, and types of abilities and disabilities. The “Access and Equity” chapter addresses the instructional needs of students who may face academic and other challenges, such as English learners, students living in poverty, youth in foster care, advanced learners, and students with different cognitive and physical abilities. All students benefit from a learning environment in which these challenges are understood and addressed. Creating a safe, supportive, inclusive, and nonjudgmental environment is crucial in promoting healthy development for all students.

To promote inclusion, teachers are encouraged to use names that reflect the diversity of California’s students and people-first language when designing instruction and activities and developing examples. For example, if a student has a disability, the student is referred to as a student with a disability versus a disabled student. A safe and inclusive linguistic environment in the health education context is one where students are supported to express their ideas using their primary or secondary language. Teachers create an inclusive classroom environment by adopting an asset orientation toward cultural and linguistic diversity and respecting multiple viewpoints and backgrounds, especially when addressing topics where values and expectations are likely to differ across cultural groups, such as sexuality and drug use.

Educators must keep issues of motivation, engagement, and cultural and linguistic responsiveness at the forefront of their work in supporting students to achieve the health education standards. To ensure students are engaged and motivated to learn, the following tips are recommended:

- Create an information-rich environment
 - Provide meaningful, health-related text on classroom walls and well-stocked, inviting, and comfortable libraries that contain a range of health-related texts (e.g., nutrition and physical activity, social and emotional learning), including texts in students’ home languages.

- Promote inquiry and autonomy
 - Allow students to generate their own questions and to choose health-related activities, texts, and even locations in the room in which to engage with health-related books, manipulatives, and tasks independently.
- Make it relevant
 - Ensure that health education experiences are relevant and responsive to students' interests, everyday life, or important current events.
- Emphasize collaboration
 - Structure frequent opportunities for students to collaborate with their peers in health-related group learning tasks, to read and discuss texts, and in creating artifacts that demonstrate their learning.

To ensure access and equity for culturally and linguistically diverse learners, educators must also adopt an asset-orientation toward students. This includes the school community's open recognition that students' ethnicities, religious backgrounds, home cultures and experiences, primary languages and home dialects of English (e.g., African American English or Chicax American English), family composition, gender expression, and other aspects of students' identities are resources, valuable in their own right and useful for deep learning. To ensure cultural and linguistic responsiveness, the following tips are recommended:

- Create a culturally sustaining environment
 - Design a positive and welcoming classroom environment that exudes respect—and promotes sustainment—for cultural, linguistic, and all types of diversity.
- Know students well
 - Spend some time understanding the layers of students' identities, particularly if their backgrounds differ from your own, including their cultural and linguistic assets and how individual students interact with their primary languages and home cultures.

- Honor students' languages while ensuring that integrated English language development standards and instruction are implemented to help all English learners access the health education content
 - Use students' primary languages or home dialects of English, as appropriate, to acknowledge them as valuable assets and to support all learners to engage meaningfully with the curriculum.
- Prioritize culturally relevant texts and topics
 - Use texts that accurately reflect a wide range of students' ethnic, cultural, linguistic, and familial backgrounds, as well as other variables that contribute to their identities, such as sexual orientation and gender expression, so that students see themselves as belonging and valued in the school curriculum.

See the "[Access and Equity](#)" chapter for additional information.

Students will explore and discover their identities, gender expression, and sexuality throughout their education and into and beyond their high school years. In terms of gender and sexuality, using gender-neutral language and not promoting gender stereotypes can help in creating an inclusive classroom. Gender-neutral language is not limited to using gendered pronouns or nouns to refer to an individual (e.g., he/she, him/her, his/hers). Gender-neutral pronouns include the singular form of "they/them/theirs." When referring to relationships, use the term "partner" or "significant other." Using gender-neutral language helps avoid incorrect assumptions based on personal biases, student appearance, or possible lack of awareness.

It can be helpful for a teacher to state their gender pronouns during classroom introductions and invite students to do the same if they are comfortable doing so. It is similarly important to acknowledge and affirm different sexual orientations and same-sex relationships so that all students feel their experiences and needs are reflected in their health education. Teachers can provide inclusive instruction with examples of varying gender identities and sexual orientations. Educators must be mindful and proactive in respectfully recognizing differences in gender and sexual orientation to create a welcoming and inclusive classroom for all students.

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.

This safe and positive learning environment is particularly important to establish for addressing challenging topics related to healthy relationships, sexual abuse, and sex trafficking. These issues are important to discuss throughout a student's education because of the prevalence and severity of the consequences associated with childhood abuse and to increase the likelihood that students will have positive relationship, sexual, and reproductive health experiences.

Relationship Violence, Child Sexual Abuse, and Sex Trafficking

In accordance with the health education standards and the California Education Code, students learn about healthy relationships, child sexual abuse, and human trafficking, which includes sex trafficking, in age-appropriate ways (more information regarding sex trafficking can be found in the appendix). Students gain knowledge about these issues as well as related topics, such as affirmative consent, relationship violence, bullying, sexual harassment, and media influences. This learning can begin as early as TK and kindergarten as students explore protective skills such as setting boundaries, identifying emotions, and telling a trusted adult if a boundary is crossed.

Because gender stereotypes are often contributors to harassment and bullying, students can also begin challenging gender stereotypes early to set a foundation for more in-depth learning and discussion in higher grade levels. It is imperative that students begin learning about these issues as early as possible to promote their safety and health and to help create a safe and healthy school environment for all students. Learning is meant to be age- and developmentally appropriate with the intent of laying the groundwork and building a foundation of skills and knowledge that can protect students, now and in the future.

Students are impacted by bullying, sexual harassment, sexual abuse, relationship violence, and sex trafficking at alarming and unacceptable rates:

- One-third of teens experience relationship abuse (Liz Claiborne Inc. and Family Violence Prevention Fund 2009)
- 1 in 4 girls and 1 in 6 boys are sexually abused before the age of eighteen (CDC 2010)
- One-third of female rape victims, and nearly 1 in 4 male rape victims, were first raped between the ages of eleven and seventeen (CDC 2019c)
- About 13 percent of female rape victims and about 25 percent of male rape victims were first raped before the age of ten (CDC 2019c)
- Between 1 in 4 and 1 in 3 students have been bullied (Musu et al. 2019, vi)
- 70.6 percent of young people say they have seen bullying in their schools (Bradshaw, Sawyer, and O’Brennan 2007)
- The average age a child is first brought into sex trafficking is between eleven and fourteen years old (California Against Slavery Research and Education n.d.)

Students are vulnerable to abuse by both peers and adults, and it takes a community to address the problem. Prevention education and intervention efforts in schools are critical components of a multisectoral approach to protect youth from abuse and harm.

It is important for teachers, other educators, school administrators, school support staff (such as school counselors, school nurses, and school social workers), community partners (such as school-based health centers) school board members, and parents, guardians, and caretakers to be aware of these issues in order to support students’ growth, learning, and emotional needs. Students learn a variety of sensitive topics that are sometimes difficult to discuss. Educators play a key role in guiding these discussions in a way that is safe and respectful. Professional development and trainings in cultural competency and bias training is recommended for the educator to understand that their own biases, filters, and perceptions can impact the safety and sensitivity for these discussions.

Some topics may be challenging for educators as well, especially if they have had personal experience with violence or abuse. In such cases, educators should seek assistance from school administrators or community resources, if needed, for instructional or personal support.

It is important to clarify that school counselors are not licensed health educators nor are they eligible to receive a supplementary authorization to teach health education; however, they are an important resource for student support services and trusted contact for students (California Commission on Teacher Credentialing 2019). Other content may be difficult to approach because of possible student disclosure, in which a student shares personal experience with the content. There is potential for this in every classroom, considering that many children are impacted by violence, abuse, and even sex trafficking.

Some educators may be uncomfortable receiving disclosures from students. It is important to remember that students often identify teachers as trusted adults and educators play a critical role in the ongoing protection of children. If a student discloses abuse or being in a dangerous situation, educators should listen and respond with empathy. Educators have a duty to report suspected abuse or neglect to Child Protective Services and/or law enforcement in accordance with mandated reporting laws and then refer to school policies for next steps. Prior to discussion and activities related to sensitive topics that may result in disclosures, teachers should explain their role as a mandated reporter. It may be helpful to share with students that most adults who have contact with minors are mandated reporters for the purpose of protecting them from abuse and harm.

Mandated Reporting

The health education standards address topics such as personal safety; the student's role in their family; peer and dating relationships; violence; and alcohol, tobacco, and other drugs. During instruction and learning on these topics, students may disclose abuse or neglect. If a teacher or any other school personnel suspects a child is experiencing abuse or neglect, they have a legal duty to report suspected abuse and neglect to the appropriate authorities. All school personnel should be aware of this responsibility, and school districts are required to provide annual training to all school personnel regarding reporting requirements.

Child Abuse and/or Child Neglect Can Be Any of the Following:

- A physical injury inflicted on a child by another person other than by accidental means.
- The sexual abuse, assault, or exploitation of a child.
- The negligent treatment or maltreatment of a child by a person responsible for the child's welfare under circumstances indicating harm or threatened harm to the child's health or welfare. This is whether the harm or threatened harm is from acts or omissions on the part of the responsible person.
- The willful harming or endangerment of the person or health of a child, any cruel or inhumane corporal punishment or any injury resulting in a traumatic condition.

For additional information, see the CDE Child Abuse Identification and Reporting Guidelines web page and California Penal Code sections 11166.5 and 11165.7.

Source: California Department of Education (2019).

Guest Speakers, Food, Plants, and Pets in the Classroom

While guest speakers and video resources can be important supplemental resources for health education, the primary instruction is the responsibility of the credentialed teacher of health education or credentialed teacher of elementary grades. 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. If a guest speaker is invited to present on topics required under the California Healthy Youth Act, they must have expertise in comprehensive sexual health and HIV prevention education.

EC Section 51936 permits school districts to contract with guest speakers to provide comprehensive sexual health education and HIV prevention education. All outside consultants and guest speakers must have expertise in comprehensive sexual health education and HIV prevention education and have knowledge of the most recent medically accurate research on the relevant topic or topics covered in the instruction. If school districts do use outside consultants, their instruction must comply with all requirements listed in *EC* sections 51930–51939. For information on determining if an outside speaker is adhering to *EC* for comprehensive sexual health education and HIV prevention education, please visit the CDE Checklist for Guest Speakers web page at <https://www.cde.ca.gov/ci/he/cf/ch1.asp#link1>.

Literature and media such as video content used in a school is determined by the district. California *EC* Section 240 requires that “Governing boards of school districts shall adopt instructional materials in accordance with the provisions of Section 60040” (Section 60040 relates to social content standards). *EC* Section 60002 states the following: “Each district board shall provide for substantial teacher involvement in the selection of instructional materials and shall promote the involvement of parents and other members of the community in the selection of instructional materials.” The SBE has adopted a policy document, entitled “Guidelines for Piloting Textbooks and Instructional Materials” (2015) and can be accessed at <https://www.cde.ca.gov/ci/he/cf/ch1.asp#link2>.

EC 51938 requires school districts to notify parents of the instruction prior to implementation and to make materials available for parents to review. School

districts are required to notify parents/guardians a minimum of 14 days prior to the first day of comprehensive sexual health instruction. **To opt-out of this instruction, parents/guardians must request in writing that their child not participate in the instruction.** If the parent/guardian does not request in writing that the child be withheld, the child will attend the instruction (*EC* Section 51938[a]).

Additional guidance on the California Healthy Youth Act Notice and Parental Excuse is provided in chapter two, “Supporting Health Education,” and can also be found by visiting the California Department of Education’s (CDE) Comprehensive Sexual Health and HIV/AIDS Instruction web page, and the California Healthy Youth Act under the California Legislative Information web page.

Teachers should use caution when instruction includes preparing or serving food in the classroom. Some students may have nut or other food allergies or dietary restrictions. Because district and school policies differ, teachers should consult their 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, teachers can consult their school or district credentialed school nurse, county wellness coordinator, and the California Department of Education Guidelines for Accommodating Children with Special Dietary Needs on the CDE School Nutrition web page.

Teachers should be aware of district and school policies regarding plants and pets in the classroom. Even if the local policy allows plants and pets in the classroom, teachers should check with the school nurse and parents, guardians, or caretakers for any allergies their students may have.

Overview of the Health Education Standards

The health education standards provide direction for health education instruction in California’s public schools by providing school districts with clear and accessible fundamental tools for developing health education curricula. The focus of the health education standards is on teaching the skills that enable students to make healthy choices and avoid high-risk behaviors. The skills of analysis, accessing and evaluating information, communicating, goal setting, and advocacy can be applied not only to health education but also to other interdisciplinary subjects. Ideally, the health education standards are developed and integrated with the Common Core Standards in English Language Arts (ELA), English Language Development (ELD) and other content area standards when possible.

The primary goals of the state-adopted health education standards are to

- improve academic achievement and health literacy for all students in California,
- provide school districts with fundamental tools for developing health education curricula and improving student achievement in this area, and
- ensure that all students in kindergarten through high school have access to high-quality health education instruction, providing students with the knowledge, skills, and confidence to lead healthy lives.

The Eight Overarching Health Content Standards for K–12



Long description of the Eight Overarching Health Content Standards for K–12 is available at <https://www.cde.ca.gov/ci/he/cf/ch1longdescriptions.asp#chapter1link2>.

Source: California Department of Education (2008, 57).

The health education standards are organized into eight overarching health content standards and six health content areas for kindergarten through grade level twelve (see image, The Eight Overarching Health Content Standards for K–12, above and table, The Overarching Standards and Rationales, below). The eight overarching standards describe essential concepts and skills; they are taught within the context of six health content areas. Each skill is learned and practiced specific to the content area and behavior. The health education standards support the California state standards in other subjects and interdisciplinary instruction. The health education standards are linked within and across grades, relevant to the real world, and reflect the knowledge, skills, and behaviors students need to be healthy individuals. Through standards-based instruction, students achieve greater proficiency in critical thinking, analysis, communication, and literacy.

The Overarching Standards and Rationales

Standard	Rationale
<p>Standard 1: Essential Concepts All students will comprehend essential concepts related to enhancing health.</p>	<p>Understanding essential concepts about the relationships between behavior and health provides the foundation for making informed decisions about health-related behaviors and for selecting appropriate health products and services.</p>
<p>Standard 2: Analyzing Health Influences All students will demonstrate the ability to analyze internal and external influences that affect health.</p>	<p>Health choices are affected by a variety of influences. The ability to recognize, analyze, and evaluate internal and external influences is essential to protecting and enhancing health.</p>
<p>Standard 3: Accessing Valid Information All students will demonstrate the ability to access and analyze health information, products, and services.</p>	<p>Students are exposed to numerous sources of information, products, and services. The ability to access and analyze health information, products, and services provides a foundation for practicing health-enhancing behaviors.</p>

Standard	Rationale
<p>Standard 4: Interpersonal Communication</p> <p>All students will demonstrate the ability to use interpersonal communication skills to enhance health.</p>	<p>Positive relationships support the development of healthy attitudes and behaviors. The ability to appropriately convey and receive information, beliefs, and emotions is a skill that enables students to manage risk, conflict, and differences and to promote health.</p>
<p>Standard 5: Decision Making</p> <p>All students will demonstrate the ability to use decision-making skills to enhance health.</p>	<p>Managing health behaviors requires critical thinking and problem solving. The ability to use decision-making skills to guide health behaviors fosters a sense of control and promotes the acceptance of personal responsibility.</p>
<p>Standard 6: Goal Setting</p> <p>All students will demonstrate the ability to use goal-setting skills to enhance health.</p>	<p>The desire to pursue health is an essential component of building healthy habits. The ability to use goal-setting skills enables students to translate health knowledge into personally meaningful health behaviors.</p>
<p>Standard 7: Practicing Health-Enhancing Behaviors</p> <p>All students will demonstrate the ability to practice behaviors that reduce risk and promote health.</p>	<p>Practicing healthy behaviors builds competence and confidence to use learned skills in real-life situations. The ability to adopt health-enhancing behaviors demonstrates students' ability to use knowledge and skills to manage health and reduce risk-taking behaviors.</p>
<p>Standard 8: Health Promotion</p> <p>All students will demonstrate the ability to promote and support personal, family, and community health.</p>	<p>Personal, family, and community health are interdependent and mutually supporting. The ability to promote the health of oneself and others reflects a well-rounded development and expression of health.</p>

Source: California Department of Education (2008, vii).

The health education standards are designed to be achieved by all students in kindergarten through grade level twelve.¹ The health education standards represent minimum requirements for comprehensive health education. To enhance the quality and depth of health instruction, some health content areas are not included for every grade level.

1 The health education standards do not define grade-specific standards for TK (formerly known as Pre-K). The TK section discusses learning progressions that bridge from the California Preschool Learning Foundations to the health education standards for kindergarten.

How to Read the Health Education Standards

The health education standards are uniquely organized by grade level, the corresponding overarching standard covered, and the content area letter abbreviation as shown below.

How to Read Health Education Standards

The diagram illustrates the structure of health education standards. It features a sample standard for Grade Two under the Content Area of Nutrition and Physical Activity. The standard is Standard 1: Essential Concepts, specifically 1.2.N. The diagram uses callouts to identify the components: 'Content Area' points to 'Nutrition and Physical Activity'; 'Overarching Standard' points to 'Standard 1: Essential Concepts'; 'Grade Level' points to the '2' in '2.1.2.N'; and 'Standard' points to the 'N' in '2.1.2.N'. An example in framework text shows the standard being read as: 'Students will be able to identify the number servings of food from each food group that a child needs daily (2.1.2.N).'

Grade Two

Nutrition and Physical Activity

Standard 1: Essential Concepts

1.1.N Classify various foods into appropriate food groups.

1.2.N Identify the number of servings of food from each food group that a child needs daily.

Example in framework text:
 Students will be able to identify the number servings of food from each food group that a child needs daily (**2.1.2.N**).

Content Area

Overarching Standard

Grade Level

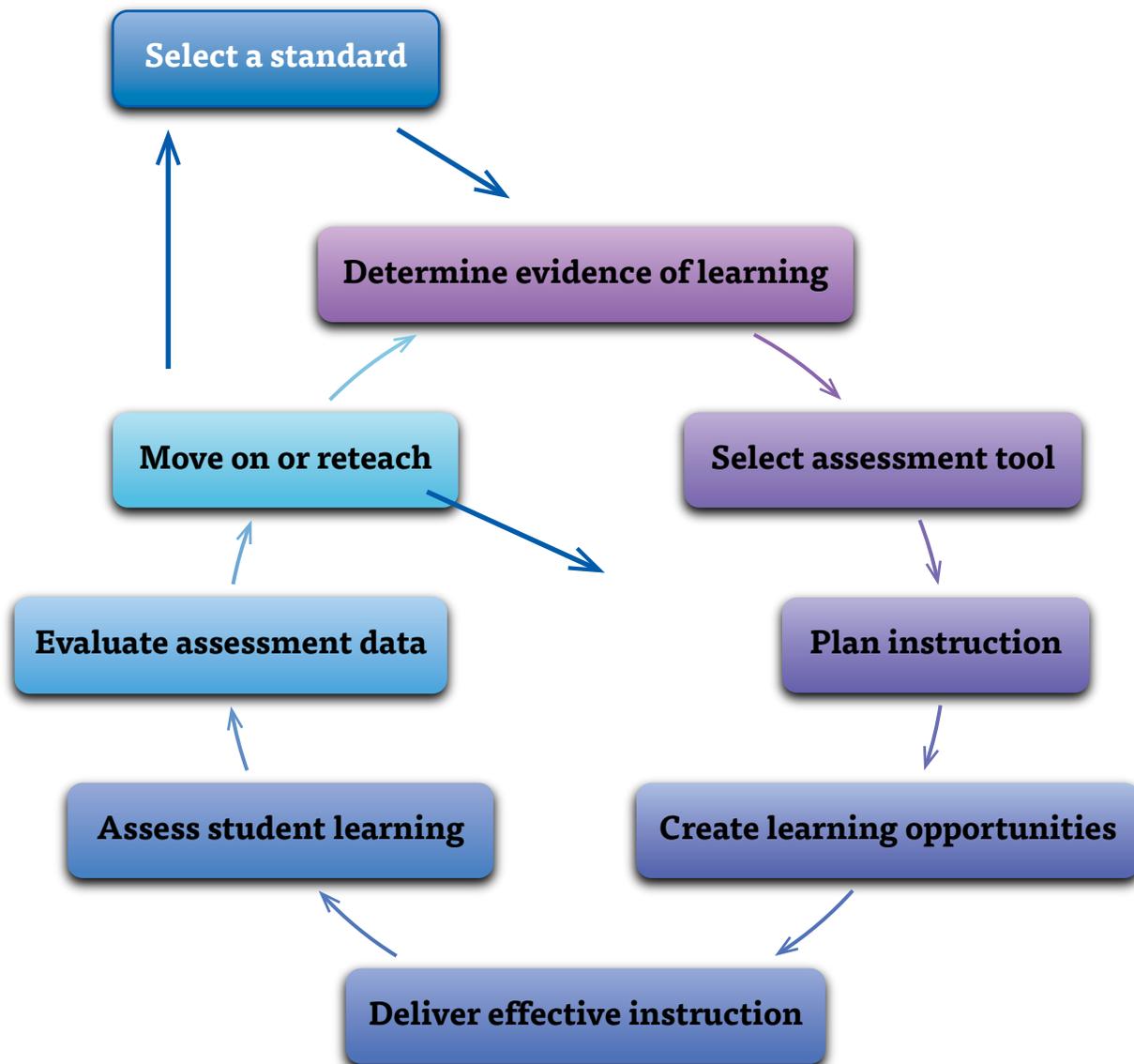
Standard

Long description of How to Read Health Education Standards is available at <https://www.cde.ca.gov/ci/he/cf/ch1longdescriptions.asp#chapter1link3>.

A Model for Designing Standards-Based Instruction

Health education should be taught using a standards-based approach. Standards ensure greater accountability of the content that is implemented in the classroom, help assure quality instruction, and guide teachers in the process of assessment. Standards-based instruction helps guide the planning, implementation, and assessment of student learning. Standards-based instructional design is based on practices and decisions that focus on student learning and includes each of the essential steps noted in below. The model below is one model of standards-based instructional design; it is not the only way to design instruction. The model is intended to help educators design instruction that integrates the content knowledge of the essential concepts with the skill-based standards and assesses what students have learned.

Standards-Based Instructional Design Process



Long description of Standards-Based Instructional Design Process is available at <https://www.cde.ca.gov/ci/he/cf/ch1longdescriptions.asp#chapter1link4>.

With high-quality instruction and sustained effort, every student should be able to achieve the health education standards; however, some students with diverse needs may require appropriate accommodations, adaptations, modifications, or differentiations to meet the health education standards. Decisions about how students achieve mastery of the health education standards and which standards-based instruction model is used are best left to individual teachers, schools, and local educational agencies.

Purposes of the Framework

The primary purpose of this framework is to provide instructional guidance and support to California teachers, administrators, curriculum specialists, other educators, and school boards for implementation of the health education standards.

This framework is based on the health education standards adopted in 2008 and reflects current research on effective health education instruction, evidence- and theory-based instructional strategies, and state statutes related to health education. An additional purpose of this framework is to serve as a resource for effective instruction and curricular planning for those teaching in transitional kindergarten through twelfth grade. It also provides guidance to developers of curriculum and instructional materials. Educators are encouraged to seek professional learning opportunities to acquire knowledge and skill development in health topics that may be particularly challenging such as comprehensive sexual health; relationship violence; alcohol, tobacco, and other drugs; and mental health.

This framework is not a curriculum, nor is it a mandate. The classroom examples and learning activities are only examples and not intended to specify that this is the only way to teach health education content or skills. Educators are encouraged to adapt and implement what works best for their students, classroom culture, and learning environment. Additionally, the framework is not inclusive of every topic that could or should be taught in health education. There are many critical health topics to choose from, as well as some topics that are required by state statutes and other health issues that will emerge over time.

Organization and Structure of the Health Education Framework

The framework is organized into general information chapters, grade-span chapters, and an appendix on sex trafficking. The general information chapters offer support to teachers, administrators, other educators, school counselors, and school board members. Chapter two, “Supporting Health Education,” offers guidance to administrators and school board members on the resources

necessary to implement effective health education. Chapter seven, “Access and Equity,” details ways to support and provide instruction to California’s diverse learners and create an inclusive learning environment. Chapter eight, “Assessment,” provides tools and resources for assessing health education including examples of assessment tools. Chapter nine, “Instructional Materials for Health Education,” contains the evaluation criteria for the state adoption of health education instructional materials in kindergarten through eighth grade, and is of particular importance to producers of instructional materials because it includes information about local adoptions of instructional materials.

Chapters three through six are grade-span chapters. In each chapter, a brief introduction and overview of data from research surrounding the content areas are provided, followed by suggested instructional methods and teaching strategies that incorporate the standards. The health education content areas are addressed in each grade level or grade span as reflected in the content standards. Chapters three and four, for TK through third grade and grade levels four through six, are organized by grade level, reflecting the organization of the health education standards. However, chapters five and six, for grade levels seven and eight and nine through twelve, are not grade-level specific, which also reflects the organization of the standards and allows flexibility for teachers and schools to design health education courses and curriculum. Classroom examples are special sections that illustrate how a standard or multiple standards may be approached in the classroom. Learning activities present easily adaptable instructional examples. All of the grade-span chapters provide suggestions for standards-based activities to partner with school, community, and family.

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Supporting Health Education

CHAPTER 2

Health education is necessary and essential for students. High-quality health education helps students achieve their highest academic potential, manage current health issues, and develop health-enhancing behaviors for optimal health and wellness. School health programs that include sexual health education have a cost benefit and return on investment of \$2.65 saved in medical and social costs for every dollar invested (Wang et al. 2000). School-based tobacco and obesity-prevention programs share similar outcomes that include preventing unhealthy behaviors (Wang et al. 2000). It is critical that students learn the skills and knowledge in the *Health Education Content Standards for California Public Schools, Kindergarten Through Grade Twelve* (health education standards) to become healthy individuals. To meet these goals for health education, local districts must emphasize the value of health education for students as individuals and as members of a community whose behaviors and decisions will impact social conditions and local environmental health issues—and districts must provide sufficient support and resources.

This chapter addresses the need for health education and the roles and responsibilities of stakeholders in supporting and sustaining an effective, high-quality, standards-based health education program. A high-quality health education program requires the support and collaboration of all stakeholders within a community. School boards and administrators must ensure a safe and inclusive school environment and secure the resources, knowledge, and skills to effectively promote the development and implementation of a curriculum based on the health education standards (see the [“Access and Equity”](#) chapter for

additional information regarding creating an inclusive school environment). Clear paths of communication must exist between school districts and school sites, the families that they serve, social and welfare agencies, health care providers, and law enforcement agencies. And all stakeholders must always remember that school staff, families, and community members are all teachers; their actions can have an impact on whether students feel healthy, safe, engaged, supported, and challenged (Cohen, Pickeral, and McCloskey 2008). Each individual and entity plays a critical role in developing and supporting a healthy student who is well-positioned for academic success and positive lifelong health practices.

Health Education for Every Student

Health is both a personal and societal concern, evidenced by increasing mental health concerns, a rise in multiple lifestyle-related chronic diseases, and the emergence and reemergence of infectious diseases. High-quality, standards-based, school health education has the power to improve health outcomes for individuals and communities for generations to come.

A Kids Health Survey found that an overwhelming majority of parent and teacher respondents want health to be included in the school's curriculum: 99 percent of parents and educators feel health should be a mandatory subject in middle and high school, and 93 percent of parents and teachers feel health should be a required subject in elementary school (KidsHealth.org 2013). Unfortunately, approximately 25 percent of the schools surveyed do not offer health classes underscoring the importance of expanding health education in schools.

To provide the comprehensive health education that students need and parents, guardians, and caretakers want, local school boards and district- and site-level administrators must demonstrate that they value health education by allocating appropriate time and resources for effective implementation of health education. Health education that supports the development of health literacy in all students should be a priority as administrators and district-level personnel develop policies, plans, and budgets. Administrators are responsible for ensuring that health education instruction is provided by appropriately credentialed teachers—in particular, teachers with credentials in health science or health education for middle and high school grade levels that require single-subject credentials. Health education instruction may also be delivered by credentialed

school nurses who hold a Special Teaching Authorization in Health and teachers holding multiple subject credentials (elementary school teachers) who have received appropriate professional development and training (California Commission on Teacher Credentialing 2016). Regarding elementary, multiple subject credential holders, and the California Healthy Youth Act, it is permissible to teach knowledge and skills related to comprehensive sexual health and HIV prevention education in kindergarten through grade level six, inclusive. All instruction and materials in grade levels K–6 must meet the instructional criteria or baseline requirements in *EC* Section 51933. Content that is required in grade levels 7–12 may be also be included in an age-appropriate way in earlier grade levels (*EC* sections 51933 and 51934[b]).

The competing demands of instruction in other subject areas cannot be a rationale for limiting health instruction. Careful planning and administrative leadership at the district- and school-site levels can make health education a vital part of the curriculum in every school and for every student. With this in mind, the following recommendations aim to maximize health instruction:

- Recognizing that there may be a shortage of credentialed health education teachers in some regions of the state, careful consideration of existing faculty resources to determine which faculty may have the most expertise in the area of health is recommended.
- Local school boards are encouraged to explore employer restricted permit, supplementary authorization, or local assignment options that may provide additional flexibility to the district as well as the health education credential candidate.
- Credentialing offices may wish to evaluate existing faculty’s university coursework (transcripts) for course credit that may be applicable towards a health authorization; it is possible that some teachers may have already taken and passed courses that meet some portion(s) of the requirements.
- A careful review of the health education standards and framework with a team of educators to develop a strategy for providing high-quality health education that is integrated with other curricular areas when appropriate, including physical education, language arts, history and social science, and science is also recommended.
- Lastly, professional learning for all educators responsible for addressing and integrating the standards and framework is highly recommended.

What is High-Quality Health Education?

Effective, high-quality health education curricula are reflective of the current body of research. The CDC provides the following list of attributes of effective health education curriculum (2019a):

- Research-based and theory-driven
- Addresses individual values, attitudes, and beliefs
- Addresses individual and group norms that support health-enhancing behavior
- Focuses on reinforcing protective factors and increasing perceptions of personal risk and harmfulness in engaging in specific unhealthy practices and behaviors
- Addresses social pressures and influences
- Builds personal competence, social competence, and self-efficacy by addressing skills
- Provides functional health knowledge that is basic, accurate, and directly contributes to health-promoting decisions and behaviors
- Uses strategies designed to personalize information and engage students
- Provides age-appropriate and developmentally-appropriate information, learning strategies, teaching methods, and materials
- Incorporates learning strategies, teaching methods, and materials that are culturally inclusive
- Provides adequate time for instruction and learning
- Provides opportunities to reinforce skills and positive health behaviors
- Provides opportunities to make positive connections with influential others
- Includes teacher information and plans for professional learning and training that enhance effectiveness of instruction and student learning

Visit the CDC's Characteristics of an Effective Health Education Curriculum web page for a complete reference list that supported this list.

The successful implementation of health education is based on a comprehensive and coordinated approach. A comprehensive, coordinated school health education program includes appropriately credentialed elementary and health education teachers, administrators, credentialed school nurses, school counselors, other educators, local school boards, a wide range of support staff and volunteers, families and community members, and community agencies. Each component plays a critical role in the successful design, implementation, and assessment of instruction to best serve California students. When all of these groups work collaboratively, students are supported to engage in high-quality standards-based health education that promotes academic success and lifelong positive health behaviors.

The American Cancer Society identified the following four components of a high-quality school health program in their Elements of Excellence initiative (as cited by American School Health Association 2014):

- Active leadership from school administrators, a school and community health council, and a school employee with responsibility for coordination
- A coordinated and collaborative approach overseen by a school health council that sets priorities based on community needs and values and that links with community resources
- A safe and nurturing learning environment with supportive policies and practices, facilities that are hazard-free, and consistent health-enhancing messages
- A commitment of time, personnel, and resources

In support of the Elements of Excellence for school health, instructional strategies and applied teaching methods found in this framework provide tangible ways teachers can implement the health education standards in the classroom, campuswide in school, in the community, and by partnering with families.

The World Health Organization advises that school health education instructional strategies must be multifaceted in addressing the complex issues facing today's children and adolescents (2003, 20). Issues such as sexual health; use of alcohol, tobacco and other drugs; and mental health are some of the health challenges students are likely to experience at some point in their lives. These issues are addressed in the health education standards and are included in this framework.

Findings from the School Health Policies and Practices Study support comprehensive school health education programs that are standards-based and address multiple health topics. Quality school health education programs encourage student-led research; assessment of personal and community health knowledge, attitudes, and beliefs; and opportunities for students to apply what they have learned in the classroom to form beneficial skills and practices related to health (CDC 2015b; Telljohann et al. 2019).

The Role of School Boards and Administrators

Leading national education organizations recognize the close relationship between health and academic achievement, as well as the need to foster health and well-being within the educational environment for all students (ASCD 2012; CDC 2019c; National School Boards Association 2019). School boards are advised to evaluate the effectiveness of their school health program, including the extent to which education codes and other state and federal statutes are being followed. While health education currently (at the time of this *Health Education Framework* adoption) does not fulfill an A–G college requirement, school boards of education do have the authority to use their local control to include health education classes as a high school graduation requirement. Several districts have exercised this authority to ensure health education goals and legal mandates are met.

A paramount responsibility of local district and school site administrators is to hire qualified teachers with the appropriate health education credentials and current knowledge of the content areas and skills in the full range of the health education standards. In 2004, the California Department of Education and the California Commission for Teacher Credentialing assembled an expert panel of health educators to develop recommendations to address teacher preparation requirements and school health credential program reviewer guidelines. The recommendations are outlined in the handbook, *Health Science Teacher Preparation in California: Standards of Quality and Effectiveness for Subject Matter Programs*, which includes a comprehensive set of recommendations such as the competencies health science credentialed teachers should have (California Commission on Teacher Credentialing 2010). Administrators may reference the handbook for detailed criteria for credentialed school health/health science/

health education candidates when hiring faculty. The handbook states that the primary document guiding health science subject matter requirements should be the health education framework.

Because school board members and administrators are leaders in their schools and communities, their impact can be powerful in the promotion of a high-quality health education program. They must regularly monitor and assess the effectiveness of the health education curricula and make improvements to meet current student and community needs and statutory requirements. They are responsible for ensuring a healthful, safe, and inclusive school environment that maximizes learning potential for all students. This is accomplished through their (1) knowledge and implementation of applicable federal and state mandates, (2) knowledge of California health education standards, (3) application of evidence-based instructional and assessment practices, (4) modeling of positive health behaviors, (5) providing developmentally-appropriate and up-to-date resources for teachers and instructional materials for students, (6) monitoring instruction to provide meaningful feedback and opportunities for targeted professional learning, and (7) maintaining community outreach through regular and engaging contacts with parents, guardians, caretakers, and community members.

In addition, because many health education topics—particularly those related to sexuality and alcohol, tobacco and other drugs—have the potential to create controversy, all stakeholders must agree prior to instruction so that classroom teachers are given the support needed to effectively deliver the required curriculum. For sensitive topics, school board members and district administrators must also ensure that educators and school-site administrators have the appropriate guidance and support to provide intervention and resources to students as necessary. Administrators should stay abreast of timely, medically accurate health information, pertinent education codes, and community health issues. Schools where educators openly communicate with one another, feel supported by their peers and administration, and establish strong student-educator relationships tend to have better student academic and behavioral outcomes (Brown and Medway 2007; CDC 2019c).

Employee Wellness

Teaching is one of the most rewarding professions, but it can also be a stressful one. Fostering school employees' mental and physical health supports students' health and academic success and retention (Hunt et al. 2015). Healthy school employees serve as role models for students. Therefore, a comprehensive school employee wellness approach addresses multiple risk factors, such as lack of physical activity, malnutrition, and preventable chronic health conditions (e.g., type 2 diabetes). Partnerships between school districts and insurance providers can provide resources, which in turn decrease health insurance premiums, reduce employee turnover, and cut costs of substitute teachers when absenteeism arises. One resource for district administrators and school board members is the online document *School Employee Wellness: A Guide for Protecting the Assets of Our Nation's Schools* (Directors of Health Promotion and Education n.d.).

Tools for Health Education Program Improvement

Comprehensive and regular assessment of the school or school district's health education program is essential for quality assurance and improvement. Local school board members, administrators, instructional leaders, school health personnel, community stakeholders, parents/guardians/caretakers working with their LEAs, and student support groups have the additional responsibility of periodically evaluating the effectiveness of the health education program to ensure that it is meeting the needs of a diverse student population, including LGBTQ+ students, English learners, and students with disabilities, as well as the needs of the community.

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.

The curriculum should be planned, sequential, and developmentally appropriate to ensure that all health instruction outcomes are met. The Health Education Curriculum Analysis Tool (HECAT) can help school districts and schools conduct an analysis of their health education program based on the CDC's Characteristics of Effective Health Education Curricula (CDC 2012; CDC 2019a). The HECAT provides an overview of school health education and background information for reviewing and selecting health education curricula. It also provides guidance for conducting a curriculum review and tools to analyze a variety of health education curricula. Based on national health education standards, the HECAT can be customized to conform to state or school district curriculum requirements to support the California health education standards.

The Whole School, Whole Community, Whole Child (WSCC) Model, developed in 2013, resulted from the collaboration of the ASCD and the CDC. It promotes alignment between health and educational outcomes. School districts can use the model as a framework for school improvement plans and for supporting English learners and students with diverse needs (Lewallen et al. 2015). The ASCD School Improvement Tool also offers educators a comprehensive, online needs assessment that generates professional learning resources based on the result (ASCD 2019).

The California Healthy Kids Survey (also known as CHKS) is the largest statewide survey of resiliency, protective factors, and risk factors in the nation. Administered every two years to students at grade levels five, seven, nine, and eleven, the California Healthy Kids Survey is an anonymous survey of self-reported health behaviors of youth. State law requires that parents, legal guardians, and caretakers be notified of the California Healthy Kids Survey; active consent is required by the California Department of Education for grade level five with a district option for the use of active or passive consent in grade levels seven, nine, and eleven. It is the responsibility of local school boards to formally adopt, in consultation with parents, guardians, and caretakers, a consent policy for the administration of the California Healthy Kids Survey (WestEd 2019). Additional information on risk and protective factors as they relate to youth violence and health outcomes can be found at the CDC's Preventing Youth Violence web page (2019b).

For the purpose of implementing quality programs that address specific age groups, the California Healthy Kids Survey targets these transitional, developmental years of adolescents; fifth grade provides baseline data. A core

module provides valid indicators of student engagement and achievement, safety, positive development, health, and overall well-being. Supplementary modules available at the secondary level include more detailed questions on such issues as social-emotional health, school climate, alcohol and other drug use, violence, and sexual behavior. School districts may also locally design the survey by selecting optional module(s) and items(s). Administrators should broadly disseminate their school results report at board, faculty, and parent, guardian, and caretaker meetings. The Youth Risk Behavior Surveillance Survey (also known as YRBSS) is a CDC survey and data system used to monitor health-related behaviors. Both national and California state data are available from the CDC and can be used to provide supplemental information on a wide variety of health indicators including sexual health (CDC 2019d).

Survey results can identify strengths as well as challenges to guide districts in the development of a more effective health education program that is designed to meet local needs. Survey data help local school districts prepare their Local Control and Accountability Plan, which is required under California's school Local Control Funding Formula. Helpful data includes information on school connectedness; student motivation; school safety and violence; and student alcohol, tobacco, and other drug use. Based on the California Healthy Kids Survey and locally-designed survey results, districts can more effectively allocate Local Control Funding Formula funds to support health education courses and schoolwide health initiatives in addition to providing the resources necessary (professional learning opportunities, health education supplies, CPR certifications, guest speaker honorariums or fees, or media and library resources for health) to provide health education. Schools and school districts are encouraged to collaborate with professors or researchers at their local university when conducting school health-related research or evaluation surveys to assess the effectiveness of their health education programs.

It is the LEA's responsibility to ensure that instructional materials comply with state laws and regulations. This responsibility includes addressing content and skills mandated by such laws as the California Healthy Youth Act (*EC* sections 51930–51939) and the regulations regarding social content. Instructional materials must meet *EC* sections 60040–60045 as well as the State Board of Education guidelines in the *Standards for Evaluating Instructional Materials for Social Content* (2013). State laws and the State Board of Education guidelines require that instructional materials used in California public schools reflect

California’s multicultural society, avoid stereotyping, and contribute to a positive, safe, and inclusive learning environment. EC Section 240 requires that “Governing boards of school districts shall adopt instructional materials in accordance with the provisions of Section 60040” (Section 60040 relates to social content standards). EC Section 60002 states the following: “Each district board shall provide for substantial teacher involvement in the selection of instructional materials and shall promote the involvement of parents and other members of the community in the selection of instructional materials.” The State Board of Education has adopted a policy document, entitled, *Guidelines for Piloting Textbooks and Instructional Materials* and can be accessed at <https://www.cde.ca.gov/ci/he/cf/ch2.asp#link1> (2015).

Additional guidance on parental notification and instructional materials previews is included in the [Management of Topics That May Cause Controversy section](#) in this chapter.

Professional Learning

One of the most impactful ways for administrators to ensure student achievement is to promote teacher effectiveness. To this end, an important resource for school boards and site administrators is The *Superintendent’s Quality Professional Learning Standards* (referred to as “the QPLS”; California Department of Education 2015). This document, which is appropriate for California’s needs, makes recommendations for professional learning practices that positively influence teaching effectiveness and student learning. It includes the QPLS and policies and activities that span an educator’s career (California Department of Education 2015).

Administrators must allocate both time and funds that provide opportunities for professional learning. Time can be allocated through a combination of several different structures, for example: regular time set aside during faculty meetings, paid time outside of the school day, release time to attend professional conferences, banking time within your school to allow for regular collaboration periods, and professional learning days within the school district. Professional learning should (1) be targeted to meet the needs of students, the school, and the community; (2) be individualized based on teachers’ strengths and needs; (3) include principles of adult learning theory; (4) include coaching and follow-up; and (5) be monitored, assessed, and adjusted to impact student learning (Moir 2013).

There are numerous topics that should be included in professional learning for teachers of health education. The necessity of providing up-to-date and medically accurate health information may require teachers to attend specific meetings or presentations. Sometimes this information can be provided in periodic updates published by the health services and/or the curriculum department within a school district. According to the California Healthy Youth Act, comprehensive sexual health and HIV prevention must be taught by instructors trained in the appropriate course. Instructors must have knowledge of the most recent medically accurate research on human sexuality, healthy relationships, pregnancy, and HIV and other sexually transmitted infections (STIs).

School districts must also provide professional learning to all district personnel who provide HIV prevention education to enable them to learn new research related to HIV. Teachers with a demonstrated expertise in the field or who have received training from the California Department of Education, its affiliates, or Centers for Disease Control and Prevention need not be additionally trained by the district. Districts may expand the training to include the topic of comprehensive sexual health education.

Teachers also need to learn strategies for teaching and assessing students' performance in health education, and those who teach controversial or sensitive but required topics need more specific guidelines on instructional strategies and how to manage potentially difficult issues that can arise. This applies to the required topics under the California Healthy Youth Act in support of comprehensive sexual health, such as sexual orientation, gender, healthy relationships, birth control and abortion, and sexually transmitted infection prevention and treatment. Given the diversity of California's students, teachers must receive training on supporting students with diverse needs, including students who are impacted by violence and students with disabilities. They must also develop an awareness of cultural differences and their impact on health education (see the ["Access and Equity"](#) chapter for additional information). Strategies for involving all parents, guardians, caretakers, and families in student learning are critical to the success of health promotion within the community. Additionally, teachers need time to collaborate with those who are teaching the same content on-site and within the district and with those colleagues across grade levels and disciplines who together develop cross-curricular opportunities that maximize real-world applications for students (Telljohann et al. 2019).

Teachers may also need additional support related to sensitive topics required under the California Health Youth Act, including relationship violence, child sexual abuse, sexual assault, and human trafficking (which includes sex trafficking). It is important to practice self-care to enhance personal health and manage difficulties that may arise. Teachers who have personal experience with trauma may be triggered and find that emotions or memories are evoked by the content, which may cause additional apprehension. Regardless of personal experience, discussing these sensitive topics can be difficult for teachers as well as for students.

Districts should ensure that teachers are informed about and have access to support from internal or external resources, such as the district student support office for their students in addition to seeking support for themselves. Districts and administrators are strongly encouraged to provide support for teachers. Although it may be challenging, these sensitive topics must still be addressed. A teacher's ability to appropriately handle student disclosures and provide support and resources is critical to protecting the child and promoting health and safety.

It is important to note that teachers are mandated reporters, and as such, must first report incidences to Child Protective Services and/or law enforcement in accordance with mandated reporter laws and then refer to their school policies for next steps (see the [Mandated Reporting](#) section in the "Introduction" chapter). Community-based organizations, such as the local rape crisis center or domestic violence agency, may be able to offer related professional learning opportunities and emotional support for teachers and school administrators. Credentialed school nurses and social workers may have training in the delivery of health education and wellness promotion in schools, and may be able to provide expertise in both content and delivery of health education programs.

Management of Topics That May Cause Controversy

Health education is subject to two forms of controversy: disagreement about (1) the particular content and (2) the policies that will be put into place for curriculum implementation. Some topics, such as comprehensive sexual health education, are more susceptible to conflict than others. Educators, parents, guardians, caretakers, and community members who express concern about curricular or policy matters may be motivated by various factors. While controversy cannot always be avoided, it is important for school boards; district and site administrators; teachers; parents, guardians, or caretakers; and community leaders to be proactive in anticipating differences in values between various stakeholders.

Sowers offers the following recommendations, which have been adapted, to guide the development of proactive, district-wide plans (2009):

1. **Do your homework.** School administrators must be informed of community demographics and have information about local health agencies, counseling services, medical facilities, and law enforcement agencies. Develop relationships with the local health jurisdiction to learn about the local data landscape in your area and the health issues impacting young people in the community. Data can be a compelling tool to describe the learning landscape in an area.
2. **Engage a broad base of planners.** Involve representatives from all stakeholder groups.
3. **State goals clearly.** Provide state-adopted standards to help reach
4. **consensus on goals.**
5. **Cultivate support networks.** Seek out school health professionals such as credentialed health education teachers and school nurses and district or school social workers in addition to community health providers such as public health professionals and youth counselors who have experience working with at-risk youth.
6. **Identify articulate spokespersons.** Seek support from respected individuals who are advocates including student advocates who can speak to the importance of specific topics. These students can be powerful voices in the midst of controversy that is generally driven by adults.

7. **Create awareness within the community.** Administrators should hold open forums and give presentations to civic and religious organizations to provide information on health issues in the community affecting youth. Provide opportunities for the community to review curricular materials.
8. **Be positive.** Manage each confrontation as it arises and assume the best intention of all groups.

If controversy should arise, school leaders must be able to communicate their goals in a positive, objective, and effective manner without becoming defensive. Administrators have a responsibility to create a bias-free space for learning. When confronted with bias, it is critical to reassert these values which are inherent in California public schools. Differences of opinions should be treated with respect, but not at the expense of other students. Using “medically accurate”¹ and reliable data to support program goals will help keep the focus on the health education content and curriculum in an “age-appropriate”² manner, as explained in California’s *Health Education Content Standards*.

School leaders also have a responsibility to be aware of current state laws that mandate or support instruction of potentially controversial topics. Increased efforts should be implemented to provide information to parents, guardians, caretakers, and all stakeholders and encourage their involvement with their child’s education. The following section summarizes current state statute on notice and parental excuse regarding comprehensive sexual health education and HIV prevention education as mandated in the California Healthy Youth Act (California EC Chapter 5.6).

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- 1 “Medically accurate” means verified or supported by research conducted in compliance with scientific methods and published in peer-reviewed journals, where appropriate, and recognized as accurate and objective by professional organizations and agencies with expertise in the relevant field, such as the federal Centers for Disease Control and Prevention, the American Public Health Association, the American Academy of Pediatrics, and the American College of Obstetricians and Gynecologists (EC Section 51931[f]).
 - 2 “Age appropriate” refers to topics, messages, and teaching methods suitable to particular ages or age groups of children and adolescents, based on developing cognitive, emotional, and behavioral capacity typical for the age or age group (EC Section 51931[a]).

The California Healthy Youth Act: Notice and Parental Excuse (California *Education Code* Sections 51938–51939)

Parents, guardians, and caretakers have the right to excuse their child from all or part of comprehensive sexual health education,³ HIV prevention education,⁴ and assessments related to that education through a passive consent (“opt-out”) process. A school district shall not require active parental consent (“opt-in”) for comprehensive sexual health education and HIV prevention education (*EC* Section 51938[a]). However, LGBTQ+ content is not considered comprehensive sexual health education, nor HIV prevention education, and thus may not be opted out of as a stand-alone topic. For further guidance, please see the California Department of Education web page at <https://www.cde.ca.gov/ci/he/cf/ch2.asp#link2>.

Districts are required to notify parents, legal guardians, and caretakers of each pupil about instruction in comprehensive sexual health education and HIV prevention education and research on pupil health behaviors and risks planned for the coming year at the beginning of each school year, or, for a pupil who enrolls in a school after the beginning of the school year, at the time of that pupil’s enrollment (*EC* Section 51938[b]). The notice shall do the following:

1. Advise the parent or guardian that written and audiovisual educational materials used in comprehensive sexual health education and HIV prevention education are available for inspection (*EC* Section 51938[b(1)]).

3 “Comprehensive sexual health education” means education regarding human development and sexuality, including education on pregnancy, contraception, and sexually transmitted infections (*EC* Section 51931[b]).

4 “HIV prevention education” means instruction on the nature of human immunodeficiency virus (HIV) and AIDS, methods of transmission, strategies to reduce the risk of HIV infection, and social and public health issues related to HIV and AIDS (*EC* Section 51931[d]).

2. Advise the parent or guardian whether the comprehensive sexual health education and HIV prevention education will be taught by school district personnel or by outside consultants (*EC* Section 51938[b][2]).⁵
3. Include information explaining the parent's or guardian's right to request a copy of this chapter (*EC* Section 51938[b(3)]).
4. Advise the parent or guardian that the parent or guardian has the right to excuse their child from comprehensive sexual health education and HIV prevention education and that in order to excuse their child they must state their request in writing to the school district (*EC* Section 51938[b(4)]).

Many of California's parents, legal guardians, and caretakers may speak a single primary language other than English. As per California *EC* Section 48985, districts are required to monitor their annual census data submitted to the Department of Education (pursuant to *EC* Section 52164) to determine how many and which languages, other than English, into which they must translate all written notifications. Additionally, districts must provide parents and legal guardians options to respond in their primary language. Additional support for districts and teachers regarding parent notification, curriculum guidance, instructional resources, teachers training, and frequently asked questions on teaching comprehensive sexual health education and HIV prevention education can be found on California Department of Education's web page located at <https://www.cde.ca.gov/ci/he/cf/ch2.asp#link3>.

5 A school district may provide comprehensive sexual health education or HIV prevention education, to be taught by outside consultants, and may hold an assembly to deliver comprehensive sexual health education or HIV prevention education by guest speakers, but if it elects to provide comprehensive sexual health education or HIV prevention education in either of these manners, the notice shall include the date of the instruction, the name of the organization or affiliation of each guest speaker, and information stating the right of the parent or guardian to request a copy of this section, Section 51933, and Section 51934. If arrangements for this instruction are made after the beginning of the school year, notice shall be made by mail or another commonly used method of notification, no fewer than 14 days before the instruction is delivered (*EC* section 51938[b][2]). The use of outside consultants or guest speakers is within the discretion of the school district (*EC* section 51938[d]).

Specific Recommendations for Teachers

Teachers must have up-to-date and medically accurate information and reliable data to teach the health education standards. This is especially important for those topics mandated by state requirements. During instruction, teachers should affirm and clarify questions as needed, ensure objectivity in their responses, and maintain open lines of communication and inclusivity. Guidelines and expectations should be clearly articulated prior to instruction.

Some students may ask questions for the effect of shocking the teacher and classmates. The use of inappropriate vocabulary, for example, should be reworded; and teachers must remain calm and not act embarrassed. They may need to remind students when questions are inappropriate and/or require private conversations. If there is a district policy regarding how to address questions regarding certain topics, the teacher should be familiar with it and apply that policy as needed. Teachers can also suggest that students talk to parents, guardians, or caregivers; the school nurse, social workers, or school counselors; or community agencies if they need additional information (Telljohann et al. 2019).

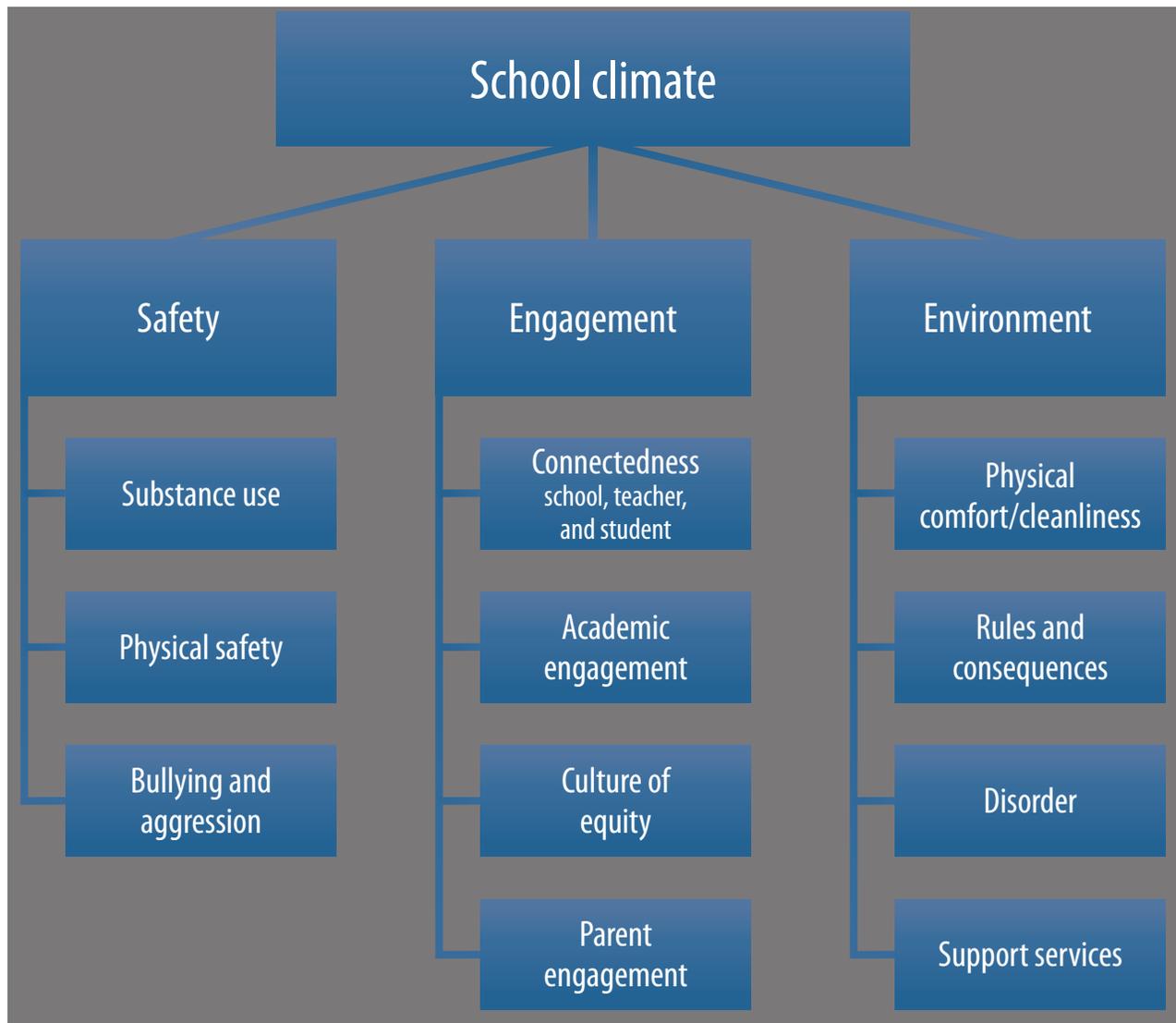
District administrators in curriculum and student services/health services personnel can also play an important role in ensuring that teachers have access to community agencies to assist in health education instruction. District staff can develop and disseminate a list of local community agencies that teachers can contact to invite guest speakers to address students on specific health topics. Bringing in guest speakers is also an opportunity to bring in partners that can assist students in accessing health services on campus or in the community. Such partners include, but are not limited to, school-based health centers, federally qualified health centers, community mental health agencies, youth development agencies, and local health departments. In addition, the guest speakers may also be asked to present information to parent, guardian, and caretaker groups such as the Parent Teachers Association, broadening the scope of health knowledge within the community. Guest speakers should be vetted prior to their presentation and deemed appropriate for both students and parents, guardians, and caretakers. If a guest speaker is invited to present on topics required under the California Healthy Youth Act, they must have expertise in comprehensive sexual health and HIV prevention education.

In middle school and high school, it is required that teachers provide resources for students on sexual health services and referrals for LGBTQ+ services. Districts can support teachers by keeping referral lists updated and establishing positive contacts with appropriate agencies. Additional guidance on contracting with guest speakers to provide comprehensive sexual health education and HIV prevention education can be found in chapter one and at the CDE web page <https://www.cde.ca.gov/ci/he/cf/ch2.asp#link4>.

Positive and Safe School Environment

The importance of a positive and safe school environment cannot be overstated. “School climate has a real and lasting effect on a student’s ability to learn. Nothing is more important than our students’ safety, and preparation is one of the first and most important steps a school can take in creating a more positive school climate” (California Department of Education 2014). The National Center on Safe Supportive Learning Environments’ *Safe and Supportive Schools Model* of school climate (image below) demonstrates the importance of the three interrelated constructs of school climate: safety, engagement, and environment (2019).

Safe and Supportive Schools Model of School Climate



Long Description of Safe and Supportive Schools Model of School Climate is available at <https://www.cde.ca.gov/ci/he/cf/ch2longdescriptions.asp#chapter2link1>.

Source: National Center on Safe Supportive Learning Environments (2019).

Since 2000, the EC Section 32286 has required each school site to develop a comprehensive school safety plan that must be reviewed and updated by March 1 of each year. School site councils or school safety committees composed of representation from all stakeholders have responsibility for monitoring the plan and making necessary changes that will have a positive impact on the school environment. The plan must include information on such topics as child abuse reporting procedures, disaster procedures including earthquake preparedness,

discrimination and harassment policies, schoolwide dress codes, and school discipline rules with a recommendation to include the prevention of bullying. Schools can implement a violence-free campus policy specifically relating to harassment, bullying, and relationship violence. The campus policy should address students who are more likely to be bullied, in particular LGBTQ+ students. Some helpful resources for policy-change models include the California Coalition Against Sexual Assault, California Partnership to End Domestic Violence, and Futures Without Violence. In addition, school site councils or school safety committees are encouraged to work together with on-site providers and local mental health agencies to develop policies to refer children who may have mental health issues to the appropriate services as a strategy in school safety planning.

School nurses, social workers, and other student services personnel can also be instrumental in guiding school sites on appropriate procedures for referring children to either on-site or community mental health services and developing programs for addressing students' mental health needs. District policy should include a process for ensuring that teachers, school nurses, site administrators, and other school personnel and students are aware of state laws that give minors the right to consent to reproductive health services, mental health services, and treatment related to drug and alcohol problems without parental notification or consent and that allow them to leave campus without parental notification or consent in order to obtain these services (*EC Section 46010.1 and EC Section 48205*). For specific information on minor consent services, the National Center for Youth Law's Teen Health Law Initiative is an easily accessible resource, specifically the document entitled, *Confidential Medical Release: Frequently Asked Questions from School Districts* (2015).

Teachers play a critical role in cultivating safety, engagement, and inclusivity by creating positive learning environments in their classrooms. Professional learning and collaboration can help teachers apply appropriate classroom management strategies. Classroom policies, procedures, and communication strategies must be in place to ensure that students engage appropriately within the classroom as well as on the school campus. Teachers and students may work collaboratively to create expectations and norms for student discourse. Examples of strategies teachers can use to establish a safe, confidential, inclusive, and engaging classroom include:

- Sending a welcoming postcard to each student before the school year begins
- Greeting each student at the door as they enter the classroom

- Communicating through positive letters, emails, and phone calls to parents, guardians, and caretakers
- Asking students to reflect upon and write down a success that they achieved at the end of the day
- Allowing students to participate in the process of establishing classroom rules

Though health is a personal subject matter and can be subjective, every effort should be made to refrain from asking students to share personal information or their own individual experiences for sensitive subject matter. If there is the potential to share sensitive or confidential information in the course of classroom discussion, teachers should advise students in advance that they are not required to share this information. Teachers should inform their students that as mandated reporters they are required report suspected abuse or neglect. Teachers are also obligated to get help if a student reveals that they or anyone is in danger (Telljohann et al. 2019).

Aside from classroom connectivity, students must have opportunities that give them a sense of purpose and belonging to their school and their community. Examples include special interest clubs, LGBTQ+ and ally groups, sports programs, opportunities for student leadership on councils both with other students and as student members of stakeholder groups, peer education, participation in service learning programs, and school-sponsored activities that include parents, guardians, caretakers, families, and community members. All students and staff should feel comfortable and safe in the school environment without fear of retribution.

While ensuring that students, staff, and teachers maintain confidentiality around sexual orientation and gender identity, administrators can support creating a safe school environment for LGBTQ+ students by ensuring that teachers and staff feel safe to be openly LGBTQ+ at school. All school personnel should be informed that the California Fair Employment and Housing Act (*Government Code* sections 12900–12996) prohibits workplace discrimination and harassment. This includes protection from discrimination and harassment based on sexual orientation, gender identity, and gender expression.

An equally important aspect of a safe and inclusive school environment involves the physical well-being of students and employees. Administrators must address not only the physical condition of a school site; they must also protect students and employees from physical harm. School administrators must regularly monitor the physical condition of campus facilities and be responsive to concerns raised

by staff or students regarding potential safety hazards. Administrators should be aware of any toxic environmental accidents or incidents that occur near the school's campus. Schoolwide discipline policies outlined in the Safe School Plan must be communicated to all stakeholders and must be uniformly and equitably enforced. The school's safety climate can be evaluated using campus mapping with students, teachers, and administrators working together to identify safe and unsafe zones on their school campuses and then addressing concerns appropriately.

Children are significantly more attentive and engaged with schoolwork following environmental learning experiences in their local communities (Lieberman 2013). Lessons based on local environmental topics improve student engagement and help them to more effectively learn health-related content. First aid and acute emergency care for students must also be administered according to established guidelines. Menstrual products should also be made available at no cost to students as required by law (EC Section 35292.6).

The student services department/school health services personnel within a school district should assist school site personnel with health promotion activities and managing chronic health conditions such as diabetes or asthma. Credentialed school nurses are an important resource for information on managing students' health needs and providing medically accurate information. School nurses can also conduct state-mandated vision and hearing screenings and related referrals in kindergarten and first grade, and every three years until eighth grade.

Teachers are encouraged to use grade-level health screenings as an opportunity to integrate the importance of personal health into classroom instruction. Administrative responsibilities also include the wellness of the school community through such actions as verifying vaccines, encouraging healthy lifestyles to include mental and emotional health and well-being (further Collaborative for Academic, Social, and Emotional Learning [CASEL] information is provided in each grade span chapter in the *Health Education Framework*), promoting a healthy and safe school environment, and helping students and their families connect to appropriate community agencies that can offer assistance with specific concerns.

Schools can play an important role in linking students and families to community-based services and can also reduce barriers to access by providing health services directly on campus, through partnerships with community providers and implementing school-based health centers. Student services staff must assist in providing and overseeing the support for students of all abilities and students

from marginalized groups. This should include integrated and inclusive activities. District personnel should collaborate with teachers and parents, guardians, and caretakers in developing appropriate strategies and plans to ensure each child who has a disability or special needs that can interfere with learning is properly supported and individualized education program (IEP) goals are being met. In addition, administrators must ensure that a protocol is in place to ensure that substitute teachers and others who may be in substitute positions working directly with students have access to student information that will prepare them in the event of a health emergency.

Schools have become more aware of the need to be proactive in managing students with food allergies. Food allergies affect 1 in 25 school-aged children, and 1 in 4 students who have a potentially life-threatening reaction have no known food allergy (CDC 2013, 9). Students with food allergies may be subject to anaphylaxis, a severe allergic reaction that has rapid onset and may cause death (CDC 2013, 9). It is, therefore, incumbent upon school boards to adopt a comprehensive policy that describes food allergy management and prevention plans. School administrators must take the lead at their school sites to ensure the safety of individual students; this must be a coordinated effort that may result in the development of a 504 Plan if a student's food allergy is determined to be a disability. Training for staff members as well as students should be included in district and site management plans. The school nurse can assist with obtaining specific medical orders for allergy management. School staff training ensures the students' safety and compliance with IEPs or 504 plans.

School staff should be aware of the EpiPens for School Law (EC Section 49414) that requires school districts to stock epinephrine auto-injectors at every K–12 school site. The school nurse can provide staff training to ensure that epinephrine auto injectors are available on school sites to be used for unplanned anaphylactic emergencies. School nurses and trained school personnel who have volunteered to do so may administer epinephrine auto-injectors to students experiencing anaphylaxis, per EC Section 49414. The CDC resource, *Voluntary Guidelines for Managing Food Allergies in Schools and Early Care and Education Programs*, can also assist district and site administrators in developing their plans (2013). The guidelines provide practical information and strategies for reducing allergic reactions and responding to life-threatening reactions. Teachers should be aware of their district's policy regarding the availability and administration of epinephrine auto-injectors requirement.

Parent and Community Engagement in Health Education Programs

The school, which is part of a larger community, cannot function in isolation. Schools that actively engage parents, guardians, and caretakers and their community resources through such avenues as school site councils, safety committees, and health curriculum committees respond more effectively to health-related needs of students (McKenzie, Pinger, and Seabert 2018). The CDC has developed a set of resources, called *Parents for Healthy Schools*, which contain a framework for engaging parents, guardians, and caretakers in school health. The three aspects of the parent engagement framework are (1) connecting with parents, guardians, and caretakers; (2) engaging parents, guardians, and caretakers in school health activities; and (3) sustaining parent, guardian, and caretaker engagement in school health (CDC 2015a).

School administrators can maximize connecting with parents, guardians, and caretakers by:

- Ensuring that the school and school district have a plan for involvement that includes participation in school health education
- Ensuring that school staff members have the ability to connect effectively with parents, guardians, and caretakers and support engagement in school health activities
- Asking parents, guardians, and caretakers about their needs and interests regarding their children’s health and their involvement in the school’s health activities

In addition to establishing a welcoming relationship with parents, guardians, and caretakers, specific suggestions for engagement include providing a range of volunteer opportunities both within and outside the school. Volunteerism can enrich health classes, improve health education program implementation and health services, and help create safer and healthier environments for students (CDC 2015a; Epstein et al. 2009).

Other ways to engage parents, guardians, and caretakers include providing support for parenting, supporting learning at home, promoting family participation in decision-making through groups such as a school site council, collaborating

with the community, and implementing a variety of ways to communicate with parents, guardians, and caretakers including texts, automated attendance messaging systems, special newsletters, or web postings. Educational seminars and support groups led by community agencies to address health issues as well as parenting skills, Saturday morning healthy breakfasts with school leaders, and the implementation of activities planned for parents, guardians, and caretakers and their children that support positive health behaviors, for example a walk/run or a heart-healthy luncheon, provide opportunities for engagement. Every effort should be made to provide interpreters and translated and culturally appropriate materials as needed.

It is also critical that school personnel create opportunities for parents, guardians, and caretakers to share their culture and expectations related to the health of their children and to provide opportunities for parents, guardians, and caretakers of children with special health care needs, such as diabetes, epilepsy, or food allergies, to meet and discuss concerns and strategies. School administrators must ensure that school nurses and other school health providers develop individualized school healthcare plans for children with special health needs in partnership with students, parents, guardians, caretakers, teacher(s), assistive personnel, and other team members.

An important aspect of promoting family engagement and developing resources is collaboration with the community. Community-based organizations, nonprofit agencies, school-based health centers, local and state public health agencies, and other education sectors such as local community colleges and universities are valuable partners that provide resources. For example, a university in your area may have a teacher credential, health education, nursing, environmental science, or health science program. A natural partnership occurs for student teaching or internship opportunities that benefit both parties. Another example is guest speakers who serve as content experts in their respective areas, such as environmental justice, public health, gang violence, and addiction to alcohol, tobacco, or other drugs.

School personnel can coordinate information, resources, and services from community-based organizations to link parents, guardians, caretakers and students to community health and social services, activities, and events. Health education teachers, school nurses, school social workers, and student support services personnel are important resources for navigating students—and

sometimes their families, guardians, or caretakers—to community services. For example, a family may need a recommendation for medical or dental services in the community. It is important to use a disclaimer that you are not endorsing the healthcare or public health service but rather serving as a resource person.

To sustain family engagement, school personnel can (CDC 2015a):

- Schedule meetings to accommodate a variety of schedules
- Provide a variety of methods through which parents, guardians, and caretakers access information and communicate with school staff
- Provide transportation or hold events off-site or online if needed to accommodate community members' schedules
- Implement programs that are culturally sensitive and that reflect the community's demographics and provide translation services as needed

Finally, parents, guardians, and caretakers can play a key role in complementing and reinforcing what students are learning in school through discussions and activities at home. They act as co-educators, particularly when family values are inherent in the health education topic such as sexuality, food choices, and the prevention of alcohol and drug use. In an effort to support parents, guardians, and caretakers that may not feel equipped or comfortable discussing sensitive health topics with their children, administrators and teachers should provide opportunities for parents, guardians, and caretakers to get involved and to obtain information to help them support the educational experience for their child. For example, offer evening educational workshops on topics such as depression and suicide; use of alcohol, tobacco, and other drugs; comprehensive sexual health; gender; sexual orientation; healthy relationships; and sex trafficking. Parents, guardians, and caretakers can benefit from the information and support student learning.

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Transitional Kindergarten Through Grade Level Three

CHAPTER 3

Introduction

Transitional kindergarten (TK) through third grade is typically a wonderful and exciting time in a child’s scholastic life. Most students in TK, kindergarten, or first grade are embarking on the fascinating journey of student life for the first time in their young lives. Other students are continuing their education from prior years. As students progress in their pivotal primary education years, they are excited and ready to learn about the many aspects of health supported by the *Health Education Content Standards for California Public Schools, Kindergarten Through Grade Twelve* (health education standards) and this framework (California Department of Education 2008b). Teachers, other educators, school nurses, school counselors, school psychologists, administrators, curriculum specialists, and district personnel are in a unique and important position to inspire, encourage, teach, mentor, support, and guide young students in adopting healthy practices and positive health behaviors that will lead to a lifetime of good health.

The relationship between healthy students, early childhood development, positive classroom behaviors, and academic achievement is well documented (specifically, see Basch 2010; CDC 2019b; and Michael et al. 2015). Healthy behaviors, including choosing nutritious foods and engaging in physical activity, can lower a student’s risk for becoming obese and developing obesity-related illnesses later in life (CDC 2019b; US Department of Health and Human Services 2010). Obesity affects 18.5 percent of children in the United States (CDC 2017).

Specific to California, about 17 percent of children aged two through five years old are overweight or obese (Robert Wood Johnson Foundation 2019). Many factors contribute to childhood obesity, including unhealthy diets, issues with portion control or large portion sizes, and a lack of physical activity. Children who are obese are more likely to be bullied or stigmatized and are at an increased risk for obesity in adulthood. Nutrition deficiencies, food insecurity, and lack of sleep are also concerns for youth (CDC 2016a).

Healthy eating and physical activity are associated with reduced risk of many diseases including heart disease, cancer, and stroke (CDC 2011). Healthy eating in childhood and adolescence is important for proper growth and development and can prevent obesity, type 2 diabetes, dental cavities, and many other health problems including both under-nutrition and over-nutrition and related health problems associated with malnutrition. Proper nutrition is also important to maintain a healthy body and mind.

Accidents and injuries are also an important health topic due to high occurrence rates among youths. Consider the following statistics:

- Unintentional injury is the leading cause of death among youth from zero to nineteen years of age in the United States (Borse et al. 2008)
- Motor vehicle crash injuries, including those involving pedestrians, are the single leading cause of death for young people from the ages of five to nineteen (Borse et al. 2008)
- More than three-quarters (77 percent) of poisonings are unintentional (Gummin et al. 2018)
- Children six to twelve years old comprise 6 percent of the 1 million unintentional poison exposure cases that occur each year (Gummin et al. 2018)
- The substance category most frequently involved in pediatric (five-year-olds and younger) exposures is cosmetics/personal care products, followed by cleaning substances and pain medications (Gummin et al. 2018)
- An estimated 4.6 million children lived in homes with a loaded and unlocked firearm in 2015 (Azrael et al. 2018, 298)
- In 2018, there were at least 312 unintentional shootings by children, resulting in 101 deaths and 222 injuries (Everytown for Gun Safety Support Fund 2019)

Research confirms that mental health conditions are increasing among youth, 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 Institute of Mental Health 2019). 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 in the United States on childhood mental health conditions including anxiety disorders, attention deficit hyperactivity disorder, autism spectrum disorders, bipolar disorder, depression, eating disorders, and childhood-onset schizophrenia (National Research Council and Institute of Medicine 2009). Suicide is the second-leading cause of death among youth and young adults ages ten to twenty-four and is preventable with mental health awareness, education, and access to services (Heron 2019, 10). Research confirms that academic performance improves when a school's health curriculum includes teaching students how to manage their stress and emotions as well as the practices of empathy and caring behaviors (CASEL 2019). CASEL has five socio-emotional learning competencies aligned with the Common Core: social awareness, relationship skills, responsible decision-making, self-management, and self-awareness (2019). Teachers, other educators, school counselors, school psychologists, administrators, school nurses, students, parents, guardians and caretakers, and all staff each play an important role in providing socio-emotional learning. The aforementioned are key 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 in this chapter.

It is critical for young learners to receive instruction about personal boundaries, healthy relationships with peers and adults, and respect for others as early as possible. This foundational learning can promote health and safety throughout the school years and beyond. Establishing and fostering a caring, respectful, affirmatively inclusive, and compassionate classroom and school climate with integrated resource and referral networks sets the foundation for instruction and learning. Due to the sensitive nature surrounding some of the health education content covered in the TK–3 chapter, it is especially critical that instructional activities are culturally sensitive for diverse learners and are implemented in a safe, open, inclusive, affirmative, supportive, and judgment-free environment.

People-first language should be used to ensure an inclusive classroom. For example, if a student has a disability, they are referred to as a student with a disability versus a disabled student.

Health Education Standards for Kindergarten Through Third Grade

All six of the content areas (Nutrition and Physical Activity; Growth and Development; Injury Prevention and Safety; Alcohol, Tobacco, and Other Drugs; Mental, Emotional, and Social Health; and Personal and Community Health) are covered when the kindergarten through third grade health education standards are combined. All eight overarching standards are addressed when the content areas in each grade level are taught (see the list below for the grade-level assignments for each of the content areas as recommended in the health education standards). The health education standards do not define grade-specific standards for TK. The TK section discusses learning progressions that bridge from the *California Preschool Learning Foundations* to the health education standards for kindergarten. Students learn essential skills for injury and violence prevention; strategies for optimal mental, social, and personal health; and responsible decision-making for a variety of content areas in support of the health education standards.

It should be noted that, while the content areas are presented in the same order as the standards, educators may want to consider teaching content areas such as Alcohol, Tobacco, and Other Drugs; Mental, Emotional, and Social Health; and Growth and Development 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. The health education standards represent **minimum** requirements for comprehensive health education. Teachers are encouraged to incorporate content areas that are not included for their grade level as appropriate to the needs and interests of their students. Students in TK through third grade will need instructional support, guidance, and resources to apply the new skills and health behaviors learned in the eight overarching standards. The list below indicates the grade levels and grade spans at which there are standards for each content area in TK through third grade.

- Nutrition and Physical Activity: kindergarten and second grade
- Growth and Development: kindergarten, first grade, and third grade

- Injury Prevention and Safety: kindergarten and first grade
- Alcohol, Tobacco, and Other Drugs: kindergarten and second grade
- Mental, Emotional and Social Health: kindergarten, second grade, and third grade
- Personal and Community Health: kindergarten, first grade, and third grade

Transitional Kindergarten

Four- and five-year-old children in transitional kindergarten (TK) are curious about themselves and others and the world around them. They are eager to learn and need a learning environment that both engages them and builds on the knowledge they bring to school. “Play is the primary context for learning” for TK children (California Department of Education 2011a, 5). When TK children are learning through play, they have opportunities to be creative, strengthen their social skills, and solve problems. As they explore, practice new skills and behaviors, and participate in dramatic play, they are also processing information and making connections between what they already know and what they have just learned or are in the process of learning.

A healthy lifestyle has its roots in early childhood—the health-enhancing skills and behaviors children learn in TK can be first steps toward a healthy life. Health education in TK focuses on the preschool learning foundations in nutrition, safety, and health habits (Health Domain) and self, social interaction, and relationships (Social Emotional Domain) and the kindergarten health education standards aligned to those learning foundations. There are two reasons for this particular focus. First, there are no state-adopted health education standards for TK. Second, and more importantly, statute clearly states that curriculum for TK is intended to be aligned to the preschool learning foundations (*EC Section 48000[f]*). The preschool learning foundations are research-based and describe the knowledge and skills that children who are about five years old achieve when provided with the kinds of interactions, instruction, and environments shown by research to promote early learning and development. The content area headings in this chapter are taken from the preschool learning foundations to support that intent but are presented in the same order as the kindergarten health education content areas are organized.

Information on the alignment of preschool learning foundations to the health education standards for kindergarten can be found in *The Alignment of the California Preschool Learning Foundations with Key Early Education Resources* (California Department of Education 2012).

Nutrition

In TK, children learn to make healthy food choices, to eat a variety of foods, and that their bodies need different kinds of foods to grow. In kindergarten, they will build on those skills and knowledge to select healthy foods in a variety of settings, ask for healthy foods, and plan a nutritious breakfast. The nutrition standards in kindergarten are under the content area of nutrition and physical activity.

According to data obtained from the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) 16.6 percent of California’s children ages two through four are obese (Robert Wood Johnson Foundation 2019). About 14 percent of children ages two through five years old in the United States were considered obese in 2015–16 (CDC 2016b). Children who are obese are more likely to have a number of health problems, such as asthma, high blood pressure, and type 2 diabetes; may be victims of bullying; and may experience low self-esteem (CDC 2016a). Many factors contribute to obesity in children, including marketing of unhealthy or highly processed food, limited access to healthy or whole foods (plant-based, unprocessed, and unrefined), inadequate physical activity, increased portion sizes, overconsumption of processed foods, and increased consumption of high-sugar beverages. Obesity and undernourishment are both a result of malnutrition, which is defined as deficiencies, excesses, or imbalances in an individual’s intake of energy or nutrients (World Health Organization 2017). It is common to find obesity and undernourishment within the same communities or individuals.

To help children understand the importance of good nutrition, it is important to explain that there is more than one way to eat healthfully and everyone has their own eating style. Healthy eating patterns encompass all food and beverage choices over time, providing an adaptable, personalized framework tailored to individual preferences, culture, traditions, and budget. Explain the importance of choosing a variety of nutrient-rich foods from all food groups—dairy, fruits, vegetables, grains, and protein foods—to help children build strong healthy bodies. ‘Variety’ is defined as a diverse assortment of foods and beverages across and within all food groups: dairy, fruits, vegetables, grains, and protein foods (US Department of Health and Human Services and US Department of Agriculture 2015, xiv). Read-aloud books, songs, and videos that are age-appropriate and use humor help TK children understand their body’s need for a varied, nutrition-rich diet. Teachers can work with the teacher librarian to identify and obtain these resources.

Transitional-kindergarten children may already have strong food preferences based on the foods served to them, eaten for special occasions, or advertised in media. Some may eat a variety of healthy, whole, nutritious foods, and some may eat high-sugar, over processed, high-fat foods. When discussing food choices with children, it is important to be respectful of the food choices made in their homes and other places they eat, including traditional and cultural foods and food choices families make for ethical or health reasons. Teachers should also be aware of the limited food choices some households may face due to their lack of income, lack of knowledge, or the lack of access to healthy foods. Teachers and school site administrators should learn about local food choices in the school's neighborhood, including sources of healthy, nutritious foods, and be prepared to share that information with parents, guardians, and caretakers if asked.

There are many ways to introduce children to a wider range of healthy foods. Teachers can look for alphabet and counting books with illustrations of fruits and vegetables to read to the children. Reading alphabet and counting books aloud to and with children helps them to develop early reading and mathematics skills, as well as supporting language development and recognizing numerals. As the books are read, teachers ask the children if they know the names of the fruits and vegetables pictured and if they have eaten them. Children can draw pictures of the fruits and vegetables they like or would like to try. Play fruits and vegetables can be made available in a dramatic play area, such as a grocery store or kitchen, so that children can explore these foods further through imagination.

The best way for children to learn about fruits and vegetables is through direct experience with real-life fruits and vegetables. Teachers can connect health education to science through a school or class garden in which children can grow fruits and vegetables, even if it is a small windowsill garden. In a garden, children explore healthy foods using their senses. They look for plants in various colors, smell fragrant leaves, listen for buzzing insects, and winds in the leaves, and taste fresh fruits and vegetables. As young children they will learn that fruits and vegetables come from plants. Not only will children learn where food comes from, they will also learn that plants need food and water to grow, just like they do. This also provides students with an opportunity to learn how people depend on nature for food (California Education and the Environment Initiative 2019, Principle I).

If growing a garden is not feasible in your school, teachers might consider going to the cafeteria for a food tasting, exploring where good comes from, creating a

dramatic play garden center with child-safe gardening tools, pretend foods to “plant” and pick from a tub of paper shredded to look like soil, and baskets for collecting the food children harvest. One option to consider is the Harvest of the Month resource from the California Department of Public Health; or, as another option, when weather permits, teachers could set up an outdoor dramatic play garden center and provide tubs of dirt, gardening tools, watering cans, and pretend seeds to plant and food to pick. Reading books and showing videos to the children on how food grows can introduce or reinforce lessons in both science and health education and support early literacy and language development.

Children can practice choosing healthy, whole foods in a dramatic play restaurant with pretend food for children to order and serve healthy foods. With teacher assistance, the children draw or “write” menus. As the children play, teachers can ask them how their food choices will help them grow and be strong and healthy. In addition to nutrition education resources that may be available through federal nutrition programs in which the school participates, resources are available from the US Department of Agriculture (USDA) and community-based organizations.

Partnering with Your School

Collaborate with the teacher librarian to identify books, videos, and other age-appropriate resources to share with your children on how a variety of nutritious foods help the body grow and keep them healthy. Work with your school nutrition staff to arrange food tastings that correspond to the letter of the week or show children how food is prepared in their cafeteria. Be aware of and follow district and school policies on preparing or serving food in the classroom when planning activities. Work with school personnel to ensure that drinking water is easily available for all students and that water and milk (or plant-based alternative beverages, such as soy or almond) are promoted over sugary beverages. The importance of water consumption and drinking water quality should be emphasized. Investigate if your school is eligible for funding under the California Fresh Fruit and Vegetable Program, which provides fresh fruit and vegetable snacks to children. The USDA National School Lunch and School Breakfast Programs are nutritious resources for students. Partner with nutrition experts such as the School District’s Food Service Department and the school cafeteria for information. Information about these programs is available through the California Department of Education Nutrition Division website. Invite students

from a higher grade level or school administrators for a healthy food tasting to model healthy food choices or to read books aloud to the children, such as *The Very Hungry Caterpillar* by Eric Carle; *Gregory, the Terrible Eater* by Mitchell Sharmat; *The Vegetables We Eat* by Gail Gibbons; and *Zora's Zucchini* by Katherine Pryor.

Partnering with Your Community

Invite local food growers to bring in food with its roots or leaves still attached and talk about foods that are grown locally. If there is a farmers' market or community garden near your school, consider taking children there on a walking field trip. Local chefs who specialize in healthy foods could also be invited as guest speakers.

Partnering with the Family

Encourage children to ask their family members about their childhood experiences with gardening or traditional family foods. Send home a newsletter about healthy foods drawn and written, with adult assistance, by the children. Suggest as a family activity that children will try one healthy food (such as a vegetable or fruit) or dish (made in or outside their home) that they do not usually eat—and ask parents, guardians, and caretakers, with the help of their children, to report on their child's experience. Invite family members to visit class to help prepare healthy snacks for students, highlighting various foods from different cultures and traditions. Host a family cooking class or event for parents/guardians/caregivers. Consult the school's policy for food preparation and allergies.

Safety

Unintentional injury is the leading cause of death among children, with being a passenger in motor vehicle crashes the most frequent cause of injury-related deaths (Borse et al. 2008). Pedestrian and bicycle accidents are other common causes of injury-related deaths for children (Borse et al. 2008). TK children learn the rules for being safe in a vehicle or when walking, but frequently lack the impulse control to remember to follow the rules. For example, they may dart into traffic to greet a friend or when being picked up after school. For this reason, TK children need to repeatedly hear, recite, and practice, through role playing, rules for safe behaviors.

The kindergarten health education standards for injury prevention and safety cover more topics than the preschool learning foundations, but both emphasize the importance of knowing and following safety rules at school, safety when traveling to and from school, and identifying trusted adults. Instruction and learning on injury prevention in TK focus on safety at school and traveling to and from school. An important aspect of safety at school is learning to follow the school's emergency procedures. If the school has more than one emergency procedure, such as different procedures for fires than earthquakes, children should learn them one at a time. Many TK children will have little or no experience with emergency procedures, but most will have heard the siren or seen the flashing lights on a fire truck or ambulance. Asking children if they have ever heard a siren or seen flashing lights and relating those experiences to the school's warning signals (sounds or lights) builds on children's prior knowledge. Once children recognize the warning or emergency signals, they are ready to learn how to respond. The skills children already have for forming lines and waiting for instructions from the teacher before they begin moving can be the foundation for teaching emergency procedures.

Games such as Red Light/Green Light and Simon Says can reinforce children's learning to listen to and follow instructions by providing opportunities to practice their skills for listening and following directions. Ensure games do not prohibit physical activity by ensuring all students are participating in a cooperative physical activity. An example may be a game of indoor balloon volleyball where each team builds upon a total, collective score and then tries to beat their prior score. Teachers can hang posters on the walls that illustrate the emergency procedure in a few simple steps and periodically prompt children to talk about the posters. Students can create drawings about the emergency procedures to help them remember the steps. Instruction should include practicing emergency procedures at different times throughout the school year and provide sufficient practice so that the children develop a routine for the procedure. Students learn and practice the safety procedures for different places in the school (in the classroom, on the playground, in the school library) and what to do if the usual escape route is not available (e.g., fire or an intruder is blocking an exit). Students are introduced to and have opportunities to interact with other adults at the school who give directions during emergencies, such as the school principal, other teachers, school staff (e.g., noon duty supervisors, classroom aides, administrative assistants). Inviting police officers and

firefighters to the classroom provides an opportunity for students to see these individuals as trusted adults who are helpers in the community.

Teachers need to be aware of the medical needs of the children in their classroom. If a child in the class has a food allergy to peanuts, for example, or other potentially life-threatening condition (e.g., asthma, diabetes, seizures, bee-sting allergy), work with the school or district nurse and the child's parent, guardian, or caretaker to establish emergency response procedures. Once the policy is approved and in place, the teacher or school nurse can explain to the children not everyone can eat the same foods and teach the appropriate response to the food-allergy emergency or emergency caused by other life-threatening conditions. Care must be taken ensure the confidentiality of the child with the condition and that the child is not stigmatized. As needed, teachers can seek advice from school or district credentialed school nurses, school psychologists, mental health staff, or social workers or the child's parents, guardians, or caretakers for stigma-free ways to explain what might happen in a food-allergy emergency or other type of physical emergency without frightening the children.

To get to and from school safely, TK children need to know and follow a number of safe practices for crossing the street and riding in a car or school bus. Limiting the number of safety practices (rules) children must learn and keeping them simple are an age-appropriate approach. After teaching the children the safety practices and showing what following them looks like, teachers provide multiple opportunities for children to practice with an emphasis on practice through play. Teachers can set up traffic signs and signals that children can move to different places in an outdoor play area and then practice safety rules while riding a tricycle or other riding toy. Children can pretend to be crossing guards when "crosswalks" are drawn on the play area. Posters, books, videos, and songs reinforce learning about traffic safety. If children are using scooters or bicycles to travel to and from school, teachers can make it a point to praise them if they arrive at school wearing a safety helmet and pads and remind them to put their helmet on before they leave school. Field trips, whether children walk or ride on a bus, are an ideal time to review safety practices.

Many children travel to and from school in a car or bus. For children who ride the bus, teachers and the bus driver need to work together to ensure that children are learning one set of rules. A bus driver or other school district transportation personnel can be a guest speaker and take the lead on establishing

and communicating to the teachers and children the bus safety rules. Teachers reinforce bus safety by having all children, not just the children who take the bus to/from school, learn and practice bus safety. Children can build “buses” in the classroom, using boxes, big blocks, or chairs, to play and practice bus safety. Teachers can use the time when children are waiting for the bus to remind them of the bus rules, such as staying in their seat, and ask them to recite and explain why the rules are important. At this age, children are interested in helping others be safe and being a role model can motivate children to practice safe behaviors. For example, a child can model waiting for the bus drive to signal that it is OK to get on the bus before entering the bus. Look for resources from the National Highway Traffic Safety Administration.

Passenger injuries may be avoided or less serious if children are using seatbelts and car seats properly while riding in a car. Teachers can help children develop this healthy habit by providing opportunities for them to practice proper buckling of seatbelts and safety straps. Songs about buckling up that involve motions are one way to help children remember to always fasten their seatbelts and safety straps. Playhouse strollers and play cars with car seats, seatbelts, or safety straps that children can buckle around dolls, puppets, and stuffed animals provide practice and remind children that car seats, seatbelts, and safety straps are ways to keep people safe—practicing buckling up also helps develop their fine motor skills.

In California, drowning is a leading cause of injury-related deaths among children under the age of five (California Department of Developmental Services 2019). Each year, near-drowning incidents result in lifelong disabilities. As summer and warmer weather approaches, children will be participating in water-related activities. Children and their families should be made aware of the measures to take to prevent drowning incidences. The California Department of Disabilities has resources that teachers can access, such as videos, a pool safety song, and an injury prevention education coloring page.

Partnering with Your School

Collaborate with other teachers, school staff, expanded learning staff, and children in higher elementary grades to host a safety rodeo during which children ride tricycles or other riding toys and walk paths on the school playground lined with traffic signals. This activity provides practice for TK children and a service learning opportunity for the older children who are

learning about schoolwide and community health promotion. Participate in the school safety committee to ensure that policies and procedures are appropriate for TK children.

Partnering with Your Community

There are a number of activities that can reinforce injury prevention and safety knowledge and skills. Identify local agencies and organizations that focus on injury prevention, creating safer walking spaces, and emergency response. TK children enjoy meeting firefighters and other emergency personnel in uniform. Invite guest speakers to your class.

Partnering with the Family

As children learn school emergency procedures, inform parents, guardians, or caretakers about what the children are learning. Send home information about safe travel or how to develop a home/family plan for emergencies. Invite them to a schoolwide carnival, bike rodeo, or car seat demonstration and safety check. Provide this information in the languages used in the children's homes. Encourage children to sing at home the safety songs they have learned. The school nurse can educate families regarding when to keep their child home due to illness and when their child is well enough to attend school.

Health Habits

In its 2018 *California Children's Report Card (Children's Report Card)*, Children Now reported that only 50 percent of children from birth to twenty years old have seen a dentist for a preventive visit (Children Now n.d., 39). The report also noted that the most common chronic illness among children is tooth decay (Children Now n.d., 39). Like other chronic health conditions, it contributes to children missing school. Keeping children in school every day at the TK level not only supports children's learning, it establishes a pattern of school attendance. Plus, chronic absenteeism in preschool and kindergarten increases a child's risk of repeating a grade (Romero and Lee, 2007). In TK, learning in this strand is focused on the habits, knowledge, and skills that help children stay healthy. The topics under health habits in the preschool learning foundations are basic hygiene, oral health, knowledge of wellness, and sun safety. In the kindergarten health education content standards,

these topics are addressed in two content areas: (1) Growth and Development and (2) Personal and Community Health.

Handwashing and other health habits that prevent transmission of infectious diseases are skills that children can practice every day in TK, leading to the need for fewer reminders from teachers as the school year progresses. Children learn to cough or sneeze into their elbow sleeves, use and then discard tissues when sneezing or wiping their nose, and wash their hands after using the bathroom, before eating, after sneezing or wiping their nose, and after playing with messy materials. These health habits are demonstrated by the teacher and reinforced through books, silly songs, posters by the sinks, and the availability of and easy access to soap, age-appropriate sinks, warm water, and tissues. Children can demonstrate their skills as they act out songs or role-play a short skit when asked to show what to do when they sneeze or cough.

If the classroom environment supports toothbrushing during the school day, teachers can take advantage of the opportunity to help children learn to brush their teeth in a manner that helps prevent tooth decay. A local chapter of a dental association or a local dentist may be able to provide instruction in the classroom on the proper teeth cleaning techniques and supply toothbrushes, toothpaste, and dental floss. Some communities have mobile dental units supported by local health organizations that come to school sites to provide dental health services and education. The local public health department or school nurse may be able to identify community dental services or service providers.

Even without opportunities to brush their teeth in class, children can learn about the importance of cleaning their teeth and visiting the dentist. A dramatic play area with oversized models of teeth that children can brush with oversize toothbrushes provides opportunities for skills practice in an engaging way. Small toothbrushes for children to use to brush the teeth of dolls and stuffed animals, books about brushing teeth and going to the dentist, and books about how animals use their teeth all support learning and promote healthy behaviors. Visual pedagogy, such as posters placed near sinks, help students remember the steps of handwashing and toothbrushing and may be particularly effective for students with autism or other special needs.

In TK, children learn about internal body parts and their functions, the people who help them stay healthy, and how to tell an adult when they are not feeling well. In kindergarten, children will build on their knowledge of major body parts and their

functions and continue to practice communication skills. Learning about internal (lungs, heart, brain, stomach, muscles, bones) and external (eyes, ears, skin) body parts and their functions connects to learning about eating a variety of foods and exercise. For example, TK children learn that vitamin D from the sun and calcium from chickpeas, tofu, white beans, leafy greens, and dairy products make the bones that support their bodies stronger, and the vitamins in carrots are good for their eyes. They learn that getting enough sleep and physical activity help their bodies grow and keep them healthy. Learning about their body parts and functions also connects to learning about safety and how to protect their bodies by following safety rules at school and at home, such as wearing a helmet when riding a scooter to protect their brain. Knowing the names for body parts also helps children communicate discomfort when they do not feel well. Read-aloud books, pop-up books, videos, and diagrams on body parts and their functions help children “see inside their bodies.” Songs like “Head, Shoulders, Knees, and Toes” and games in which children touch or point to their own external body parts (eyes, ears, knees, elbow) make learning fun and help develop children’s vocabulary.

Children are introduced to the many kinds of health care providers through books, videos, and guest speakers such as the school nurse. They learn that all of these people play important roles in keeping children healthy and taking care of them when they are ill. Teachers should encourage children to talk about their experiences with health care providers and provide props and clothing (stethoscopes, lab coats, etc.) and a place for children to role-play visits to dentists, doctors, nurses, or eye doctors. As children pretend to care for themselves or others—or dolls, puppets, or stuffed animals—teachers prompt children to practice communicating about how they or others are feeling physically.

Sun safety is another area of learning in TK. Learning about the sun and the weather connects health education to science instruction. Children may be surprised to learn that even on cloudy days the sun rays can be harmful. With prompting from the teachers, children tell about their experiences being outside or looking out a window on a sunny day. Some children may talk about how the sun hurt their eyes, feeling hot or thirsty, or getting a sunburn. Teachers follow this conversation by asking children about ways they can protect themselves from overexposure to the sun. The children can make paper sun visors to use during dramatic play time. Children locate shady places to play at school as they explore the school grounds beyond their classroom. If school rules permit, children can bring sun-protective hats, sunscreen, and sunglasses to school.

Instruction and skills practice can help children develop a routine of wearing them when they go outside.

Because staying hydrated is an important part of sun safety, teachers should remind children to drink water throughout the day, especially before and after dramatic play. It is important to ensure clean drinking water is accessible and children can get a drink on their own. A song with motions that can be sung before recess or physical education instruction encourages children to drink water.

Partnering with Your School

Work with school and district administration to ensure that there are shady places for children to play, working drinking fountains which are age-appropriate throughout the school, and bathroom facilities that are the appropriate height to support handwashing. Take a walking “field trip” with the children to show them where shade and water are available at the school. Later in the school year, ask children to point out these things.

Partnering with Your Community

Invite guest speakers from local dental, health, and vision care organizations and other healthcare providers to speak with the children. Identify community resources such as children’s immunization clinics and places to get flu shots at low or no cost. Consider that many local public health departments have free water safety programs and resources that schools can download. If your community has health fairs, hang posters for the events at school and send home information about the fairs. Identify and invite to the school mobile health services, such as vision-testing vans.

Partnering with the Family

Share with families what their children are learning. Children can draw pictures or write with assistance about washing their hands, drinking sufficient water, and seeking shade on hot days and talk to their family about the health habits they practice at school. With adult assistance, they can draw and create their own sun safety booklet to take home. Provide a chart for students to use at home to record the days they brush their teeth. Share community resources such as vaccination information with parents.

Social–Emotional Development

Social–emotional development is a separate domain in the preschool learning foundations and encompasses three strands: self, social interaction, and relationships. In kindergarten, these topics are in the mental, emotional, and social health content area. The importance of social-emotional development in TK cannot be overemphasized: “School readiness consists of social–emotional competencies as well as other cognitive and motivational competencies required for success in school” (California Department of Education 2008a, 1).

Appropriately, much of TK instruction and learning experiences are centered on providing children with opportunities to develop their social–emotional skills. Play and student-initiated activities are the primary ways for children to learn to express their thoughts and feelings, respond to others, cooperate and problem solve with classmates, become more responsible, interact with adults, and develop friendships with peers.

Central to children’s social–emotional development are caring relationships at school, as well as at home. Children must feel welcome and safe at school in order to learn. A welcoming and safe school environment starts with the teacher but extends to every adult on the school site (e.g., principal, administrative assistant, noon duty supervisors, custodians, family, and community volunteers). Respecting children, valuing the knowledge they bring to school, and celebrating their diversity and uniqueness create a learning environment in which children can grow and thrive. Warmly greeting children (and their families, guardians, and caretakers) each day, hanging children’s art on the walls, adding student-made books to the reading area, actively using a range of culturally relevant and sustaining literature and other resources, and listening to and following children’s suggestions for problem solving and learning activities can also foster a positive learning environment.

It requires careful planning to create an environment in which children learn through play-based and inquiry-based activities that reflect their interests and curiosity. Children learn when the classroom supports open-ended creativity and dramatic play, using a variety of learning spaces and interest areas, such as areas for blocks and manipulatives, science, art, dramatic play, outside climbing, drawing and writing, and sand-and-water activity. The classroom needs to provide spaces for large and small group learning, quiet reading places, and outdoor

play. There need to be sufficient materials (puppets, puzzles, blocks, toy cars) for children to share and supplies for drawing, writing, and creating art (California Department of Education 2010, 106). Outdoor play areas should also support exploration and play. Providing outdoor play equipment they can safely master helps children build their confidence and develop their motor skills. Areas to run, jump, and spin offer movement options to help children stay focused during large group instruction. Dramatic play areas promote cooperative play and let children's imaginations soar. A cozy, quiet place can be a respite for children who feel overstimulated and are seeking a place to calm themselves and lower their stress.

In a learning environment that promotes children's social-emotional development, teachers model behavioral expectations in their interactions with other adults and children. Teachers recognize and praise children when they demonstrate cooperation and consideration by describing specific behaviors. They also recognize cultural and religious holidays and festivals with stories, songs, posters, and art activities and encourage families to share music, fabrics, crafts, customs, or language (e.g., greetings, ways of thanking) that reflects their home culture.

When children see their home culture and language reflected and valued in the TK setting, it nurtures a positive sense of self and supports cultural and linguistic sustainment. Teachers should frequently invite children to share things from their home cultures and primary languages, such as a song, a story, an artifact, or special foods. This strengthens the child's cultural identity, while also helping the other children to understand cultural experiences that are different from their own. Some children of recently arrived immigrant families, particularly those who are at the Emerging level of English language proficiency, may need special support in sharing their experiences due to their growing familiarity with English. Teachers can work with school and district language specialists, as well as with families and community members, to ensure that all children have an equitable opportunity to have their culture and language valued and for sharing their home experiences with their peers.

Teachers and other adults in the classroom should be careful to respond to children's inappropriate behavior in a calm manner and offer suggestions for other ways to behave or solve a problem. Children can be taught strategies to express feelings and resolve conflicts. Teachers can create a classroom culture of helpfulness and problem-solving through puppets, conversations, songs, poems/ raps, posters, and books. Teachers help children learn to express, in words, their

feelings and thoughts by teaching problem-solving techniques and the vocabulary they need to communicate using classroom conversations, books, songs, chants, poems, and videos. By reading aloud to and with children a variety of books that reflect the diversity of the children including books about how to problem solve, communicate feelings, share, and cooperate, teachers provide the children age-appropriate models. Culturally and linguistically relevant songs, including songs in the primary languages and home dialects (e.g., African American English or Chicana American English) of the children promote healthy relationships and a positive sense of self and of one's community.

Observing children at play and working in groups provides insights into their social-emotional development. For example, a child whose interactions with other children appear impatient may need more practice with self-regulation. Children practice self-regulation playing games that require taking turns or waiting for directions, such as Simon Says. Careful observation of children also provides opportunities for instruction and learning. Teachers ask children questions that can help them learn to problem solve, persevere, and be more considerate of others, such as: *Is there another way you can try to do this? Why do you think that happened? Do you think Jerome or Tuyet would like to play, too?*

Partnering with Your School

The physical school site and all the adults at the site contribute to TK children's sense of well-being. Acquaint children with school personnel through walks around the school to the principal's office, the "big kids" playground, the school nurse's office, and the cafeteria, including the kitchen or other sections that children do not usually have access to. Make frequent visits to the school library/media center. Invite the principal, teacher librarian, school nurse, school administrative assistant, cafeteria staff, noon duty supervisor, expanded learning teachers and directors, and other adults at the school to the TK classroom to read a story, teach a song, or watch children tell a story, sing, or perform a skit.

Partnering with Your Community

In addition to inviting guest speakers from community health and safety organizations, help children connect their school to their neighborhood. After a short walk around the school, children draw maps or pictures of the neighborhood

housing and other buildings, play spaces, and the people they see and then tell about what they have drawn. During this conversation, prompt children to talk about the people they see on their way to and from school and ask questions to draw out children’s ideas about where in the neighborhood people may be going.

Partnering with the Family

Cultivate the connection between each TK child’s family, guardian, or caretaker and the school. Greet the children’s adult family members when they drop off and pick up their child. Make a point of telling family members about their child’s successes and growth, not just their behavioral issues. Focus on the child’s strengths. Find out what the parent’s, guardian’s, or caretaker’s educational goals are for their child. Call or otherwise contact parents, guardians, or caretakers to share good news, such as when their child displays appropriate problem-solving skills, helps a classmate, or makes academic progress. Invite them to volunteer in the classroom, if their schedule permits. Ask adult family members to be a guest storyteller or reader for the day to share a favorite or traditional food or tell a story in their language from their childhood or culture. Encourage adult family members to read and sing with their child every day and to talk with their child about what happens at school. Produce a TK class newsletter with photos of children (with parent, guardian, or caretaker permission) and their drawings, to keep them informed about what their child is learning or create a web page that parents, guardians, and caretakers can access.

Kindergarten

Kindergarten is an important year of change for most children, especially those who are starting school for the first time; they are adjusting to either a partial or full day of school every day of the week. Most five- and six-year-olds are very curious about their new environments. As kindergartners enter the formal school setting, they are typically interacting with more adults and peers and developing the skills needed to make friends, helping them to develop a greater perspective of the world around them. They are generally able to concentrate over longer periods of time than in prior years. Physically, kindergartners are becoming more graceful and coordinated but are still developing their gross and fine motor skills (Marotz 2015). Emotionally, many kindergartners are becoming more aware of what causes their feelings, how to manage their emotions, and behave appropriately (Parent Toolkit 2019). Kindergartners learn best by active, hands-on learning. They typically enjoy exploring and discovering and asking additional questions as they learn more about their world (Wood 2007).

The knowledge and skills students acquire in kindergarten lay the foundation for developing health literacy, healthy habits, and healthy relationships throughout their lifetime. Students in kindergarten are usually excited to learn about their bodies and how to keep them healthy. Kindergarten students learn about various ways to take care of their bodies and themselves, including eating healthy foods and being physically active, following safety rules, and practicing good hygiene. They also learn about healthy relationships with peers, their role in the family, and how to identify and communicate with trusted adults.

The health education standards were designed to be age and developmentally appropriate. In kindergarten, there are essential health concepts standards in all six content areas. All eight overarching standards are addressed in kindergarten when all six content areas are taught. When appropriate for students' needs and interests, teachers are encouraged to incorporate content areas for which there are no standards in kindergarten.

Nutrition and Physical Activity (N)

Through programs, policies, and learning opportunities, schools play a key role in establishing positive environments that promote and support healthy practices and behaviors such as regular physical activity and good nutrition (CDC 2019d).

Kindergarten is an opportune time for students to learn how to choose nutritious foods and make physical activity part of their daily lives.

A healthy diet includes a variety of foods, including traditional and cultural foods, to meet the nutritional needs of a growing body and limited consumption of foods that are high in calories but provide few, if any, nutrients (Academy of Nutrition and Dietetics 2018). ‘Variety’ is defined as a diverse assortment of foods and beverages across and within all food groups—dairy, fruits, vegetables, grains, and protein foods (US Department of Health and Human Services and US Department of Agriculture 2015). Search the United States Department of Agriculture (USDA) and other reliable, medically accurate resources for current food groups and recommended portion sizes. There is more than one way to eat healthfully and everyone has their own eating style. Healthy eating patterns encompass all food and beverage choices over time, providing an adaptable, personalized framework tailored to one’s preferences, culture, tradition, and budget. Choosing a variety of nutrient-rich foods from all food groups—dairy, fruits, vegetables, grains, and protein—creates a healthy eating pattern.

In kindergarten, students focus on eating a variety of foods, eating healthy snacks, and eating a healthy breakfast. Kindergarten students learn what makes food healthy, which includes a general understanding of the nutritional needs for their bodies and the concept of nutritional value (K.1.1.–3.N, Essential Health Concepts). For example, students learn they need calcium for strong bones, and they learn about different foods that are calcium-rich. Students are introduced to a variety of foods through books such as *Eating the Alphabet: Fruits and Vegetables from A to Z* by Lois Ehlert (1989) and *The Vegetables We Eat* by Gail Gibbons (2008).

Students can be encouraged to try new foods and add more variety to their diets in a number of ways. One way is to ask students to identify and discuss one new food they may have tried recently at the school cafeteria, at home, at a friend’s or family member’s house, or out to eat. In schools that have committed resources to helping students eat a variety of healthy foods, students may be able to try new foods in the cafeteria, from the school garden, or at food-testing events. A “passport” or certificate that can be stamped for each food a student tries is a fun way to encourage adding new foods into the diet. Read-aloud books, such as *I Will Never Not Ever Eat a Tomato (Charlie and Lola Series)* by Lauren Child (2003), *Gregory, the Terrible Eater* by Mitchell Sharmat (1990) and *Tales for Very Picky Eaters* by Josh Schneider (2011), provide a humorous approach to encouraging students to eat a variety of healthy foods.

Instruction in kindergarten helps students learn to analyze what influences their food choices (K.2.1.N, Analyzing Influences) and how to ask for healthy foods (K.4.1.N, Interpersonal Communication). They practice selecting healthy foods for snacks and in a variety of settings (K.7.1.–3.N, Practicing Health-Enhancing Behaviors). Marketing food to children is a multibillion-dollar industry, with many advertisements for fast food and breakfast cereals that influence students' food choices. Toys, pictures of popular cartoon characters, and catchy songs are used to promote food products to children. In kindergarten, students learn that not all of the products they see at the store or in advertisements are good for them (K.2.1.N, Analyzing Influences). In the following classroom example, students apply their knowledge of what is healthy for them as they analyze how their food choices are influenced by advertising.

VIGNETTE

Classroom Example: Breakfast Cereal Advertisements

Purpose of Lesson: Students are targeted in advertisements for breakfast foods, particularly cereals. Companies use different tactics—the advertisements often make the foods look “fun” because a character proclaims the food tastes good and is good for you. Children then put pressure on parents, guardians, and caretakers to buy these foods. The goal of this activity is for students to understand the purpose of advertising—to pressure them into a purchase—and that the food advertised may not be a healthy food choice.

Standard:

- **K.2.1.N** Recognize that not all products advertised or sold are good for them (Analyzing Influences).

Lesson Narrative:

The students in Ms. V's kindergarten class have been learning how to participate in collaborative conversations and to follow the class rules for discussion, such as taking turns and listening to others. The students like to share and are comfortable asking and answering questions. They still occasionally need a reminder about keeping on topic.

Ms. V's students have been learning about the importance of eating a varied diet, the nutritional needs of their growing bodies, and how to choose healthy foods for breakfast. They have a rudimentary understanding of how nutrients

from foods are processed by their bodies. Ms. V thinks her students are ready to begin learning about how outside influences affect their food choices and how to determine if a food may be a nutritious choice.

Ms. V begins the lesson by asking her students if they know what an advertisement is and if they have ever seen one. While most students have seen advertisements on television or online, they may not have heard the word 'advertisement.' Ms. V is prepared to tell about some advertisements from current television programs or online videos that her students may have watched. After students have responded to the question and share information about advertisements they have seen, Ms. V asks students if they know what the purpose of advertisements is. Not many students answer the question, so she asks students to discuss it with a buddy sitting next to them and then share with the group what they think the purpose is. Once she is certain that students understand the purpose of advertisements is to get them to buy something, she knows the students are ready to move to the next part of the lesson. Because the students are having trouble focusing, Ms. V decides that this a good time for the students to sing one of the songs with movement that they have learned.

As the song ends, Ms. V asks the students to sit in small groups with the three or four people next to them. Ms. V shows the students cut-out front panels from the boxes of several popular cereals, ones that are likely to have been advertised. She gives each group a box panel and asks the students to look closely at the pictures on the box panel. Ms. V then asks each group of students to discuss what they like about the box panel and if they have seen an advertisement about the cereal. After a few minutes, Ms. V asks each group to report out their discussion on the two questions. She prompts the students by restating the questions. After all the groups have reported, Ms. V asks the students to show by raising their hands if they would like to buy the cereal because they liked the pictures on the box panel or the advertisement about the cereal they have seen. Ms. V counts the hands and tells the class how many students want to buy the cereal because they like the advertisement. She makes the point that this is the purpose of advertisements—to make them want to buy something.

Now, Ms. V asks her students to raise their hands if they think the cereal is a healthy choice. She counts the raised hands and records the responses on a chart for the students to see. Then, she asks the students who do not think the cereal is a healthy choice to raise their hands, and she counts the raised hands.

Finally, she asks the students who do not know if the cereal is a healthy choice to raise their hands and counts those hands. She reports to the students how many raised their hand for each question. Some students raise their hands twice and some not at all.

Because many students were not sure if the cereal is a healthy choice, Ms. V asks the students to tell her how they could find out if the cereal is a healthy choice or not. Students' responses include asking their parents, guardians, caretakers, other family members, a teacher, a doctor, or a cafeteria worker. Ms. V compliments her students on naming trusted adults to help them decide if food is a healthy choice. Students then practice how to ask a family member, guardian, or caretaker if their cereal is healthy and nutritious. Ms. V concludes the lesson by asking students if they think the advertisement is the best place to find out if a cereal is a healthy choice. Her students respond with an enthusiastic "No."

To reinforce their learning, Ms. V asks her students to identify healthy foods from free advertisement flyers she has brought to class and then draw a picture of a healthy food that will make their friends want to try the food—just like an advertisement. She displays the pictures in the room.

Additional learning activities can be found at the end of this section and at the California Department of Education 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 website (California Department of Education 2017).

Physical activity is a key component of a healthy lifestyle and a habit that is important for children to adopt early and continue into adulthood. The Physical Activity Guidelines for Americans recommends that children participate in 60 minutes a day of physical activity (US Department of Health and Human Services 2018, 48). Physical activity does more than keep the body healthy—60 minutes of daily physical activity provides academic benefits, too. Research shows that being physically active 60 minutes a day helps enhance students' academic performance, increase their ability to concentrate, and improve school attendance and classroom behavior (US Department of Health and Human Services 2018, 19).

Physical activity also decreases excessive screen time (e.g., cell phone, computer, tablet, television) (US Department of Health and Human Services 2018, 21).

Physical activity opportunities should be offered more frequently during the school day than just at recess or in physical education to ensure the infusion of movement into other subject matter instruction and to help students better understand the benefits of physical activity (K.1.3.N, Essential Concepts). Teachers can creatively provide numerous opportunities for physical activity during specific subject matter instruction. An example of a teacher-created movement challenge during a language lesson is “Make yourself as big as you can, and now make yourself as small as you can.” Students then explain concepts such as what they can do if they are small (go or reach under objects) or tall (stretch and reach for something high).

Teachers can provide teacher-created or a commercially produced physical activity break coupled with an assessment of heart rate change that is related to increased cardiovascular function. An example of a teacher-created physical break is having students feel their heartbeat; move using a specific skill (stretching; walking forward, backward, or sideways; galloping; jumping; hopping; etc.); feel their heartbeat after moving; and then identify if their heartbeat is faster, slower, or the same. An example of a commercially produced physical activity break is the One-Minute Energizer that can be used in a likewise manner to help students recognize and explain the differences between slower and faster (moderate to vigorous physical activity) movement on heart rate along with identifying the benefits (stronger heart and lungs) of a faster heart rate (K.1.3.N, Essential Concepts).

The 2018 Physical Activity Guidelines for preschool-aged children (ages three through five years) are for children to be physically active throughout the day to enhance growth and development. Adult caregivers of preschool-aged children should encourage active play that includes a variety of activity types. For children six and older, please see the chart below.

Physical Activity Guidelines for Americans for Youth Ages Six Through Seventeen

Moderate-to-Vigorous Activity	Muscle Strengthening	Bone Strengthening
At least 60 minutes a day	As part of 60 minutes or more of daily physical activity, at least three times per week	As part of 60 minutes or more of daily physical activity, at least three times per week
Examples: running, cycling, skateboarding, wheelchair basketball	Examples: Climbing, sit-ups, push-ups, gymnastics, wheelchair arm repetitions, resistance bands	Examples: Running, jumping rope, wheelchair tennis

Source: Adapted from the Physical Activity Guidelines for Americans (US Department of Health and Human Services 2018).

In kindergarten, students describe the benefits of being physically active. They learn that being physically active has many benefits, including enhancing overall health and fitness. They learn that being active builds their muscles, strengthens their bones, and helps them concentrate at school (K.1.3.N, Essential Concepts). Many children face barriers to physical activity, such as a lack of safe places to play or the resources to participate in organized sports, or prefer more sedentary activities, such as playing video games and watching television. Learning about different ways to be physically active can help kindergarten students become more active and reinforce the joyfulness of moving, like jumping, running, dancing, and climbing.

Students in kindergarten need guidance to participate in a variety of physical activities that are fun, age-appropriate, and safe. In kindergarten, skill instruction focuses on helping students increase the amount of time they spend in dramatic play. Students are then able to describe ways to participate regularly in dramatic play and enjoyable physical activities (K.5.1.N, Decision Making).

In the classroom example below, both the teacher and the students demonstrate active play and differentiate it from sedentary activities. Additional learning activities can be found following the classroom example and the *Physical Education*

Framework for California Public Schools: Kindergarten Through Grade Twelve available on the California Department of Education Curriculum Framework web page.

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Classroom Example: Choosing Active Play Options

Purpose of Lesson: Physical activity is an important part of being healthy. Children need to learn about a variety of active play options that are good for their health and well-being. This lesson helps students describe ways to participate regularly in active play and enjoyable physical activities.

Standard:

- **K.5.1.N** Describe ways to participate regularly in active play and enjoyable physical activities (Decision Making).

Lesson Narrative:

Mr. J knows that many students in his kindergarten class do not participate in enough active play or physical activities to meet the recommended 60 minutes a day. The school has an effective physical education program that the students enjoy, but does not provide all the active play time his students need to be healthy and do well in school. Some of the students in Mr. J's class do not have access to parks or other recreation areas or costly equipment for playing. As part of health education instruction, Mr. J plans to help his students think of a variety of ways to be physically active that do not require many resources.

Because playing can mean many things to his students, including sedentary activities such as playing video games or board games, Mr. J first focuses on helping his students identify active play. Before taking the students to an outdoor play space near the kindergarten classroom, Mr. J reviews the expectations for behavior during physical activity including reminding the students to respect other people's space and to spread out so they are not touching anyone.

He directs the students to demonstrate each activity as he calls it out. After the students demonstrate the activity, he asks them to give him a thumbs up if the activity is active play or a thumbs down if it is not. By using the thumbs up/thumbs down method, Mr. J knows immediately if his students can recognize active play and can help them correct any misunderstanding.

Mr. J calls out the following activities for the students to demonstrate and asks for a thumbs up/thumbs down after each one:

- **Walk** fast (thumbs up)
- **Run** in a circle (thumbs up)
- **Play** video games (thumbs down)
- **Skip** to the other side of the play space (thumbs up)
- **Play** cards (thumbs down)
- **Dance** (thumbs up)
- **Play** hopscotch (thumbs up)
- **Practice** yoga (thumbs up)
- **Ride** a bike (thumbs up)
- **Watch** television (thumbs down)
- **Do** karate, tae kwon do, tai chi, or other martial arts (thumbs up)
- **Pretend** to be an airplane flying high in the sky (thumbs up)
- **Walk** like an elephant (thumbs up)
- **Roll** in a wheelchair like a racecar (thumbs up)
- **Play** seated volleyball or catch/throw (thumbs up)

Mr. J's students enjoy all the movement. Mr. J asks students to give examples of how they make decisions to go out and play. As Mr. J ends the activity by thanking his students for moving around the play space without bumping into each other, he tells them that for the next lesson each student will suggest an activity for the class to do and decide if it is active play.

At the end of the day as his students leave the classroom, he reminds them of all the fun they had doing active play that day and suggests they do some sort of active play after school because it is so much fun and a healthy choice.

Students describe the benefits of being physically active (K.1.3.N, Essential Concepts) by first visiting the library and being read books that involve physical activity and movement, such as *You Are a Lion! And Other Fun Yoga Poses* by Taeun Yoo (2012); *Stretch* by Doreen Cronin (2009); or *Tae Kwon Do!* by Terry Pierce (2006). Students are then asked to describe how these physical activities help students in being healthy (become stronger, more flexible, able to sleep better, and good for their heart and bones).

SNAPSHOT**Nutrition and Physical Activity Learning Activities**
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Essential Concepts: K.1.1.N Name a variety of healthy foods and explain why they are necessary for good health.

Food Group Fun

Students name a variety of healthy foods by sorting healthy food examples (photo cards of food, plastic toy foods, or felt cutouts of various foods) and by placing them in the correct area of a giant plate marked as a divided circle on the classroom floor or carpet. Students can also color and cut sample healthy food items and glue them on a paper plate. Students can also prepare snacks including all of the food groups, such as whole grain tortilla wraps with bean dip and diced vegetables inside. Consult the school’s policy on preparing and serving food in the classroom and check for nut and other food allergies. Students are encouraged to share and identify the healthy foods they ate this week. Teachers are encouraged to recognize that legumes and vegetables are high in lean protein when referencing the protein group. See the USDA MyPlate website for free resources.

Source: US Department of Agriculture (n.d.).

Essential Concepts: K.1.2.N Identify a variety of healthy snacks.

Healthy Snacks—Yum

During snack time, students identify and discuss a variety healthy snacks they like such as carrots and bananas. Pictures of healthy snacks can be shared with students. Students are asked to point to their teeth, eyes, and skin as they learn that calcium-rich foods for bone growth such as milk, cheese, almonds, tofu, and collard greens are important for strong bones and teeth and that vegetables give us good eyesight, help us see in the dark like superheroes, and help heal cuts and scratches. Lean proteins such as fish, chicken, beans, peas, soy products, nuts, seeds, and peanut butter help us to be strong by building muscles. Students enjoy flexing their biceps to show off their muscles.

Essential Concepts: K.1.2.N Identify a variety of healthy snacks.

Practicing Health Enhancing Behaviors: K.7.1.N Select nutritious snacks.

Healthy Colors of the Rainbow Snacks

Students identify and select a variety of health snacks by using the colors of the rainbow as a guide. Students sort a variety of food pictures including pictures of candies or brightly colored cereals and healthy snacks such as fruits and veggies that match the colors of the rainbow into colors. They then select healthy choices from each group. Students then select a healthy snack they would like to eat. In a school garden, student can plant a rainbow of fruits and vegetables, such as a bed with red tomatoes, orange carrots, yellow bell peppers, green spinach, and blue borage flowers. They can harvest rainbow snacks from their garden and read aloud *Rainbow Stew* by Cathryn Falwell (2014).

Practicing Health-Enhancing Behaviors: K.7.2.N Plan a nutritious breakfast.

Breakfast Display

Students plan a nutritious breakfast. Various healthy breakfast food samples and pictures are displayed in class each month. Creative healthy foods such as smoothies, breakfast burritos, quesadillas, nut or seed butter, vegetable soup with rice noodles, low-fat cheese sandwiches, or trail mix can be considered. Students select a breakfast item and explain their choice. The breakfast plan can be copied for students to take home and share with others. Check with parents, guardians, or caretakers regarding any food allergies. Consult your school’s policy on preparing and serving food in the classroom and for nut and other food allergies. For additional food allergy resources, consult your school or district credentialed school nurses, county wellness coordinator, and California Department of Education’s Policy on the CDE School Nutrition web page.

Essential Concepts: K.1.4.N Recognize the importance of a healthy breakfast.

Practicing Health-Enhancing Behaviors: K.7.2.N Plan a nutritious breakfast.

Breakfast Around the World—Breakfast in My World!

The importance of a healthy breakfast is reinforced by reading the book *Breakfast Around the World* by Ye-shil Kim (2016) or discussing pictures of breakfast items from various cultural groups in the United States. Students

give examples of items they eat for breakfast when asked, “What are some breakfast foods we eat in our families? Have you had any foods we discussed in our book (or pictures)?” Suggestions for a healthy breakfast are provided along with information on how breakfast makes us feel good and have energy to do well in school and other activities. Families may want to participate and share foods from their home or heritage countries for class to share or for family/parent meetings.

Source: Telljohann et al. (2015).

Interpersonal Communication: K.4.1.N Explain how to ask family members for healthy food options.

Bread and Jam for Frances or Pinkalicious

Students explain how to ask family members for health food options after enjoying the book *Bread and Jam for Frances* by Russell Hoban (2008) or *Pinkalicious* by Victoria Kann and Elizabeth Kann (2006). Students discover what happens when Frances’ mom serves bread and jam for every meal or Pinkalicious eats so many pink cupcakes that her hair and skin turn pink! Exploratory questions are asked, such as: *Was Frances or Pinkalicious eating healthy foods from all five food groups?* Students learn that bread, flour, and whole grain flour are in the grains food group but jam and frosting are not in a food group. *How would you feel if you ate the same food at every meal?* At the end of the books, Frances and Pinkalicious are both eating a variety of healthy foods and vegetables. Students share with a partner how Frances or Pinkalicious should ask her mom for healthier foods and snacks. Students identify ways they can choose healthier and a wider variety of foods and snacks. Students then draw a picture of Frances or Pinkalicious eating healthy food.

Source: Telljohann et al. (2015).

Essential Concepts: K.1.2.N Identify a variety of healthy snacks.

Practicing Health-Enhancing Behaviors: K.7.1.N Select nutritious snacks.

Friendship Pocket

Students identify a variety of healthy foods and select a nutritious snack by enjoying a healthy pita snack, a *Friendship Pocket*. They choose their own ingredients from each of the five food groups to place in the pita pocket. Students discuss what other foods may go in the friendship pocket or what fruits may be nice to include with the pocket. Students growing fruits or vegetables in a school garden harvest and include items from the garden. Place the recipe idea in the student's take-home folder to share with their parents, guardians, or caregivers. Recipe ideas are available on the USDA MyPlate website. Teachers work with their cafeteria manager for food storage, preparation, and donation of food items.

Source: US Department of Agriculture (n.d.).

Essential Concepts: K.1.1.N Name a variety of healthy foods and explain why they are necessary for good health.

A is for Apple, Square is for Sandwich

Students name a variety of healthy foods as they draw pictures of as many healthy foods as they can identify that correspond to each letter of the alphabet. Students enjoy dry low-sugar or unsweetened alphabet cereal and recognize letters as they think of associated foods. Students can also use rulers and shape stencils to draw pictures of various healthy food and snack items in the corresponding shapes. For example, students draw an orange or a tomato as a circle, a triangle for cheese or square for sandwich. Stencils can be alphabetized and made into a book shared by the class.

Source: Telljohann et al. (2015).

Essential Concepts: K.1.1.N Name a variety of healthy foods and explain why they are necessary for good health.

Fruit and Vegetable Explorers

Fresh fruits and vegetables are donated by a parent volunteer or local farmers' market or obtained from the school garden or cafeteria. Students enjoy eating foods that they help prepare. Using a spoon/fork and paper plates, students wash, prepare, and taste fruits such as apples, pears, strawberries, oranges, kiwis, melons and bananas; and vegetables such as cucumbers, broccoli, avocados, or tomatoes. As a group, students then name the fruits and vegetables and discuss: *What colors were today's fruits and vegetables? What are some different ways to prepare fruits and vegetables? Today we mashed avocado and banana, were there any new foods you tried today? Do you know that eating fruits and vegetables everyday can strengthen your immunity and is good for your health?*

Practicing Health-Enhancing Behaviors: K.7.3.N Choose healthy foods in a variety of settings.

Dramatic Play

Students practice choosing healthy foods in a variety of settings as they engage in dramatic play by pretending to work at a grocery store or being their parent, guardian, or caregiver buying healthy foods at the grocery store or preparing healthy foods at home.

Practicing Health-Enhancing Behaviors: K.7.3.N Choose healthy foods in a variety of settings.

Gardening for Health

By planting a garden or garden boxes in the classroom to enjoy seeing items grow, learning where vegetables come from, and tasting the healthy vegetables, students choose healthy foods they may not have tasted before. Students discuss what plants need to thrive and then tend to the growing vegetables over time by adding compost to the soil, placing their plants in the sunlight, weeding, watering, and caring for their plants. They listen to stories about the journey of food from seed to table, such as *What's This?* by Caroline Mockford (2000), *Tops and Bottoms* by Janet Stevens (1995), or *Ten Seeds* by Ruth Brown

(2010). They count, measure, observe, and diagram how their plants change over time. Finally, they harvest, wash, prepare and taste the produce they grew. Consult the school's policy on preparing and serving food in the classroom and any potential food allergies.

Partnering with Your School

Students visit the school cafeteria to see where healthy breakfasts and lunches are made. The school cafeteria manager can come speak to the students in class about healthy and tasty foods offered at school (K.1.1.N, K.1.3-4.N, Essential Concepts).

Partnering with Your Community

When young students are asked where vegetables come from, they often reply a package or the grocery store. Students visit a local farm, farmers' market, or community garden to see where healthy food comes from (K.1.2.N, Essential Concepts). Students identify and share places they visit in the community such as the park, where they go for physical activity (K.5.1.N, Decision Making).

Partnering with the Family

Parents, guardians, and caretakers enjoy simple healthy recipes created by the students with the assistance of the teacher. Students and parents, guardians, and caretakers also actively contribute and support healthy options by sharing cultural family recipes and foods served at celebrations such as traditional holidays, birthdays, or other special days (K.4.1.N, Interpersonal Communication; K.7.3.N, Practicing Health-Enhancing Behaviors). Parent, guardian, and caretaker volunteers with a background in fitness are welcomed to lead an age-appropriate physical activity if school or district policy allows.

Growth and Development (G)

Kindergarten students are very curious about how living things grow and mature (K.1.1.G, Essential Concepts). Most are ready to describe their own physical characteristics including their own body parts and functions as well as the five

senses (K.1.2.G, K.1.6.G, Essential Concepts). Becoming more aware of their surroundings, students describe ways people are different or the same (K.1.3.G, Essential Concepts) and identify trusted adults who promote healthy growth and development (K.1.4.G, Essential Concepts). Read-aloud books, such as *Let's Meet a Doctor or Let's Meet a Dentist* by Bridget Heos (2013), *Going to the Doctor* by Anne Civardi (2006), *The Berenstain Bears Visit the Dentist* by Stan Berenstain and Jan Berenstain (1983), *What to Expect When You Go to the Dentist* by Heidi Murkoff (2009), *I Need Glasses: My Visit to the Optometrist* by Virginia Dooley (2002), *Arlo Needs Glasses* by Barney Saltzberg (2012), and *I Really Absolutely Must Have Glasses* by Lauren Child (2009), provide an introduction to healthcare professionals who promote growth and development (K.1.4.G, Essential Concepts). Students share stories of their visits to health care professionals. They engage in dramatic play, exploring toy stethoscopes, eyeglasses, reading eye charts; trying on white coats; or playing with an oversized toothbrush and oversized model of teeth to introduce them to healthcare helpers who promote healthy growth and development.

In science, kindergarten students learn that plants and animals—including humans—need certain things like water, food, and sunshine to grow and survive (California Next Generation Science Standards [CA NGSS] K-LS1-1) and they discover how people can affect the survival of plants and animals (California Education and the Environment Initiative 2019, Principle III). In health, students learn that living things grow and mature (K.1.1.G, Essential Concepts). These connections to growth and development provide opportunities to apply knowledge in science to health education as students compare how humans grow and mature to other animal and plant life cycles. Students discover how living things grow and mature by interacting and caring for class pets such as fish, hermit crabs, guinea pigs, hamsters, rabbits, bearded dragons, or other lizards. Students can be empowered to choose which pets the classroom adopts by voting and collectively naming and caring for the pet. Teachers should check with parents, guardians, and caretakers for any allergies in addition to the school and district's allergy and animal policy. Plants also provide a care-taking opportunity for children. Seeds can be planted in containers and grown under grow lights or near bright windows. School gardens also provide an opportunity to demonstrate this concept (see the [Nutrition and Physical Activity](#) section). Kindergartners learn water is essential to all life forms and some living things, such as plants, use energy from the sun to make their own food.

Singing songs and reciting poems about bones and body parts is a fun and engaging way students learn more about their bodies. Students sing the “Skeleton Dance” song while pointing along to their corresponding body parts. “The toe bone’s connected to the foot bone. The foot bone’s connected to the ankle bone. The ankle bone’s connected to the shin bone ...” Students also enjoy singing and dancing to the “Hokey Pokey” or the familiar “Head, Shoulders, Knees, and Toes.” Additional books and song books include *Inside Your Outside: All About the Human Body* by Tish Rabe (2003) and *My Bodyworks: Songs About Your Bones, Muscles, Heart and More!* by Jane Schoenberg and Steven Schoenberg (2014). Students also learn about select body parts, such as the heart, which pumps to circulate our blood. They place their hand over their heart to feel their heart beating. They learn that the brain is located inside our heads and helps us think, memorize, and learn (K.1.5.G, Essential Concepts). In the example below, students name and describe the five senses (K.1.6.G, Essential Concepts). One of the five senses can be explored each day.

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Classroom Example: My Five Senses

Purpose of the Lesson: Students explore various activities to name and describe the five senses.

Standards:

- **K.1.6.G** Name and describe the five senses (Essential Concepts).
- **K.1.5.G** Name body parts and their functions (Essential Concepts).

Supplies:

- Sample foods for tasting salty, sweet, bitter, and sour
- Braille books
- Plastic glasses, safety goggles, eye patch, sunglasses
- Sample instruments or an electronic device to play instruments
- Cotton balls
- Flavor extracts

Lesson Narrative:

Sample items for the touch activity that have different textures: nail file, marshmallow, a cotton ball, rubber spider, a piece of satin

Students in Ms. C's kindergarten class are very curious about every subject and excited to learn more about how their body functions. This week the students will learn about their five senses: taste, sight, hearing, smell, and touch.

Ms. C first reads aloud the books *My Five Senses* (1989, 2015) by Alike and *Look, Listen, Taste, Touch, and Smell* by Pamela Hill Nettleton (2004).

Monday. Taste: Students learn that they are going to taste different items to see which ones are salty, sweet, sour, or bitter. Students learn that their tongue has little things on it called taste buds that help taste food. Students first wash their hands or use hand sanitizer. Ms. C's students discover salty foods by tasting a cracker, sweet with a raisin, sour by tasting a lemon slice, and bitter with unsweetened chocolate on a plate. Children enjoy talking to one another about what they taste and discover with each new experience.

Tuesday. Sight: Ms. C's students then learn that our eyes are important for seeing. Sight is explored by students identifying what letters they can see with both eyes open and then covering their left or right eye with a seeing-eye chart that is printed from an online resource. Braille books Ms. C checked out from a local library are then explored and felt by the students as she explains that some people are unable to see (blindness), or have very poor vision, even with glasses (severe visual impairment). Braille books allow blind people to feel words for reading, rather than see them. The students then enjoy exploring a pair of plastic eye glasses and trying on sunglasses, safety goggles, and pirate eye patches, noting the difference in their eyesight.

Wednesday. Hearing: Students discover that there are many sounds all around us and that their ears are used for hearing. Ms. C plays sounds on an electronic device and by playing various instruments and bells while the student's eyes are covered. Each student takes turns playing an instrument or sound for their peers while the other students guess which sound they hear. Students learn that just like with vision, some students have hearing loss or cannot hear at all (deafness). These students may wear hearing aids in order to hear well. Students also learn about hearing protection and safety practices such as not listening to loud music with or without headphones.

Thursday. Smell: The kindergarten students learn that smell is an important sense and the nose is also an important sensory organ for breathing, smell, taste, and even keeping them safe and healthy. Students smell various extracts such as lemon, cinnamon, or mint on a cotton ball and identify the mystery scent. Students also learn that smelling can inform us of an emergency occurring such as smelling smoke, fire, or a gas leak.

Friday. Touch: Ms. C explains that feeling occurs from different special things called nerves that we have in our hands, muscles, and skin. Students enjoy discovering different touch senses by feeling different textured objects in a box and describing the feel of the different objects including a nail file, marshmallow, a cotton ball, rubber spider, and a piece of satin.

Ms. C tells the students that keeping their senses healthy by going to the doctor, eye doctor, and dentist is important for their health and well-being. Students share that they enjoyed the activity and ask which body part they are going to learn about next.

Students describe their own physical characteristics and name ways in which people are similar and ways in which they are different (K.1.2.–3.G, Essential Concepts) as they create self-portraits. Each student is provided a pre-made (prepared by the teacher in advance) life-size “I Am Me” cut out to decorate and personalize with what they like to do. For example, students who love to dance or play soccer may decorate their cutout with ballet shoes or a soccer ball. Students discover they have many qualities in common as well as other qualities that make them unique when they tell about their “I Am Me” in class. The message that we all have special qualities is emphasized by the teacher in a supportive, inclusive tone. The life-size student self-portraits, which may be stuffed with newspaper or paper filling, are fastened together as if holding hands in a display of unity in the classroom or the school. See the [Mental, Emotional, and Social Health](#) (M) section for additional teaching strategies that cover these two standards (K.1.2.–3.G, Essential Concepts).

Students also learn about individual differences, including gender, from a very early age. Gender socialization begins before children start school—students may believe that different norms are associated with people of particular genders by the time they enter kindergarten. While this understanding may be limited,

students can still begin to challenge gender stereotypes in a way that is age appropriate. While students may not fully understand the concepts of gender expression and identity, some children in kindergarten and even younger have identified as transgender or understand they have a gender identity that is different from their sex assigned at birth. The goal is not to cause confusion about the gender of the child but to develop an awareness that other expressions exist. This may present itself in different ways, including dress, activity preferences, experimenting with dramatic play, and feeling uncomfortable self-identifying with their sex assigned at birth. However, gender nonconformity does not necessarily indicate that an individual is transgender, and all forms of gender expression should be respected. See the [“Access and Equity”](#) chapter for additional information about inclusive instruction.

Dispelling myths about gender expectations in kindergarten can lay the groundwork for acceptance, inclusiveness, and an anti-bullying environment in schools. Gender nonconformity and physical characteristics are often at the root of many forms of bullying. As students learn to accept differences and unique characteristics of others, they also learn about the characteristics of bullying and how to avoid being a bully (K.1.3.G, K.1.6.–7.S, Essential Concepts; K.7.2.M, Practicing Health-Enhancing Behaviors). Discuss gender with kindergartners by exploring gender stereotypes and asking open-ended questions, such as what are preferred colors, toys, and activities for boys/girls, and then challenging stereotypes if presented. Throughout this discussion, show images of children around the same age who do not conform to typical gender stereotypes. Examples do not have to be exaggerated or overt. Simple differences, such as colors or toy preferences, can demonstrate acceptance of gender nonconformity.

Partnering with Your School

Students host a classroom open house for other grade levels to come visit the class pets or plants and classroom and hear the kindergarten students talk about the life cycle (K.1.1.G, Essential Concepts). In classrooms that do not have pets, student drawings or photo collages of different pets can be displayed. Teachers should check with parents, guardians, or caretakers for any pet allergies in addition to the school and district’s allergy and animal policy.

Partnering with Your Community

Members of the community who defy traditional stereotypes (e.g., women firefighters, male nurses, and stay-at-home fathers/guardians/caretakers) could be invited as guest speakers to share about their jobs and to serve as role models and myth busters. Be sure to include individuals of all genders, including people who are transgender. Students write and illustrate a collective letter requesting a healthcare professional to speak to the class. Dental providers may offer free dental health checks and identify students in need of care. Dental providers may also offer other preventive services such as fluoride treatments (with parental consent). School nurses can provide mandated vision and hearing assessments for all kindergartners. As a part of this process, school nurses may provide referrals for follow-up with community vision, hearing, and dental services providers. In addition, students, families, teachers and staff may reach out to their school nurse as a health resource at any time (K.1.4.G, Essential Concepts).

Partnering with the Family

Parents, guardians, and caretakers help reinforce that every child has similarities but is also unique and special. Families are encouraged to share their own experiences with growth and development with their child and read books such as *All Families Are Special* by Norma Simon (2003) together at home (K.1.3.G, Essential Concepts).

Injury Prevention and Safety (S)

Prevention skills established in kindergarten provide a foundation for safety practices a child can incorporate into time spent at school, home, and in the community (K.1.1.S, Essential Concepts).

Pedestrian safety is an important skill introduced in kindergarten and first grade that is ideally reinforced throughout the entire school year as well as in higher grade levels. Students explain ways to stay safe when riding a bus or vehicle, crossing the street, riding a bicycle, or playing (K.1.3.S, K.1.8.S, Essential Concepts; K.7.2.S, Practicing Health-Enhancing Behaviors). At this age, it is important to emphasize that ideally students should never walk near traffic without an adult present. Comprehensive pedestrian safety curriculum and materials for kindergartners are available online from the California Department of Public

Health PedSafe Program, the National Highway Traffic Safety Administration’s Walking Safely Near Traffic, National Center for Safe Routes to School’s Kindergarten Pedestrian Safety Lessons from the Maryland Pedestrian and Bicycle Safety Education Program, and the Colorado Department of Transportation’s Pedestrian Safety Lesson Plans: Kindergarten through Third Grade.

After students are shown various street safety signs and the light signals for “walk/don’t walk,” the teacher asks if they have seen the signs or signals before, and then explain their meanings. Students also learn what a green light, a red light, and a yellow light mean. Reinforcement of key safety skills is emphasized in both song and reenactments of looking left, right, and then left again before crossing the street and fastening your seat belt while riding in your car seat, vehicle, or bus. Crossing guards can assist with practice sessions on school grounds.

For learning appropriate bus safety skills, a mock bus can be made with chairs, big blocks, or cardboard boxes that students paint. Seat belts can be donated or child seats are borrowed for practicing vehicle safety skills. They learn that children under the age of eight must be secured in a car seat or booster seat even if riding in a friend’s or relative’s car. Students learn they should never stand or walk close to a bus or never run into the street or chase a ball into the street while waiting for the bus. They also learn not to approach the bus door until it opens and the importance of staying seated while riding in the bus. Concepts mastered in the classroom are then applied outside in controlled settings such as the playground using cones, mock signs, and chalked lane designations. Depending on resources and with administrator and parent permission, teachers may use the school’s parked bus in the school parking lot to demonstrate the concepts learned. Students make reflective orange vests with construction paper and carry yellow signs displaying “slow children crossing” and practice walking in an intersection while holding an adult’s hand. Students learn why it is important to be visible to traffic (K.1.3.S, K.1.8.S, Essential Concepts; K.7.2.S, Practicing Health-Enhancing Behaviors).

Bike safety is also an important component of transportation safety for young students. A bike rodeo can be implemented in a controlled setting. Large classes can be split into two or more smaller groups with a teacher’s aide or parent volunteers. Students are required to wear their bicycle helmets and ride only in designated areas to practice safety regulations when riding one’s bike. The local police department, bicycling club, or children’s organization may have existing bike rodeo programs

or be able to provide bicycles and other equipment for the event (K.1.3.S, K.1.8.S, Essential Concepts; K.7.2.S, Practicing Health-Enhancing Behaviors).

Kindergartners enjoy learning through dramatic play. Using play phones, students act out various scenarios and learn they should not engage in conversations with strangers or share personal information with strangers on the phone. Such information includes whether or not they are alone at home or any personal information, such as their name or address (K.4.2.S, Interpersonal Communication). Students are encouraged to discuss the rules for safe phone use with their family. Students learn how to respond appropriately if approached by strangers by first identifying who strangers are (anyone you do not know) then reading aloud *The Berenstain Bears Learn About Strangers* (1985) by Stan Berenstain and Jan Berenstain. Students then role-play various scenarios and learn if a stranger approaches them at home, in a car, or on the street to walk away quickly and find a trusted adult to inform of the situation. Role-playing should also address strangers who may use treats or animals, such as candy or puppies, to lure students. Students may struggle with ignoring or defying adults as they are being socialized to follow rules and respect authority figures; they will need practice to be comfortable protecting their personal boundaries. Students further learn that if they are home alone or their parent, guardian, or caretaker is busy, they should not open the door to strangers. Students learn they should be aware of strangers on the school campus (if going to office or bathroom) and practice assertive skills such as saying “Get away!” or “This is not my parent!” loudly, and quickly going back to class or the school office to tell a trusted adult. (K.5.2.S, Decision Making).

VIGNETTE

Classroom Example: Recognizing an Emergency

Purpose of Lesson: Students identify emergency situations and how to respond and request help should an emergency occur.

Standards:

- **K.1.2.S,** Identify emergency situations (Essential Concepts).
- **K.4.1.S** Demonstrate how to ask a trusted adult for help or call 9-1-1 (Interpersonal Communications)

- **K.5.1.S**, Identify situations when it is necessary to seek adult help or call 9-1-1 (Decision Making).

Supplies:

- Photo printouts of emergency personnel
- Large paper displaying three circles

Lesson Narrative:

To introduce the topic of how to handle emergency situations, Ms. L first asks if anyone has heard of or experienced an emergency. Examples, such as someone was hurt and had to go to the hospital, or someone was lost, are shared. Students are then asked if they know anyone who is a doctor, nurse, police officer, or firefighter. Students learn that these people are all examples of emergency personnel. Students are shown photos or drawings from books of various examples of emergency personnel. Three circles, each labeled with an emergency situation, are drawn on large paper. Following a brief overview describing emergency scenarios for each, students choose which person should be called in various situations. Ms. L prompts the students to point to the emergency personnel that can help if they see smoke coming from a house on their street. Emergency situations such as an earthquake can be role-played; or fire safety can be practiced with stop, drop, and roll or crawl on your knees to safety.

Ms. L invites a guest speaker from the fire department and local emergency management services to provide education on emergency protocol, including introducing students to an automated external defibrillator (AED) as an important emergency rescue device. Mr. L's school does have an AED. The location and how students can assist in showing emergency personnel in locating the AED is shared.

Students draw or color pictures of various emergency responders such as firefighters, police officers, and emergency services personnel. Students practice calling 9-1-1 with phone models or toys. They enjoy singing (to the tune of Bingo! *"There is a number you can call when you need someone's help. You call 9-1-1. You call 9-1-1. You call 9-1-1, And someone will help you!"*). Students learn the importance of always calling 9-1-1 first in an emergency and to call others only after 9-1-1 has been called. Students further learn that 9-1-1 should only be called in a true emergency, such as someone being unconscious; if they, a family member, or friend are in danger; an earthquake has occurred; or there

is a fire. Students practice reciting their address and phone number to a 9-1-1 dispatcher. Students then use stuffed animals dressed in various emergency responder outfits or emergency response toy vehicles for play and to establish familiarity with emergency personnel. Special consideration should be made for inclusion of students with disabilities or limited abilities and emergency plans should include safety procedures appropriate to their specific needs. A large paper replicating a giant phone pad is provided to students who enjoy jumping on or pressing their hands on corresponding numbers and identifying numbers such as 9-1-1.

Ms. L shares read-alouds and picture books for further resources for learning, such as *Emergency!* by Margaret Mayo (2015), *I Can Be Safe: A First Look at Safety* by Pat Thomas (2012), *Time to Call 9-1-1* by Ron Berry (2013), *Impatient Pamela Calls 9-1-1* by Mary Koski (2004), and *Ambulances* (2007) by Gary M. Amoroso and Cynthia Fitterer Klingel. Ms. L is pleased to discover the CDC offers free *Color Me Safe* coloring books for printing in English and Spanish that can be integrated with curricula and shared with students' families and free activities and resources for drowning and water safety at California Department of Disabilities.

The *Heath Education Standards* include the important topic of firearm and weapon safety. Read-alouds and age-appropriate videos help students understand and explain the dangers of weapons and the importance of telling a trusted adult if they see or hear about someone having a weapon (K.1.12.–13.S, Essential Concepts). Students engage in dramatic play to show how to tell a trusted adult when they, or a friend, find a weapon (K.8.1.S, Health Promotion). Students are first asked to identify what types of community helpers have to carry a gun for their job by circling the correct community helpers on their activity sheet (search 'Virginia Board of Education's Elementary School Gun Safety Guidelines and Curriculum'). Students identify a police officer and someone in the military. Students then hear the story of *The Bushes* about four young friends playing in the park near their home when they find a gun in the bushes (Virginia Board of Education 2011, 7). Through group discussion, students respond to what they would do for various safety scenarios chosen from topics covered in this content area. From the story, students learn to (1) leave the gun alone, (2) leave the area, and (3) tell a trusted adult immediately. For an example of gun safety in a home setting, please refer to [Injury Prevention and Safety](#) in the First Grade section.

While discussing the danger of stranger interaction is important for young children, it is equally important to discuss their safety with anyone, including people that may be identified as trusted adults or family. It is critical to teach students about the concept of a “trusted” adult, a safe person with whom they can share information when they feel uncomfortable. All familiar adults are not necessarily “trusted” or safe. Child sexual abuse is most often perpetrated by a person that the child knows and trusts (American Psychological Association 2011).

Kindergarten children may not understand appropriate and inappropriate touch, especially if their learning is limited to “stranger danger” and “no-touch zones” on the body, usually indicating areas that are covered by swimsuits or underwear. Beyond the “swimsuit” description of private body parts, students should be empowered to recognize any touching that makes them uncomfortable as inappropriate. In the context of child sexual abuse, *grooming* is a process in which a perpetrator establishes a connection with the child victim, gains their trust, and escalates from appropriate to inappropriate touching while normalizing the physical contact. Perpetrators may also provide the child with attention, gifts, and affection; isolate the child from friends and family; and use secrecy, guilt, and/or threats to deter the child from seeking help (National Center for Victims of Crime 2011).

Students must learn that they have the right to determine who gets to touch their bodies and when, even if someone is considered a safe or trusted adult—this includes parents, guardians, or caretakers (K.1.5.S, Essential Concepts). It is important to model respecting and setting boundaries with students, as this also introduces the concept of consent. Rather than only teaching children that there are appropriate and inappropriate places for touch on the body (public and private parts), teach children that “good” and “bad” touch also has to do with a person’s level of comfort and discomfort (K.1.4.S, Essential Concepts). Many kindergartners may not be aware of concepts of personal space and boundaries. Explain to students that inappropriate or bad touch could be anywhere on the body if it makes them scared or uncomfortable: “If someone wants to give you a hug and it makes you feel bad in your head or your heart, or you get a bad feeling in your tummy, then you can tell someone you trust like a parent or teacher.”

Oftentimes, young children are taught early to reciprocate physical affection when it comes to family and family friends. However, it is never too early to teach children about consent and empower children to set boundaries, express comfort

and discomfort in various situations, and use their personal power to say “no” to unwanted touch—even if that touch is typically considered “safe” (K.1.4.–5.S, Essential Concepts). For example, a parent may request that a child hug an aunt or grandparent. If the child seems uncomfortable or says no, their discomfort should be recognized and their voice heard, rather than forcing the child to follow through on this request. This teaches children that it is OK to say no to unwanted touch, which can help prime young learners for more advanced discussions about boundaries and consent in later years (K.1.5.S, Essential Concepts).

Some children may experience abuse by a parent, guardian, or caretaker, so it is important to help children identify multiple trusted adults and think critically about what makes an adult “trusted” (K.1.4.G, K.1.3.M, Essential Concepts; K.3.1.M, Accessing Valid Information). Ask students how they know if someone is safe, and guide children in discussing examples of situations that require the help of a trusted adult and have children practice telling a trusted adult (K.1.11.S, Essential Concepts). Children should also understand that inappropriate touch by an adult could be considered an emergency situation, in which a child may need to tell a safe and trusted adult immediately or call 9-1-1 (K.3.1.S, Accessing Valid Information; K.4.1.S, Interpersonal Communication; K.5.1.S, Decision Making).

Students will need to practice these protective skills frequently, including opportunities outside of the classroom and at home. Partnering with the family is critical to reinforce learning and to support students in exercising their personal power and setting boundaries. Hold a meeting to inform parents, guardians, or caretakers about the topic, increase awareness and understanding of its importance, and create buy-in for parents, guardians, or caretakers to reinforce skills practice at home. Invite a local agency that specializes in educational trainings on consent and sexual assault to provide relevant information to parents, guardians, and caretakers and further explain the need for early protective skills and empowerment.

Another example of how to introduce the concept of personal boundaries and consent is to use live and even stuffed animals. For example, invite a special guest to bring in a dog that has been specially trained to work with students in a classroom setting. Students will often be eager to pet the furry friend. Begin a discussion about the need to ask the dog’s owner for permission before petting the dog. If the owner gives permission, students are taught to allow the dog to sniff the back of the student’s hand before proceeding. Explain that the dog has boundaries

and can sometimes feel unsafe. Ask students what a dog might do if it feels unsafe or does not want to be touched. Students may say, “growl,” “bark,” or “hide.” Ask students if dogs actually say “no,” or if they can just tell by the way a dog is acting. Explain that the same can be true for humans too—that sometimes friends and classmates might not say “no,” but that does not mean “yes.” Reference a feelings chart to talk about what facial expressions might indicate that a person does not want a hug or other physical contact (K.1.1.M, Essential Concepts). If students would like to pet the dog, have them practice asking the owner’s permission one at a time. After students get the owner’s permission, students are instructed to ask the dog “Can I pet you?” while allowing the dog to smell the back of their hand. Remind students to pay attention to the dog’s behavior for indicators of affirmative consent. For students who have pet allergies or do not wish to pet the dog, ask if they would like to practice with a stuffed animal.

Students can also practice asking permission to hug or high-five friends and teachers. Teachers model this as well and do not hug or high-five students without permission. Teachers also remind students to ask permission if they notice that a student starts to hug them or another student without asking. A simple question such as, “Can I give you a hug?” can begin to set the foundation for a lifetime of respecting boundaries and understanding consent. These concepts are also important to consider when implementing group activities, such as holding hands in a circle or holding hands while on a field trip. Rather than having children hold hands to stay connected and safe, try using a rope that all students can hold. Forcing children to hold hands in any situation contradicts teaching boundaries and consent. Teaching students that their “no” matters, and respecting their boundaries is critical in creating a sense of personal power and teaching children to similarly respect the boundaries of others (K.7.2.M, Practice Health-Enhancing Behaviors). Teachers and parents, guardians, and caretakers must work collaboratively to teach and support children while they learn and practice these skills.

Partnering with Your School

Peer education can be a powerful tool for delivering health education content. Invite students in the upper elementary grades to visit the class to discuss ways they stay safe when crossing streets, riding a bicycle, or playing (1.1.8.S, Essential Concepts).

Partnering with Your Community

Students take a field trip to visit a fire or police station to see how and where community helpers such as emergency personnel work (K.3.1.S, Accessing Valid Information; K.4.1.S, Interpersonal Communication; K.5.1.S, Decision Making).

Partnering with the Family

Sending a note home to parents, guardians, and caretakers encouraging them to introduce and reinforce the concepts learned in this unit in a calm, reassuring, gentle but serious manner. Families are encouraged to have an emergency preparedness plan in place and a sign or poster in an accessible location on when to call 9-1-1.

Alcohol, Tobacco, and Other Drugs (A)

Children under six years old comprise nearly half (45 percent) of all unintentional poison exposures, with over 1 million cases of poisoning occurring each year (Poison Control Centers 2017). Followed by cleaning and personal care products, cleaning substances and pain medications rank second highest for poisoning incidences of those six and under (Poison Control Centers 2017). Establishing safe and healthy behaviors for medicine usage, household products, and exposure to secondhand, and even thirdhand, smoke (residual nicotine and other chemicals left on indoor surfaces by tobacco smoke) is important for a lifetime of healthy practices and accident prevention beyond kindergarten.

After exploring various reasons for using medicines such as being sick, students learn that medicines can be helpful or harmful. They learn that doctors recommend medicines for people when they are sick or to help them feel better. Parents, guardians, and caregivers can also buy some medicines at stores without a doctor's prescription, like cough syrup or vitamins. Students discover that medicines and vitamins, which can be pills and liquids, are used to make us healthy when we are sick or prevent an illness from occurring (K.1.1–2.A, Essential Concepts). Empty bottles or pictures of over-the-counter medicines can be shown as examples. Students learn that the reason medicines and vitamins, even their gummy or edible vitamins, are kept in a medicine cabinet up high in the bathroom is to keep them away from children. The teacher and students discuss that some medicines, including gummy vitamins, are flavored like cherry

or strawberry to taste good to both children and adults but should never be eaten like candy. Students learn that medicines and vitamins should only be given to them by a parent or trusted adult as they can be poisonous (meaning that they cause us to become very sick or even die) if taken improperly (K.1.3.A, K.1.9.S Essential Concepts). Various scenarios can be explored with students role-playing or practicing saying, “No. I need to ask my mom, dad, or caregiver,” and notifying a trusted adult. Students use a decision-making model to consider how to respond to various scenarios. The image below illustrates a decision-making model for use with students up to grade level two.

Four-Step Decision-Making Process for Pre-Kindergarten Through Second Grade



Long description of Four-Step Decision-Making Process for Pre-Kindergarten Through Second Grade is available at <https://www.cde.ca.gov/ci/he/cf/ch3longdescriptions.asp#chapter3link1>.

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

Some scenarios may be:

- You are at a friend’s house playing but start to feel sick. Your friend’s mom offers you some medicine to make you feel better. What do you do?
- You find an open medicine bottle with pills or gummy vitamins that look like candy lying on a table. What do you do?
- Your mom gives you some cough medicine that tastes good, like grape candy. You are not feeling sick anymore but want to taste the medicine again. What do you do?
- You see your little two-year-old brother playing with a bottle of pills. What do you do?

- Your best friend likes that both of you do the same things. You are using your asthma inhaler and she also wants to use your asthma inhaler. What do you do?
- You are at the babysitter’s home and you see a container of a cleaning product in the bathroom and want to help clean. Should you touch it?
- Your grandparent makes crafts out of wood. You see a bottle of something used to paint the wood. The bottle is open. Should you smell or touch it?

Students conclude by drawing two trusted adults who can give them medicine (K.1.3.A). Free publications in English and Spanish of *Medicine Is Not Candy* by Heather Brogan and the Poison Control Center (2008) can be downloaded by searching the Children’s Hospital of Philadelphia. *Poison Alert! My Tips to Avoid Danger Zones at Home* by Gina Bellasario and Holli Conger (2014) can also be read to students.

Students explore why secondhand smoke is bad for them and should be avoided (K.1.5.A, Essential Concepts). Students read aloud and then color the free poem, “Daddy Bull Puffed Cigars That Provoked,” by the American Heart Association (2002). Cigars can be replaced with the word cigarettes if students are not familiar with cigars. Students are then asked, “How does Daddy Bull’s family feel about his smoking?” Students share they dislike it very much. Points are made that even though Daddy Bull is the one who is smoking, his family also smells and breathes his cigar or cigarette smoke. We call the smoke from Daddy Bull, “secondhand smoke” as it is not from you smoking but from Daddy Bull. Students share if they ever smelled secondhand smoke and what they thought of the experience.

Students play the game *Smokes and Ladders*, a version of the popular children’s game, *Chutes and Ladders*, which is downloadable for free from the Smoking Isn’t Cool Toolkit from the Region of Peel (Ontario, Canada) Public Health Department. The game also provides an opportunity to engage in a discussion on secondhand smoke. For example, when a player lands on someone who is smoking in the car that player must move back spaces. Students learn that secondhand smoke is not healthy for them and can cause diseases such as asthma, allergies, and cancer. They also learn that in the state of California, smoking in a car with a child is illegal.

Students become acquainted with Maddie, who has allergies from her grandfather smoking in the house, from the book, *Smoking Stinks!!* by Kim Gosselin (1998). When this book is read aloud, students learn that Maddie’s lack of sleep from

her grandfather’s coughing and smoking is causing her to lose focus in school. Students are empowered to learn it is best to move away from the smoke or open a window for ventilation. See the California Department of Education’s Tobacco-Use Prevention Education (TUPE) for further age appropriate educational resources.

Partnering with Your School

The school or district’s nurse visits the class to discuss medicine safety with the children and what occurs when a student needs to take medicine while at school. Partner with the school’s teacher librarian to develop health content reading lists and resources. Students create posters about the dangers of secondhand and thirdhand smoke that are placed around the school campus (K.1.1.–3.A, K.1.5, Essential Concepts).

Partnering with Your Community

Guest speakers from the American Cancer Society, American Lung Association, or American Heart Association can serve as informative guests who can speak to students on the dangers of secondhand smoke. The local Poison Control Center may also provide presentations to children on safety. Ask these and other agencies for health education materials in languages other than English (K.1.4.–5.A, Essential Concepts).

Partnering with the Family

Health education brochures on the content covered in this section are shared with family members by providing them to students as take-home materials (K.1.1.–5.A, Essential Concepts).

Mental, Emotional, and Social Health (M)

At this developmental stage, children may have a difficult time identifying and expressing emotions. They may know they are mad or sad but may not yet have the self-awareness to recognize more complex feelings such as embarrassment, shame, frustration, or disappointment (TK California, n.d.). According to the five competencies of CASEL, with respect to *social awareness*, kindergartners are learning how to interact with others and how to recognize the feelings and needs

of self and others, although empathy is not yet fully established (CASEL 2019). Students in kindergarten can learn to identify feelings of self and others, and begin to identify and define what mental health is (compared to physical health). Children learn that mental wellness is important so they are ready to learn. Connect mental health to physical health; in children, mental health conditions such as depression/anxiety may manifest with physical symptoms like headaches, stomachaches, or changes in sleep.

At this young age, children are developing their *relationship skills* through interactions with others. *Responsible decision-making* for kindergartners provides students with opportunities to make many decisions as age and developmentally appropriate throughout the day at school as compared to prior years when parents, guardians, or caretakers may have made most of the decisions for the child. Kindergartners need guidance, direction, instruction, modeling examples, and tools for developing *self-management* (*self-awareness* and the ability to recognize one's own feelings), some of which are the instructional tools provided in this section and chapter. Teachers can introduce students to mental health and wellness, and ways to take care of their mental health.

Students recognize themselves as unique individuals and learn about the similarities and differences between self and others with culturally appropriate instruction. Students explore self-awareness, what makes them unique (K.1.4.M, Essential Concepts), and what they have in common by identifying others in the class who have similar traits, such as hair or eye color. Students offer their own personal definitions when asked to define what the word “unique” means to them while the teacher records their responses so the students can see them. A popular cartoon character can be referenced, asking students what makes this character unique. Students are informed that physical characteristics are one aspect that make people unique, but things we cannot see, that are inside of us, are also important.

Another way that students discover their similarities is by standing up and forming a circle. A list of items is read by the teacher, such as, *I like school*, *Saturdays are fun*, *I like to swim*, and *I like to play outside*. Children can also begin exploring personal values and beliefs including, *I am kind to myself and others*, *I am honest*, *I am responsible*, and *I like to spend time with my family*. Students go into the middle of the circle when a statement is read that pertains to them and return back to the outside as each new statement is read. Students discover they

have many commonalities. Students also make a name portrait of unique traits they have that begin with each letter of their name. *The Little White Owl* (2013) by Tracey Corderoy, a story about an owl who is unique, can also be read aloud (K.1.3.–4.M, Essential Concepts).

Who are trusted adults? Trusted adults can play an important part in reducing stigma surrounding mental health. Students learn that their parents, guardians, caretakers, older family members, teachers, religious or community leaders, school counselors, school social workers, medical professionals (doctors, nurses, and dentists), school psychologists, the principal, and all staff can be trusted adults. Students understand that it is OK to ask for help from a trusted adult (SB 330). Introduce students to the school counselor, school social worker, or mental health professional so they know where to seek help for emotional and mental health concerns. On a large piece of paper, students draw three circles, labeled “School,” “Home,” and “Community,” with teacher assistance. Students draw pictures, glue cutouts, or write names of trusted adults in the appropriate circle. The top of the paper is titled, “Trusted Adults” (K.1.3.M, Essential Concepts; K.3.1.M, Accessing Valid Information).

Daily check-ins with students to have them identify their emotions from a list of happy, sad, worried, and other faces can be used to see how each student is feeling. Students learn that in one day they can experience various emotions. Students provide examples of when they feel happy, excited, proud, silly, calm, confused, surprised, tired, frustrated, hurt, mad, angry, or sad. To begin the conversation, a washable plush animal that serves as the class mascot can be asked how he is feeling. Each day the class mascot shares a new emotion and why he is feeling that way. Students are then asked if they ever have similar feelings. Another option is Zones of Regulation, which identifies blue (rest area), green (go), yellow (slow down), and red (stop) zones—examples and free resources can be found by searching online. Students may also role-play scenarios, such as:

- They see somebody being teased on the playground
- They have to share something they do not want to share
- They hear their friend say mean words
- Their friend chooses not to play with them at recess

The book *When Sophie Gets Angry—Really, Really Angry* by Molly Bang (2004) is read aloud (K.1.1.M, Essential Concepts). Other mental health books include *The*

Storm In My Brain: Kids and Mood Disorders available for free from the Child and Adolescent Bipolar Foundation and the Depression and Bipolar Support Alliance (2003) and the *Iris the Dragon* (2008) series by Gayle Grass, including *Lucky Horseshoes: A Children’s Book Dealing with ADHD*, *Catch a Falling Star*, *Hole in One: A Children’s Book Dealing with the Topic of Anxiety Disorder*, *I Can Fix It!: A Children’s Book Dealing With Asperger’s Syndrome and Stigma*, and *He Shoots! He Scores!: A Children’s Book Dealing with Child and Youth Mental Health Challenges and Stigma*. Kindergarten is an important time for students to learn to approach and talk to trusted adults at home or school if they need help or are feeling bad, sad, hurt, surprised, mad, confused, or any emotion (K.3.1.M, Accessing Valid Information).

Teachers may create quiet and safe space (areas within or near the classroom) specific to supporting students’ self-awareness and self-management that contain music, songs, dance, and quieter instruments such as shakers. A fish tank may even be located near this special station for its calming effect. Additional ideas include stations with stress balls; exercise activities or a yoga mat; age-appropriate mind puzzles with texture; picture printouts or magazine cutouts of soothing beaches, oceans, sunny skies, mountains, or rivers; a comfortable chair; a washable stuffed toy that is available for hugs throughout the day; or a bonsai tree or plant. Positive conflict resolution posters are displayed in the classroom, discussed, and reinforced. Posters displaying a graphic of a bug stating, “When something is bugging me, I can ... or If someone is annoying you, try this ...” listing various options are used (K.4.1.M, Interpersonal Communication; K.7.1.M, Practicing Health-Enhancing Behaviors).

Read-aloud books that support mental health could include books such as *Angry Octopus: A Relaxation Story* or *Affirmation Weaver: A Believe in Yourself Story* (and corresponding coloring books) by Lori Lite (2011). Following the read-alouds, students are asked to identify a variety of emotions and empathy they may feel in response to scenarios. One scenario may be: you are feeling frustrated because your toy is not working properly. *How do you feel?* or *You believe you are not receiving attention while you do something cool on your scooter. How do you feel?* The teacher reinforces that emotions and empathy are normal and should be discussed with a trusted adult (K.1.1.M, Essential Concepts; K.7.1.M, Practicing Health-Enhancing Behaviors).

Students learn through dramatic play that words such as *please*, *thank you*, and *excuse me* show appreciation and respect for others (K.1.5.M, Essential Concepts).

Students are asked to provide examples of situations when they use these words. Through discussion, students learn that one should say *thank you* when they receive a gift, compliment, or someone does something nice for them; to say *please* when they ask someone for something or to do something for them; to not be afraid to say *I'm sorry* when they make a mistake or have hurt someone. Students role-play different scenarios such as receiving a gift, receiving a compliment from a friend, accidentally spilling someone's milk at lunch, seeing someone trip in class, or needing help with homework. Stickers acknowledging when a student uses please, thank you, excuse me, or I'm sorry throughout the day and week are used as a motivator.

Students respond to the questions:

- What does it mean to share?
- Is it important to share?
- Why do you think so?
- How do you feel when someone shares with you?
- How do you feel when someone will not share?

Students learn there are times when it is important to share—for example, when someone leaves their book or school supplies at home (K.4.2.M, Interpersonal Communication; K.7.2.M, Practicing Health-Enhancing Behaviors). *It's Mine!* (1996) by Leo Lionni about three young frogs who learn the value of sharing when faced with a bad storm, or *Share and Take Turns* by Cheri J. Meiners (2003) is read aloud. Students answer questions related to the story. To explore this concept further, students receive a sheet of paper and one color marker or crayon. They are then asked to draw a rainbow with many colors. Students quickly learn the art of sharing by exchanging and borrowing colors from one another. For further reflection, students share how their rainbow would look without many colors, reinforcing the point that sharing often makes things better. Another instructional strategy that promotes sharing is to create a class quilt. Students receive one half of a heart and work with another student with the other half of the heart to glue the hearts together and decorate their shared hearts with art supplies. The hearts are collectively displayed as a class quilt. Students may also draw and color a scenario when sharing is needed.

After reading the book, *The Great Big Book of Families* by Mary Hoffman (2010) or *Families Are Different* by Nina Pellegrini (1991), students learn that there are

different family structures in our society and that all family structures are valid. For example, there are immigrant families; families with lesbian, gay, bisexual, or transgender parents, guardians, or caretakers and children; families of various race and ethnicities; step- and blended families; families headed by single parents, guardians or caretakers; two-parent families consisting of a mother and father, extended families; multigenerational families; families with members with disabilities; families from different religious traditions; foster families; and adoptive families. Some students live with grandparents or other adult relatives, a guardian, or caretaker.

By seeing and hearing examples of different family structures, students identify themselves and their own families. In this activity, teachers should not assume a student lives in any particular family structure and should ask questions in a way that will easily include children from diverse family backgrounds, ensuring sensitivity to family diversity and privacy. Teachers must respect and protect the wishes of students and parents, guardians, or caretakers who prefer not to participate. After learning about many kinds of families, students draw a picture of their family. Around the picture of their family is a border of why their family is special. Border items may be a heart for love, smiley face for happiness, or an apple for nutrition. Students may also draw something their family does together that they enjoy, celebrates their culture, or promotes their health. Students share their picture with the class and describe why their family is special (K.1.2.M, Essential Concepts).

Culturally sustaining literature is particularly important for young children. Teachers can frequently read aloud engaging and high-quality literature that is reflective of the ethnic and cultural diversity of their students and addresses social issues critical to the well-being of students of color. Books like *Last Stop on Market Street* by Matt de la Peña (2015), *Mango, Abuela, and Me* by Meg Medina (2017), and *Yo Soy Muslim: A Father's Letter to His Daughter*, by Mark Gonzales (2017), address universal themes that appeal to young children, such as caring and the value of diversity, promote early language and literacy development, and support the development of a healthy sense of self for young children of color.

Is There Really a Human Race? by Jamie Lee Curtis (2006), a humorous look at the importance of making good life decisions (take your time, speak up for those who cannot speak for themselves, lend a helping hand), is read aloud with students. This book has a free accompanying teacher's guide for lesson plans and ideas.

Note for any of the read-aloud books highlighted in this chapter, students can be encouraged to first act out or discuss how they think the book will end for application of critical thinking. Older students may enjoy reading a book aloud to kindergarten students or listening kindergarten students read to them.

Partnering with Your School

Invite the principal or school counselor or social worker to share how to identify trusted adults at home and at school who can help with mental and emotional health concerns. Other areas of support from the school social worker or school psychologist may include identifying and expressing feelings of self and others, anger management, emotional regulation, coping skills, effective communication, and “I feel” messages. Implement a day or week of kindness during which students are reminded to consciously display—and encourage others to display—safe behaviors and kindness while on the playground, in the cafeteria, and in class. At the end of the day, students “shout out” who was safe and kind. School personnel can give out stickers or other tokens of appreciation when they observe students being kind (K.1.1.M: Essential Concepts).

Partnering with Your Community

Part of discovering and developing one’s own emotions, even at a young age, is to provide service to others. Students make cards for seniors in their community, decorate placemats for Meals on Wheels recipients, create art works to donate to a local children’s hospital, participate in a food drive for a population in need, or donate old toys and books to a shelter (K.7.2.M, Practicing Health-Enhancing Behaviors).

Partnering with the Family

Working with their family, students create a handmade book using pictures (photographs or drawings) and writing to describe the characteristics of their family (K.1.2.M, Essential Concepts) and the ways the family promotes empathy, care, and the well-being of others (K.2.1.M, Analyzing Influences). Encourage inclusion of cultural health practices and traditional cultural celebrations, values, and health practices. The handmade books are displayed in class and shared with the principal, teacher librarian, and other visitors to the classroom. Provide parents and guardians with resources and activities to support student’s

socio-emotional development at home and strategies to encourage children to self-regulate at home. An example may be an activity to draw or color different emotional states.

Personal and Community Health (P)

Most kindergartners are curious about their bodies and what makes them grow and be healthy. Setting a foundation for proper health practices can lead to a lifetime of good health outcomes. Teachers and administrators play an important role and have responsibility for the promotion of personal, community, and environmental health of their students. Adults can help students practice how to ask for assistance with health-related problems and help them learn about their local environment and how their actions can affect it.

Guest speakers such as a dental hygienist and a pediatric or general dentist can provide students with essential skills and knowledge about dental hygiene practices. Students receive dental health kits. Students practice brushing and flossing on egg cartons that are cut and taped together to make teeth. The book *Dr. De Soto* by William Steig (2010) is read aloud and placed in a classroom reading area (K.1.1.P, Essential Concepts; K.7.1.P, Practicing Health-Enhancing Behaviors).

Students are encouraged to keep a sun safety kit in the classroom that contains sun protection factor (SPF) 30 or higher sunscreen, sunglasses, SPF lip balm, and a sun hat for protection against ultraviolet (UV) rays (if allowed by school and district policy). Students describe that shade is cool when the days are particularly hot and offers some protection from the sun. They learn it is best to stay in the shade whenever possible and to limit sun exposure during the peak intensity hours, between 10 a.m. and 4 p.m., when UV rays are most intense. Students describe ways to be sun safe by creating a booklet to share with their families, guardians, and caretakers with drawings of people wearing sun-protective clothing, hats, and sunglasses; playing in the shade; and drinking water. They can also practice sun safety by dressing dolls or stuffed animals in sun-protective clothing and sun hats in a sun-safety station in the classroom. Students may enjoy creating sun visors to use in a dramatic play area (K.1.2.P, Essential Concepts).

Students learn that germs can cause us to become sick. Students are asked for examples, such as someone with a cold giving another person a cold (virus germ). Students see how germs are spread using online images or pictures obtained from

reliable and medically accurate sites that show germs traveling from person to person. Students learn more about the importance of handwashing to prevent germs from being spread through a visual activity in which students spread glitter or washable paint on their hands and then proceed to wash their hands as they normally do—but with the lights off. Based on sink availability, this activity may require students to use school restrooms, with a teacher and other adults, possibly volunteers, supervising. Following their normal hand washing procedure, the lights are turned back on. Students can see how many “germs” are still on their hands by the display of the glitter or washable paint. Following the activity, students discuss the importance of washing their hands for the length of time it takes to sing the “Row, Row, Row Your Boat” or “ABC” songs (for 20 seconds) and why using warm water and soap to avoid spreading diseases and illness is important. Students also practice sneezing and coughing into their elbows after learning that these are other ways that diseases can spread.

It is important to discuss that germs can be transmitted from person to person or from animal to person. Many animals can also transmit germs that will get a person sick. The teacher should tell the children about proper handwashing and avoiding mouth-to-mouth contact with animals should be emphasized. By kindergarten, all children without a medical exemption should have been vaccinated for school entry. Teachers can remind children that the vaccines they received at the doctor’s office will protect them from serious illnesses and keep them healthy. The book, *Germs Are Not for Sharing* by Elizabeth Verdick (2006), available in English and Spanish, is read aloud to students (K.1.1.P, Essential Concepts; K.7.2.P, Practicing Health-Enhancing Behaviors).

For helmet safety and protective gear teaching activities, please see [Injury Prevention and Safety](#) in the First Grade section.

Students recognize that decisions they make about activities like saving water and energy can affect the health of the natural world as well as their local communities (California Education and the Environment Initiative 2019, Principle V). They identify ways that people can affect the environment and practices that can be good for the environment, such as turning off lights and water, recycling, and picking up trash (K.1.5.P, Essential Concepts), by first sharing what they know about recycling (California Education and the Environment Initiative 2019, Principle II). They learn that ‘recycling’ means using something again or turning a product into something that can be used again. Examples of items that can

be recycled are glass, plastic water bottles, aluminum cans, cereal boxes, paper, magazines, and yogurt cups. Students are wowed as they discover that six percent of plastic water bottles used in the United States become garbage or litter (Arnold and Larsen 2006).

Placing different recycle bins labeled paper, plastic, and cans in the classroom or a designate location on the school grounds offers students an opportunity to practice recycling. As a starting point, various examples of items are distributed to the students to practice placing them in the designated bins. The following week, students discover the concept of “reuse.” Students share examples of when they have given toys to a younger sibling or friend, when a parent or caretaker may have bought something used, or when they may have donated their old clothes to charity. Using “I Spy” magnifying glasses or a similar item to signify the students are being detectives, items are identified in the classroom that can be reused (books, lunch bags, or toys). Students then learn that reducing waste by recycling and reusing and not littering are ways to be a good citizen—someone that does good things for their community. “Rot” can be considered for inclusion if the student’s school is a composting campus. They learn to chant, “Reuse, Reduce, or Recycle,” when they see or engage in one of the options. Students are shown one large bag of popcorn and several small bags of popcorn (or one large juice box versus many small juice boxes) and asked which option produces the most trash. Students learn that the large items use the least amount of waste for the same amount of food and then enjoy the snack (PBS Learning Media 2019b).

Partnering with Your School

Students celebrate Earth Day by making a creative poster showing how they will help make Earth a better place. Posters are displayed in class or on school grounds. Students can also host and participate in a *Clean Up Day* during which students in different grade levels take part in tasks to make their playground or greater school community clean (K.1.5.M, Essential Concepts). Oral health, vision, and hearing screenings are mandated during kindergarten (and second grade). Teachers are encouraged to consult with the school nurse. The school nurse can assist with preparation, coordination, and follow-up with students and families to support personal health. Students that fail any of their screenings will require follow-up. It is important for students to understand personal oral, vision, and hearing health and to take action, such as wearing glasses daily, to ensure access to their education.

Partnering with Your Community

A doctor, dentist, optometrist, or school nurse visits the class to share good health practices and what students can expect when they visit a healthcare provider. A field trip to a local doctor or dentist’s office also offers an interesting outing to learn more about the occupations and how to prepare for a visit or check-up. A virtual field trip can also provide students a learning experience (K.1.1.P, Essential Concepts; K.3.1.P, Accessing Valid Information; K.7.1.P, Practicing Health-Enhancing Behaviors).

Partnering with the Family

Provide information on free and sliding scale dental and healthcare clinics to parents, guardians, and caretakers, from your county public health department. A sense of community may be strengthened with a *School Improvement Day*. An example may be a Saturday when the school is closed, parents, guardians, and caretakers use donated plants or supplies to start a garden or paint a mural illustrating healthy personal and community practices. Childcare can be provided as well as a snack or meal to thank the volunteers (K.1.1.P, Essential Concepts; K.3.1.P, Accessing Valid Information; K.7.1.P, Practicing Health-Enhancing Behaviors).

First Grade

First grade marks an important transition for students who are entering elementary school for the first time. Students tend to welcome eating with their friends in the cafeteria and typically enjoy recess without the supervision of their own teacher, fostering their growing sense of independence. Early elementary is an opportune time to support students in making healthy choices and promoting positive health behaviors for a lifetime of good health. At this grade level, students are applying their social skills in more mature ways than they had in kindergarten. Children this age continue to learn by doing. Making mistakes is critical to that learning, thus making encouragement, praise, and excitement important elements of teaching (Marotz 2015; Wood 2007). First-grade students are ready to learn about the human body, ways to take care of themselves, personal injury prevention, and how diseases are transmitted.

Three of the six content areas are covered in the first-grade health education standards: Growth and Development, Injury Prevention and Safety, and Personal and Community Health. All eight overarching standards are addressed in first grade when instruction includes all three content areas. When appropriate for students' needs and interests, teachers are encouraged to incorporate content areas for which there are no standards in grade level one.

Growth and Development (G)

First-grade students are very curious about many subjects and enjoy exploring, observing, and experimenting. They are interested in how living things grow and mature (1.1.1.G, Essential Concepts). Students this age are becoming more coordinated and enjoy physical activity but are still developing their gross and fine motor skills. Their interest in their own bodies motivates them to learn the anatomical names and functions of major internal and external body parts (1.1.2.G, Essential Health Concepts). Ideally, first-grade students were introduced to a variety of health topics in kindergarten and are now ready to explore additional behaviors that promote healthy growth and development, such as sleep and rest (1.1.3.G, Essential Health Concepts; 1.2.1.G, Analyzing Health Influences). As they become more aware of their roles and the greater world around them, they are able to describe the various roles, responsibilities, and needs of family members (1.1.4.G, Essential Health Concepts). They recognize parents, guardians, caretakers, and other trusted adults as resources for information on growth and development (1.3.1.G, Accessing Valid Information).

Students enjoy creating personalized anatomy flipbooks that display various internal and external organs. Cover art is created by the students. Pictures of each body part are provided for students to cut out, color, and label with adult help. Teachers can download “Preschool Human Body Printables” at Living Life and Learning. Despite the word preschool in the title, the resource is appropriate for first-graders, as all major body parts are labeled with the correct anatomical names. For example, the small and large intestines, kidneys, and heart are included. Students study and share their flipbook with family and friends. Students create flash cards of the anatomical names of major body parts. Teachers should refrain from using euphemisms for body parts because it may create discomfort and can create negative attributes toward students’ bodies. Fun facts can be included with the names—for example, the skin/dermis is the largest organ, or the average human head is comprised of the skull/cranium and brain and weighs 10–11 pounds.

Students are first asked, “What is something you do all day and need to survive but usually do not even think about?” The students learn that breathing clean air is essential for all humans and animals to live (California Education and the Environment Initiative 2019, Principle I). They feel their lungs working by placing their hands on their chest and inhaling deeply. Students learn they have two lungs that take up most of their chest area. Lungs feel like sponges (a sponge can be passed around the room). They are comprised of tubes and stems that become smaller like tree branches. Bronchus, bronchioles, and alveoli are sketched onto two paper lunch bags. Lungs are simulated by blowing air into each bag and then tying a rubber band around the top of each bag. Reading aloud and making available introductory children’s anatomy books—such as *First Human Body Encyclopedia* (2005) and *Human Body: A Visual Encyclopedia* (2012) both by DK, along with *The Magic School Bus: A Journey into the Human Body* kit from The Young Scientists Club, which contains many fascinating photos and illustrations—can provide opportunities to integrate health education instruction with English language arts/English language development and science instruction (1.1.2.G; Essential Concepts).

In kindergarten, some students learned that living things grow and mature (See K.1.1.G). This concept develops further in first grade as students develop more understanding of how living things grow and mature (1.1.1.G, Essential Concepts). Students compare how humans grow and mature to other animal and plant life cycles, connecting science with health instruction (this instruction supports the

California Next General Science Standards [CA NGSS] [CA NGSS 1-LS1]). Students discover how living things grow and mature by placing printed images of a human and various animals in order of their growth, from birth to maturity and then old age. An example may be an egg followed by a hatched chickling, then a walking furry chick. Another example is a human newborn, baby, and toddler. Students also label the age of each developmental milestone featured. Plants, which also demonstrate how living things grow and mature, provide a care-taking opportunity for children. Seeds can be planted in cardboard egg containers and grown under grow lights or bright windows. School gardens also provide an opportunity to demonstrate this concept.

Students identify a variety of behaviors that promote healthy growth and development (1.1.3.G, Essential Concepts) and explain why sleep and rest are important for proper growth and good health (1.2.1.G, Analyzing Influences). A large construction paper quilt is created as children decorate panels with healthy behaviors students engage in to promote healthy growth and development. Panels can be pre-cut shapes, such as apples or hearts, as well as two-dimensional shapes students are working with in mathematics (e.g., rectangles, triangles, and half circles; this activity supports the California Common Core State Standards for Mathematics [CA CCSS] 1.G.1–3). Panel pieces are glued or taped to the quilt, and it is displayed in the classroom as a reminder of healthy behaviors.

The book *I See the Animals Sleeping: A Bedtime Story* by Thomas Heffron (2011) is read aloud. Prior to the story, students share what they think the story will be about. After the story, students discuss why it is important to their health that they get plenty of sleep and rest each night. They learn that sleep helps them perform better in school, sports, and activities, and makes them feel good. Sleep helps their brain function better and their bodies grow healthily. Students then write about their sleep routine, providing a numbered sequence of what they do to get ready for bed, to go to bed, and when and how they wake up. As a closing activity, students create a four-sentence poem for one of the animals featured in the book using the word “sleep” in at least two of the sentences.

Partnering with Your School

For a Healthy Apple Campaign, students create and decorate red apple cutouts that are placed around the school identifying a variety of behaviors that promote healthy growth and development (1.1.3.G, Essential Concepts). Apples are

displayed in designated areas identified by the students, such as the in cafeteria, near water fountains, or where physical activity occurs.

Partnering with Your Community

Students go on a field trip to a local farm, zoo, or aquarium to see how living things grow and mature. Some communities may have access to groups with mobile vans who can visit the school to provide presentations. Virtual field trips that explore a museum, zoo, or aquarium’s website and streaming videos may also be considered (1.1.1.G, Essential Concepts).

Partnering with the Family

At this young age, it is important for students to recognize parents, guardians, caretakers, and other trusted adults as resources for information on growth and development (1.3.1.G, Accessing Valid Information). Setting a foundation for dialogue at this early age can establish a comfortable rapport between students and their parents, guardians, or caretakers as they encounter more complex subjects related to growth and development. Parents, guardians, or caretakers receive a handout with suggestions on how to initiate a conversation on growth and development with their child. Books such as *It’s Not the Stork! A Book About Girls, Boys, Babies, Bodies, Families, and Friends* by Robie H. Harris (2008) can be shared together.

Injury Prevention and Safety (S)

Injury prevention skills built on those established in kindergarten provide safety practices and protocols for time spent at home, in school, and in the community (1.1.5.S, Essential Concepts).

In science, first-grade students learn how to use materials to design a solution to a human problem by mimicking how plants or animals use their external parts to help them survive, grow, and meet their needs. They learn that human problems that can be solved by mimicking plant or animal solutions, such as designing equipment to protect bicyclists by mimicking turtle shells (CA NGSS 1-LS1-1). For health education, students analyze why wearing a helmet when biking, skateboarding, riding a scooter, or in-line skating increases safety and can explain appropriate gear and equipment (1.5.4.S, Decision Making; 1.7.3.S, Practicing Health-Enhancing Behaviors).

These connections to injury prevention and safety provide opportunities to apply knowledge in science to health education as students analyze how they can protect themselves compared to how other animals protect themselves. Through books, videos, photos, and discussion, students learn that turtles and snails have shells that protect their bodies from getting injured. Students are asked to provide other examples of animals that have protective external surfaces. Students are then asked if they have ever used or are using a bicycle helmet, what might encourage them to wear a helmet, and how a bicycle helmet protects their head. A bicycle helmet, or photos of children wearing helmets, is then shown. Students learn that it is the law in California to wear a protective helmet, like a turtle shell, to protect their brain while riding a bicycle, skateboard, or scooter or skating. In the classroom example below, students learn about fire safety.

VIGNETTE

Classroom Example: Fire Safety Smarts

Purpose of Lesson: Students learn the importance of preventing fires, fire safety, how to call 9-1-1 if a fire emergency occurs, and then develop a fire safety plan at home.

Standards

- **1.1.4.S** Identify safety hazards in the home, at school, and in the community (Essential Concepts).
- **1.5.1.S** Analyze steps to take in emergency or potentially dangerous situations (Decision Making).
- **1.7.2.S** Practice emergency, fire, and safety plans at home and at school (Practicing Health-Enhancing Behaviors).
- **1.1.9.P** Identify emergency situations (e.g., injuries, abductions, fires, floods, earthquakes) (Essential Concepts).

Supplies

- Photo printouts of the causes of fires, and the ways fires do and do not occur in the home or public places, such as parks or in buildings.

Lesson Narrative:

Throughout the school year, Ms. H's students have participated in fire and earthquake drills. She now wants to ensure her students learn how to identify

emergencies involving fires, to understand the ways fires commonly occur, how to call 9-1-1 should a fire occur, and how to develop a fire safety plan at home. Ms. H asks students to share examples of emergencies. The students excitedly share their answers, such as: Earthquakes! When someone’s house is on fire! Floods? When someone gets hurt in a car accident! When someone has a heart attack and can’t breathe!

Ms. H confirms that, yes, these are all examples of emergencies. She informs the students that today they will specifically focus on the emergency of fires. Students learn that most fires occur at home. Ms. H then asks her students to identify ways fires can occur at home by identifying various pictures with objects such as matches, lighters, flames from stoves or ovens, candles, barbeques, furnaces, fireplaces, fireworks, lit cigarettes, electrical wires or appliances, or electrical devices like hoverboards, mobile phones, and tablets that are combined with other pictures of objects that do not cause fires. The students learn that both flames and smoke are dangerous. Students learn they should never run if they, or their clothes, are on fire. They practice stop, drop, and roll for instances when their clothes are on fire. Students learn to never go back into a house or building that is on fire but to exit quickly, never running.

Various ways to prevent fires are discussed with the students, such as never playing with matches, lighters, and fireworks. Using different scenarios, students practice calling 9-1-1 with one another in case of a fire. They learn to ensure they are not in a building that is on fire and are not in danger before calling 9-1-1. Students learn that they need to provide their name and location, and describe the emergency to the dispatcher who is the community helper who answers the emergency phone line. They also learn to stay on the phone until the dispatcher says it is OK to end the call.

For homework, Ms. H asks the students to develop a fire safety and escape plan with their parent, guardian, or caretaker’s assistance. Students are provided with a handout in English and Spanish with a link to the National Fire Protection Association’s website for home fire safety templates and resources to share with their parents, guardians, or caretakers.

The school principal can lead a discussion on safety hazards at school and ways to reduce injuries at school (1.1.4.–5.S, Essential Concepts). Working in pairs, students match printouts of safety signs with pictures of their respective backgrounds. For example, a *Don’t Walk* signal is glued to a street corner. A railroad crossing

sign is glued to a railroad crossing. Students also match the safety sign with the respective word meaning. Various sign images can be downloaded. Students learn that the color red is often used to communicate warning or alert for safety signs. Streetlights and semaphores are always in the same order for people who are colorblind. They learn that signs keep drivers, pedestrians, and children in the community safe. A game of safety sign bingo with signs for each space can be played to reinforce learning. Students create posters illustrating ways to stay safe on the playground by drawing and coloring a safe scenario and writing a short paragraph to describe it.

With an estimated 4.6 million children living in homes with a loaded and unlocked firearm, it is important for students to learn how to respond if they see a weapon (Azrael et al. 2018, 298). Consider using age-appropriate books and videos to address the dangers of weapons and the importance of telling a trusted adult if they see or hear about someone having a weapon (1.1.9.S, Essential Concepts). Through discussion and storytelling, students learn that some people have jobs that require the use of guns to keep us safe, including individuals who serve in the military or work as police officers, sheriffs, security guards, or park rangers. Students will need considerable support to be able to assess reasons for reporting weapons possessions (1.5.3.S, Decision Making). Students then learn that some people use guns and knives to intentionally hurt others, or sometimes a gun is found by someone who is not supposed to have the weapon. They learn that a gun should always be considered to be loaded with bullets so should never be pointed at another person. The story, *The Box*, is read aloud or individually (Virginia Board of Education 2011, 20). In the story, three young friends are riding their bikes when one friend opens his backpack to show the others he has a gun and bullets. Through group discussion, students respond to questions about what they would do in this situation. From the story, students learn to: (1) leave the gun alone, (2) leave the area, and (3) tell a trusted adult immediately (search Virginia Board of Education’s Elementary School Gun Safety Guidelines and Curriculum for teaching resources mentioned above).

From previous school or home instruction, students in first grade are ready to build upon prior learning. It is important to maintain momentum in teaching children about healthy relationships, gender, personal safety, and boundaries. The early years of elementary school lay the foundation for a lifetime of health-enhancing behaviors and self-protective skills. Encourage students to respect individual differences, including different backgrounds, cultures, and abilities in

order to promote healthy peer relationships. Unhealthy relationships, physical and sexual abuse, and bullying can have serious health consequences (physical, mental, and emotional) that can impact students' ability to learn.

First-grade students are aware of the basic concepts of boundaries and consent. Students have practiced asking for permission before giving classmates hugs or high-fives, and it is important to encourage this practice throughout their education. To further demonstrate setting and respecting boundaries, have students actively participate in asking for consent. Divide students into two groups. Students in one group will partner with a student from the other group and practice asking for a high-five, a hug, or a handshake. Remind students that everyone has the right to say no and that the students asking must respect the other students' responses. Provide an example so students understand what is meant. "If Maria asks Julia for a hug, and Julia says, 'No, thank you,' what should Maria do?" Students may offer a response, such as, "Say OK," or "Ask for a high-five instead." Some students may not feel comfortable or want to ask others for a high-five, hug, or handshake. Let students know that they may alternatively wave, fist bump, or give a thumbs-up if they do not want to initiate physical contact.

This activity can also generate discussion to help students distinguish between appropriate and inappropriate touching (1.1.7.S, Essential Concepts). It is important for students to understand that there are appropriate and inappropriate places for touch on the body (public and private parts). It is also important to explain that appropriate and inappropriate touching has to do with how someone feels—whether the touch feels comfortable or uncomfortable. A high-five, handshake, or even hugs can be appropriate if desired by the student. However, sometimes what is generally considered appropriate touch might not feel good.

First-graders can identify if certain types of touch make them feel uncomfortable or scared, which is an example of inappropriate touch. Inappropriate touch may also have to do with certain areas on the body that are considered private. Students should be aware that sometimes trusted adults such as doctors might need to touch more private areas, but those adults should explain the reason for any kind of touching and still ask for permission. First-grade students should feel empowered to say no or express when they are uncomfortable. Similar to the previous activity, students can work in pairs to practice refusal skills (1.1.13.S, Essential Concepts). First-graders can practice a variety of "no statements," some which may include politely declining a request and others that may consist of a clearer and firmer "No."

Some students may practice refusal skills and statements in other settings. For example, if a student does not want to complete an activity, rather than forcing the student to change their mind, demonstrate empathy and try to understand the reason. Respect the student’s boundaries and talk with them. Students who feel heard and respected are more likely to participate and communicate. They also are more likely to see this teacher as a safe and trusted adult with whom they can share any discomfort or potentially abusive experiences. Empowering young learners to use their voice and express their needs in an appropriate way can be effective in promoting respecting boundaries and resolving conflict (1.1.12.S, Essential Concepts).

When students feel that their personal boundaries and their bodies are respected, they may also be more likely to use refusal skills or tell a trusted adult if a boundary is crossed. This includes if a student feels unsafe, is being bullied or abused, or sees someone else being bullied or otherwise in danger (1.1.6.S, Essential Concepts). Help students identify safe and trusted adults and practice how to report dangerous situations, including inappropriate touching (1.4.1.–2.S, Interpersonal Communication). First-graders are reminded that inappropriate touching is considered a dangerous situation and know that they should get to safety, tell a trusted adult immediately, and even call 9-1-1 in emergency situations (1.1.9.P, Essential Concepts).

Students may need assistance in identifying and listing trusted adults who they can ask for help if feeling unsafe or threatened (1.3.1.S, Accessing Valid Information; 1.4.1.–2.P, Personal Communication). Explain that all adults are not necessarily safe or “trusted” adults, and help students think critically about how they can determine who is a trusted adult. Introduce school support staff and invite them into the classroom. Identify school support staff by name; law enforcement; school counselors; and family members, guardians, and caretakers as potential safe and trusted adults. Teachers should also identify themselves as trusted adults. It is important to remember that children who experience abuse are most often victimized by adults that are known and trusted (American Psychological Association 2011). Students may feel safe disclosing abuse if there are other identified trusted adults.

If a student discloses abuse or there is reason to suspect child abuse, teachers must follow mandated reporting laws. After filing the mandated report, teachers should follow the school and district policies for next steps (see the [Mandated Reporting](#)

section in the “Introduction” chapter for additional information). Pay attention to physical signs of abuse as well behavioral indicators that may also require a report.

Because perpetrators of child sexual abuse often groom their victims prior to the actual abuse, it is important to help students develop their protective skills, which includes trusting one’s instincts. In the context of child sexual abuse, *grooming* is a process in which a perpetrator establishes a connection with the child victim, gains their trust, and escalates from appropriate to inappropriate touching while normalizing the physical contact. Perpetrators may also provide the child with attention, gifts, and affection; isolate them from friends and family; and use secrecy, guilt, and/or threats to deter the child from seeking help (National Center for Victims of Crime 2011).

Explain to students that sometimes adults may pretend to be safe or friendly, and students should trust their instinct if something feels wrong. Ask students what ‘instinct’ means. Explore this further by identifying related concepts and feelings. Students may be able to identify what happens to their bodies and how they feel when they get scared or feel uncomfortable. An activity to illustrate this is the “Where I Feel Things in My Body” coloring exercise. A worksheet with an outline of a body (similar to a gingerbread person) is given to the student. Ask the students to name different feelings and colors that go along with each feeling. For example, red is mad, blue is sad, yellow is scared. Then ask students, “When you are scared, where do you feel this in your body?” “When you are sad, where do you feel this in your body?” Students can use the color associated with the feeling to indicate on the body where and what they are feeling. Once completed, students learn that everyone feels emotions in different places in their body. Have students work in pairs to practice verbalizing what they are feeling. Students can use sentence frames such as: “When I am (sad, scared, confused, etc.), I feel it in my (chest, stomach, head, etc.).” They can now better identify what they are feeling and are able to express this to a trusted adult, if necessary. Explain that the feelings they experience and what happens when something is scary or uncomfortable is their body’s way of telling them that something is unsafe (1.1.1.S, Essential Concepts; 1.5.1.S, Decision Making; 1.7.1.S, Practicing Health-Enhancing Behaviors).

Partnering with Your School

Invite older students who have learned proper lifting and carrying techniques to assist first-grade students with properly adjusting backpack straps. Invite students or

teachers who are part of the school’s restorative justice program to speak to the first-grade class about conflict resolution techniques. Working in pairs, students go on a fire safety scavenger hunt at school to locate items such as fire alarms, fire sprinklers, fire extinguishers, smoke detectors, and emergency exit signs. If the school has an automated external defibrillator (AED), show students where it is located and how it can be retrieved and accessed for a person who is having sudden cardiac arrest and is not breathing (1.3.1.P. Recognizing individuals who can assist with health-related issues and potentially life-threatening health conditions).

Partnering with Your Community

Take a walk in the neighborhood around the school and ask students to point out safety signs. Invite guest speakers from community organizations working to create safe walking or bike riding routes to school to talk about safety traveling to and from school and around the neighborhood. Guest speakers from the local fire department, emergency management services, and police officers or sheriffs provide resources and teach the importance of practicing emergency, fire, and safety plans at home and at school (1.7.1.–2.S, Practicing Health-Enhancing Behaviors). Materials are shared with families.

Partnering with the Family

Families are encouraged to have an emergency preparedness plan in place and to hang a sign or poster in an accessible location on when to call 9-1-1. Families that share they have an emergency plan in place are given a certificate of appreciation.

Personal and Community Health (P)

First-graders continue to learn new facts about their bodies and what makes them grow and be healthy. They are forming their personal health habits that will shape their future health and well-being. Students are also developing a deeper understanding of their greater community and the role of community helpers. Setting a foundation for proper health practices can lead to a lifetime of positive health outcomes. Teachers and administrators play an important mentorship role in the promotion of personal, community, and environmental health.

Skin cancer is the most common form of cancer in the United States (CDC 2019c). California has one of the highest skin cancer rates in the nation. In the United

States, 1 in 5 children (close to 1 in 4 in California) will be diagnosed with skin cancer as adults (American Academy of Dermatology 2019; Stern 2010). Early protection skills are essential in establishing sun safety behaviors. Students identify the importance of sun safety (1.1.2.P, Essential Concepts), demonstrate proper ways of protecting oneself from the sun, and determine ways to select and apply sunscreen (1.7.3.P, Practicing Health-Enhancing Behaviors) by exploring sun-safe items. Ideally, students learned about sun safety and created a sun-safety kit in kindergarten (see K.1.2.P). Students respond to the following questions:

- What items do we put on that keep us safe from the sun?
- Who has heard of or has used sun-safe items such as sunscreen, rash guards, sunglasses, sun hats, umbrellas, or lip balm?
- Why do some people use or not use these items?

Sun-protective items placed in a beach bag are then shared with students to touch, feel, and share such as broad-spectrum sun protection factor (SPF) 30 sunscreen, rash guard or long-sleeved shirt, sunglasses, a wide-brimmed sun hat, a sun umbrella, and SPF lip balm. Students learn that broad-spectrum sunscreen of SPF 30 or higher should be applied all over their exposed body areas anytime they are outside in the sun, including on cloudy days. If students have brought their own sunscreen from home, students may practice putting on the sunscreen and are reminded not to miss their entire ears and noses. Approximately one ounce (30 mL) of sunscreen is recommended to cover the entire body. It should be applied 15 minutes before going outdoors and reapplied every two hours.

Students learn that different seasons of the year carry different risks for skin damage and that local weather reports may include a UV Index showing the daily level of danger, especially during the spring, summer, and fall. It is also important to note that exposure to sunshine is critical for growing children. Approximately 25 percent of the US population is low in vitamin D, the “sunshine vitamin” (Ginde et al. 2009).

Ideally, students have access to a mirror to ensure they are properly applying the sunscreen. This activity is reinforced when students are reminded to apply sunscreen before recess. Sun-protective items are displayed in the classroom to promote sun safety during *Don't Fry Day* the Friday before Memorial Day in May, which is also national Skin Cancer Awareness Month, or Melanoma Monday (the first Monday in May) campaign. Students are encouraged to have a sun-safety kit

of their own with the same items for school. Teachers are encouraged to check with their school or district’s policy on sun safety in preparing a take-home list of recommended items. Search the National Council on Skin Cancer Prevention for instructional resources and materials.

Reading aloud *My Tooth Is About to Fall Out* by Grace Maccarone (1995) or *Loose Tooth* by Lola M. Schaefer (2005) begins the discussion on dental health and positive dental health practices (1.1.1.P, Essential Concepts). Students share what it feels like to lose a tooth when asked if anyone has lost a tooth. Key words are captured on the whiteboard or a giant poster paper cut into the shape of a tooth. Students learn that most children have 20 baby teeth that are important to keep clean and healthy by brushing twice a day, with a toothpaste that contains fluoride, and flossing twice a day. As soon as two of their teeth touch each other, children should begin to learn to floss to remove dental plaque and food where a toothbrush cannot reach. Brushing and flossing twice a day removes germs that can cause disease and cavities. The cleaner their baby or “primary” teeth are, the stronger their permanent (“big kid”) teeth will be when they come in.

Students share fun experiences they have had or anticipate having with the tooth fairy or other culturally appropriate figures such as Ratocinto Perez, Raton Perez, Perez Mouse, or El Raton de los Dientes in Spanish-speaking cultures. On individual tooth-shaped papers, students write about their experience with going to the dentist and how they plan to keep their teeth healthy. The pages are bound together to make a tooth health book. Students can think of a creative title, such as *Fighting Sugar Bugs* or *My Healthy Teeth*. Students make a dental health plan for morning and nightly brushing and flossing by taking home a brushing checklist from Sesame Street Brushy Brush chart, a printout of links to free brushing timer apps, or other free websites (1.6.1.P, Goal Setting; the writing activity connects to the California Common Core Standards for English Language Arts/Literacy [CA CCSS for ELA/Literacy], CA CCSS for ELA/Literacy W.1.2).

In kindergarten, students learned that germs can cause us to become sick. To further learning in this area, students discuss the importance of preventing the transmission of germs (1.1.3.P, 1.1.4.P, Essential Concepts) by first reading the book, *Germs! Germs! Germs!* by Bobbi Katz (1996) or *Germ Stories* by Arthur Kornberg (2007). Students share what they learned from the book. They learn that germs are microscopic, meaning they cannot be seen with the human eye without a microscope. They learn that germs are bacteria and viruses that can make us sick.

Students visually see an example of germs being spread by applying lotion to the hands of three student volunteers and then placing glitter on the hands of one student. The student who has the glitter high-fives one student volunteer's hand and shakes the other student volunteer's hand. The three volunteers hold up their hands to show their classmates how the germs represented by glitter are easily spread. The activity is then tried by the entire class in groups of three. Different colored glitter can be used to further emphasize how different germs can be spread among groups as students shake or high-five students' hands in other groups. Teachers should be aware of school and district policy related to using lotion as well as students with allergies to ingredients in lotions.

Students share some ways germs can be prevented. Students learn it is important to avoid spreading germs by (1) frequently washing their hands with warm water and soap for at least 20 seconds, or long enough to sing the “ABC” or “Row, Row, Row Your Boat” song; (2) using hand sanitizers when washing their hands is not an option; and (3) not sharing drinks, food, chewed gum, or lip balm by politely saying, “No, thank you,” to avoid the spread of germs. Students role-play sneezing and coughing into a tissue or their upper sleeve—and then washing their hands—to avoid spreading germs, such as those that cause the common cold or viruses. Students explain during the role-play that by doing so they can avoid spreading germs that cause others to become sick.

Students learn if they are sick, it is best to stay at home and rest until healthy again to not infect others. Referring back to the books above (*Germs! Germs! Germs!* or *Germ Stories*), students respond to the question, *Do germs have eyes, noses, or ears?* They learn that germs do not, but they are powerful and can survive in our bodies and on surfaces like cups, food, toys, desks, door handles, and cell phones (1.1.3–4.P, Essential Concepts; 1.7.2.P, Practicing Health-Enhancing Behaviors). Search Germ Lessons and Activities on the Alliance for Consumer Education's website for additional germ activities including a germ cutout for students to decorate and color, germ pledge form, mazes, word games, and other free resources.

As an extension of the activity above, students compare and contrast communicable (also known as infectious) and noncommunicable (also known as chronic) diseases (1.1.6.P, Essential Concepts). By seeing a demonstration of a spray bottle spraying water into the air, students learn that when someone sneezes or coughs, millions of germs, such as bacteria or viruses, are spread everywhere and sometime lead to infections in others. Students are asked to provide examples of

an infectious disease or something that one can “catch” from another person. They learn through sharing responses or teacher-led prompts that the common cold is one example of an infectious disease; influenza, or “the flu,” is another one. They learn that for some infectious diseases such as chicken pox, measles, and pertussis, there are vaccines to keep people from getting the disease. Many of these diseases would make us very sick if we did not have vaccines. Lyme disease, which is caused by an infected tick bite, is another example of an infectious disease. Ticks usually bite dogs and deer, but if an infected tick bites a human, the person may develop Lyme disease.

Students learn that a healthy immune system works to keep us healthy and fight germs. Eating nutritious food that is high in vitamins and minerals keeps their immune system strong. A healthy immune system is physically demonstrated when students form a circle by standing next to each other, with one student in the center acting as the healthy person. The circle is the healthy immune system. Two students are asked to volunteer to be germs trying to invade the circle to get to the healthy person located in the center of the ring. Students are assigned roles to the healthy immune system. Students are informed that the germs must not use force or physicality to penetrate the immune system and reach the healthy person in the center. Students learn the importance of preventing the transmission of germs and are able to identify ways to prevent the transmission of communicable diseases. Researching a reliable website with adult supervision, students write one way they plan to stay healthy from an infectious disease such as daily bathing, washing hair, wearing clean clothes, brushing and flossing teeth, getting plenty of sleep, and eating a healthy diet (1.1.3.–4.P, Essential Concepts; this activity supports CA CCSS for ELA/Literacy W.1.6).

Students further their understanding of the differences between communicable (infectious) diseases and noncommunicable (chronic) diseases (1.1.6.P, Essential Concepts) by sharing if they have known or know someone with a chronic disease—a condition that is not transmitted from one person to another but that someone develops and has for a long time. The names of the diseases the students identify are recorded on a large piece of paper or other means at the front of the classroom. Students learn initial symptoms associated with each chronic disease. Diseases such as heart disease (an unhealthy heart), cancer (growth of abnormal cells in one’s body that can damage or destroy healthy body tissue), asthma (difficult to breathe), allergies (sneezing or watery eyes from outside allergens or allergies to pets or foods), diabetes (body is not able to properly use glucose [a form

of sugar] and make energy from food you eat), and epilepsy (a condition where someone has seizures) are shared by either the students or teacher and recorded on the paper (1.1.5.P, Essential Concepts). It is vital for teachers to be sensitive to, and respectful of, any students who may have these conditions. Students learn that being respectful to those who are experiencing a chronic disease is important for that person's wellness. First-graders learn that if they know of someone with a chronic disease they can ask if there is anything they can do to help or do something nice for the person, such as coloring a picture or giving the person a card to be supportive. Doing something nice and caring for others in need shows *empathy* for others.

By role-playing, students demonstrate effective skills when asking for assistance with health-related problems they may experience, such as not feeling well or an emergency situation like another student being seriously injured by a car. Students learn to immediately contact a trusted adult—such as their teacher while at school, or their parent, guardian, or caretaker if at home—to inform them of the situation (1.1.9.P, Essential Concepts; 1.4.1–2.P, Interpersonal Communication; 1.7.4.P, Practicing Health-Enhancing Behaviors). Students learn to telephone their trusted adult and to dial 9-1-1 if there is not a trusted adult close by to help in an emergency situation. Examples of when to call 9-1-1 include if they or another person is hurt or in danger, or if there is an earthquake, fire, or accident. Responses to emergency situations such as an earthquake can be role played, and fire safety can be practiced with stop, drop, and roll or crawl on your knees to safety. Guest speakers from the fire department or local emergency management services provide education on emergency protocol. Special consideration should be made for inclusion of students with disabilities or limited abilities for all discussions and activities including planning and practicing for evacuation of wheelchairs or students with other assistive devices.

The cover of the book *Fire! Fire!* by Gail Gibbons (1987) is shared with students who work in groups to complete a KWL chart (*What do I know? What do I want to find out? What did I learn?*) about firefighters or fire. The book is then read aloud. Students learn that firefighters are community helpers who protect and help them stay safe when fires occur. The teacher asks guiding questions, such as *What is the main topic of the book? How were each of the communities in the book alike and different? Is it easy or difficult to be a firefighter? What other community helpers assist the firefighters?* Additional learning activities can be found below.

SNAPSHOT**Personal and Community Health Learning Activities**
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Essential Concepts: 1.1.2.P Identify the importance of sun safety.

Practicing Health-Enhancing Behaviors: 1.7.3.P Demonstrate proper ways of protecting oneself from the sun and ways to select and apply sunscreen.

DIY Sunglasses

Students are able to identify the importance of sun safety and demonstrate proper ways of protecting themselves from the sun by making their own pretend sunglasses. They trace and cut out sunglass frames on card stock paper and make lenses using colored tissue paper. Stencils for the sunglasses can be found online. The play sunglasses are worn for a group picture to celebrate Don't Fry Day. The photo is posted to the school's website or displayed in the classroom.

Essential Concepts: 1.1.2.P Identify the importance of sun safety.

Practicing Health-Enhancing Behaviors: 1.7.3.P Demonstrate proper ways of protecting oneself from the sun and ways to select and apply sunscreen.

Animals Need Protection from the Sun, Too!

Students are able to identify the importance of sun safety and demonstrate proper ways of protecting themselves from the sun. Integrating science (CA NGSS 1-LS1-1) with health, students learn through books or videos that some animals have natural protection from the sun in the form of fur, feathers, wool, and shells. They draw a picture of an animal and write a sentence about how the animal is protected. Students also learn that, like humans who have to use sunscreen and clothing to protect them from the sun, some animals have behaviors that make them sun-safe, like koalas who are nocturnal or elephants who place dirt on their backs. This activity can be downloaded from the National Council on Skin Cancer Prevention website.

Essential Concepts: 1.1.2.P Identify the importance of sun safety.

Practicing Health-Enhancing Behaviors: 1.7.3.P Demonstrate proper ways of protecting oneself from the sun and ways to select and apply sunscreen.

George the Sun Safe Superstar

Students download or are provided their own free copy of the book, *George the Sun Safe Superstar!* by Kathryn Clifford and Chantal Renn (2012) to read and take home. Students identify the importance of sun safety by writing a book report. Search the Karen Clifford Skin Cancer Charity (Skcin) website for the free booklet (this activity connects to CA CCSS for ELA/Literacy W.1.1).

Essential Concepts: 1.1.2.P Identify the importance of sun safety.

Tree Planting

Students identify the importance of sun safety by writing a letter or email to a local agency that promotes planting trees to donate a tree to provide additional shade areas on the playground. In the letter, students explain that trees provide shade, which is important for sun protection. Students can help care for the tree and learn the benefits of trees (they provide more oxygen and shade).

Accessing Valid Information: 1.3.1.P Discuss the importance of preventing the transmission of germs.

Dental Health

Students identify individuals in the community who promote health through presentations by guest speakers, such as a dental hygienist or a pediatric or general dentist. The dental health professional can provide students with essential skills and knowledge on dental hygiene practices. Students receive dental health kits and demonstrate proper tooth brushing and flossing techniques with the dentist or hygienist.

Essential Concepts: 1.1.7.P Discuss how individual behavior affects the environment and community.

Essential Concepts: 1.1.8.P Identify materials that can be reduced, reused, or recycled.

EP&C V: Decisions affecting resources and natural systems are based on a wide range of considerations and decision-making processes.

Earth Day: Reduce, Reuse, Recycle

Students discuss how individual behavior affects the environment and community and identify materials that can be reduced, reused, or recycled by brainstorming ways to reduce waste. One example may be to reduce plastic bottle consumption by drinking from a reusable BPA-free water bottle while at school. Students write one strategy they will commit to. Students discover the concept of “reuse” by participating in a used books or toys drive or by creating art from recycled materials for local charities. Placing different recycle bins labeled paper, plastic, and aluminum in the classroom or by using a relay-race-style activity in which they sort recyclable items offers students an opportunity to practice recycling. The fourth ‘R’—“Rot”—can be considered for inclusion if the student’s school is a composting campus.

Partnering with Your School

Educate peers, other teachers, members of parent groups, administrators, and students’ families to protect against skin damage from the sun (1.8.1.P, Health Promotion) by inviting a dermatologist or representative from a cancer prevention organization to give an after-school presentation on ways to protect one’s skin.

Partnering with Your Community

Invite a firefighter, emergency services dispatcher, paramedic, emergency room nurse or doctor, police officer, or sheriff to talk to the class about their job. Take a field trip to the local fire station to see the equipment and where these helpers live while on duty (1.3.1.P, Accessing Valid Information).

Partnering with the Family

Encourage students to talk with their parents, guardians, and caretakers about having an emergency plan at home, as well as smoke alarms, carbon monoxide detectors, and fire extinguishers (1.7.4.P, Practicing Health-Enhancing Behaviors).

Second Grade

Second grade is an important year for most children as they establish personal wellness practices, health behaviors, and life skills such as study habits. At this grade level, students are typically now more adjusted to the rigorous learning environment established in first grade (Wood 2007). Most students are becoming more competent in reading, writing, and mathematics. Students are often introduced to group projects and presentations in second grade (Ackerman and Kloss 2019a). Technology generally plays a more important role in the classroom as students use it for reading, writing, and researching content (Marotz 2015).

Second-graders typically enjoy conversing and spending time with friends and seek their approval. They may use language to express their feelings; like to tell jokes; find pleasure in writing stories, letters, and email; and express themselves fluently and in elaborate detail (Marotz 2015). Second-grade students continue to learn about the importance of nutrition and physical activity; the benefits and importance of mental, emotional, and social health; and strategies for positive health practices related to alcohol, tobacco, and other drugs.

Three of the six content areas are covered in the second-grade health education standards: Nutrition and Physical Activity; Alcohol, Tobacco, and Other Drugs; and Mental, Emotional, and Social Health. All eight overarching standards are addressed in second grade when instruction includes all three content areas. When appropriate for students' needs and interests, teachers are encouraged to incorporate content areas for which there are no standards in grade level two.

Nutrition and Physical Activity **(N)**

Through programs, policies, and learning opportunities, schools play a key role in establishing positive environments that promote and support healthy practices and behaviors such as regular physical activity and good nutrition (CDC 2019b). For second-graders, proper nutrition and information on how to make healthy food choices is important for their growth, development, and overall health. To support their growing body, children's diets should include fruits and vegetables, whole grains, lean protein, and low-fat calcium-rich foods each day. High-sugar and high-fat food and beverages should be "sometimes" foods (US Department of Agriculture n.d.).

Building on their foundational knowledge from kindergarten, second-grade students continue to focus on the recommended food groups and portion sizes (2.1.1–2.N, Essential Concepts). With teacher assistance, students search the US Department of Agriculture (USDA) and other reliable, medically accurate resources for food groups and recommended portion sizes. Students further their learning competencies by listing and describing the benefits of healthy food and beverages (2.1.3.–4.N, Essential Concepts). Using a decision-making process, the students create and follow a plan for healthy eating, snacking, and beverage selection (2.5.1–2, Decision Making; 2.7.2.–3.N, Practicing Health-Enhancing Behaviors).

Through engaging activities such as “Rethink your drink!” students learn to make better food and beverage choices. Students compare and contrast healthy and less-healthy beverage choices and learn the sugar content of various beverages as they glue pictures of popular beverages to poster board. Working in small groups, students research online the number of teaspoons of sugar each beverage has. Students then measure the amount of sugar by placing the appropriate number of sugar packets or cubes to represent teaspoons into a plastic bag for each beverage and tape the bag under each beverage container. The beverage containers or images can be displayed from those with the least sugar content to the highest. Students are surprised to learn and to compare and contrast the sugar content of each product; they learn that beverages such as water, milk, or whole fruit and vegetable smoothies mixed with water (keeping in mind that it is always best to eat whole fruit and vegetables in their natural form) contain no added sugar and are healthy choices.

Through guided discussion, students learn that there are many commercials, media messages, and online images promoting soda, sweetened beverages such as sports drinks, high-sugar juice drinks and juices that are not 100 percent juice. Students select healthy beverage options and learn that just because they are featured in advertisements does not mean these products are good for them. Students learn that water, milk, chocolate milk, plant-based alternative beverages, low-sodium soups, whole fruit and vegetable smoothies mixed with water (keeping in mind whole fruit in its natural form is always the best option), and unsweetened or diluted 100 percent juices are the healthiest beverage choices because they keep them hydrated (which is essential for their brain and body systems to grow and function) and because they have no or small amounts of sugar and calories.

The current recommended guidelines for water consumption are shared with students who then describe at least two benefits of drinking water consistent

with current research guidelines. Students have the option to prepare and enjoy a healthy beverage together, such as a smoothie made with fresh fruits (keeping in mind whole fruit in its natural form is always the best option), unsweetened or diluted 100 percent juices, and unsweetened yogurt. Consult the school’s policy on preparing and serving food in the classroom and food allergies (2.1.5.N, Essential Concepts; 2.2.1.N, Analyzing Influences; 2.5.2.N, Decision Making; 2.7.3.N, Practicing Health-Enhancing Behaviors). In the classroom example below, students produce a calendar to remind themselves of their nutrition goals and to promote healthy eating at home. Remember that some students may experience physical and economic lack of access to safe and nutritious foods.

VIGNETTE

Classroom Example: Healthy Food Calendars

Purpose of the Lesson: Students learn about nutrition and how to choose healthy snack foods by creating a 12-month calendar of healthy nutrition tips. Students talk with their family, parents, guardians, or caretakers about the importance of healthy eating.

Standards:

- **2.6.1.N:** Set a short-term goal to choose healthy foods for snacks and meals (Goal Setting).
- **2.8.1.N** Practice making healthy eating choices with friends and family (Health Promotion).

Supplies:

- Construction paper
- Glue and scissors
- Stapler and staples to assemble calendars
- Printer to print photos or online pictures of healthy foods, beverages, fruits, and vegetables

Lesson Narrative:

The students in Ms. B’s class are learning more about nutrition and physical activity. Students identify their favorite healthy snack foods by creating healthy snack 12-month calendars to display healthy food, snack, and beverage

options. They glue healthy snack and beverage photos of their favorite items on each page of their calendar month. Students write a healthy eating, beverage, or snack tip for each month as a goal they plan to implement. Students are encouraged to post their calendars in their kitchens at home and to practice making healthy eating choices when possible with friends, family, guardians, and caretakers.

A fun and engaging activity for students to learn about the food groups, the recommended number of food-group servings, and the benefits of eating a healthy breakfast is to ask students in pairs or in small groups to write and perform a song or skit on a chosen nutrition topic to share with the class (2.1.1.–3.N, Essential Concepts; 2.7.1.N, Practicing Health-Enhancing Behaviors).

Students use a decision-making process to select healthy foods (2.5.1.N, Decision Making), compare and contrast healthy and less healthy food choices for a variety of settings (2.5.2.N, Decision Making), and practice making healthy eating choices with friends and family (2.8.1.N, Health Promotion) using printed menus available online from their favorite restaurants. With the assistance of the teacher, students identify and circle the healthy options on the menus that they have selected. In small groups, students role-play being at a restaurant and ordering their identified healthy items or asking their parents, guardians, or caretakers to order the healthy food item for them. Students take their menus home to reference the next time they are at their favorite restaurants.

Students may also read *Don't Yuck My Yum* by Amy Pleimling (2014) to learn the importance of being polite when trying new foods. They discuss ways to politely express when they do not like a new food, such as by saying, “*This isn't my favorite,*” or, “*I think my taste buds need more time to get used to this one.*” A Healthy Food Passport activity can be created where students record their new taste adventures. Finally, they practice trying new healthy foods together. They participate in comparative tastings with fresh fruits and vegetables, or other healthy foods. When they try something new, they rate it on a scale of *Tried It*, *Liked It*, and *Loved it!* and use adjectives to describe the smell, flavor, and textures of each new food. For each new fresh fruit, vegetable, or other healthy food they try, they add a sticker or stamp to their Healthy Food Passport with the goal of tasting as many new, healthy foods as possible over time. Consult the school's policy on preparing and serving food in the classroom and possible food allergies.

Students learn that half their plate should be filled with mostly vegetables and some fruit. They begin to consider how to add for vegetables and fruit to their diet by answering discussion prompts such as: *What is your favorite vegetable and fruit? How do you feel about trying new fruits and vegetables? What could make eating vegetables easier?*

The students discuss the following tips with each other in small groups and then in a larger group with the teacher:

- Choose fresh, frozen, or dried fruits and vegetables
 - *Which do you prefer?*
- Eat red, orange, and dark green vegetables, such as carrots, sweet potatoes, spinach and broccoli, as main and side dishes
 - *What are some examples of dishes you like that include these foods?*
- Eat fruit as snacks, in salads, or for dessert
 - *Why is fruit a good dessert choice?*
- Keep raw, cut-up vegetables handy for quick snacks
 - *What are some veggies you could use for this?*
- Choose whole or cut-up fruits more often than fruit juice
 - *Why is this a good idea?*
- Check juice labels to ensure that they are 100 percent juice
 - *Why is this a good idea?*
- Have a fruit or vegetable at every meal
 - *What are some veggies you would choose?*
- Choose new fruits and vegetables to try when you are at the market
 - *Why is this a good idea?*
- Try growing a fruit or vegetable at home
 - *What are some you would like to try?*

- Ask your parent/guardian/caretaker to keep chopped vegetables in the fridge for easy snacking
 - *What are some veggies you would choose?*

In small groups, using a timer and large paper, students participate in two-minute rounds during which they list as many vegetables, fruits, and healthy snacks they can think of; each round is characterized by a specific color. Any duplicates are crossed out. The group identifying the most items wins. If the school policy allows, the students then enjoy consuming a healthy snack together (2.1.1-2.N, Essential Concepts; 2.1.7.N, 2.7.4.N, Practicing Health-Enhancing Behaviors). Teachers need to be aware of food to avoid if students have known allergies or other health or cultural concerns about eating. These activities are adapted from ChooseMyPlate (US Department of Agriculture n.d.). Search *Crazy Colors* and *One of These Foods Doesn't Belong* at ChooseMyPlate for activity worksheets on protein, calcium-rich foods, and serving-size recommendation.

Students make a collective picture collage of healthy and nutritious breakfast items to display in the classroom. The school cafeteria manager can provide a presentation on the nutritional value of cafeteria breakfast items served to students and the importance of breakfast for academic performance, including increased concentration and alertness, and better performance in physical activity (2.1.3.N, Essential Concepts; 2.7.1.N; Practicing Health-Enhancing Behaviors).

More learning activities can be found in the California Department of Education's Healthy Eating and Nutrition Education website. 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 website (California Department of Education 2017).

Along with proper nutrition, physical activity is essential to good health and well-being, and plays a key role in the prevention of disease and illness, such as heart disease and certain cancers in adulthood (US Department of Health and Human Services 2018). Second-graders continue to enjoy physical activity opportunities and practices that were established in earlier grades. Providing physical activity opportunities for students can support a lifetime of healthy habits and lower a child's risk for becoming obese and developing obesity-related diseases in adulthood (US Department of Health and Human Services 2010). Regular physical

activity builds strength, coordination, self-sufficiency, and confidence; enhances overall health; and can improve academic performance and sleep. Physical activity also decreases excessive time spent on technology (e.g., mobile phone, computer, tablet, or television) (National Heart, Lung, and Blood Institute 2013).

The *Physical Activity Guidelines for Americans* state that children and adolescents (ages six through seventeen) should engage in 60 minutes or more of physical activity a day (US Department of Health and Human Services 2018, 8). For more information and resources, search the President’s Council on Fitness, Sports, and Nutrition with the US Department of Health and Human Services; CDC Youth Physical Activity Guidelines; American College of Sports Medicine; or Physical Activity Guidelines for Americans with the Office of Disease Prevention and Health Promotion. In second grade, some students may be involved in organized sports or activities, such as dance or martial arts. These are excellent activities—however, they should not be solely relied on as adequate physical activity. Specific sports and activities do not provide the necessary variety of movement required to promote physical development, and often do not provide as many minutes as perceived. However, some second-grade students may not be as active as others. Physical, social, economic, or mental barriers may hinder their engagement in activity. Some students may lack a safe environment for physical activity or prefer more sedentary activities such as entertainment media (video games, using the computer, or watching television). Students need teacher support to discover enjoyable physical activity options and analyze why physical activity is essential for a lifetime of good health practices. Teachers include students with special needs in the discussion by ensuring activities such as wheelchair basketball, swimming, or seated volleyball are mentioned as physical activities.

Students identify and explore opportunities outside of school for regular participation in physical activity by researching ideas online (with the assistance of an adult when needed) and reviewing materials such as catalogs published by the local parks and recreation agency. In addition, no-cost ideas are explored such as walking to school instead of driving or taking the bus; nature walks; bike riding; walking their own pets or the pet of someone they know; dancing with friends; energetic playtime and indoor games; helping with chores around the house; swimming at a community, friend’s, or relative’s pool; or going to the park to run and play. Students are encouraged to invite their parents, guardians, or caretakers to join them in the activities (2.1.8.N, Essential Concepts).

Students create one physical activity goal they plan to implement and rate their success on a scale of one through five (five being the highest rating) at the end of the month. They then choose another goal to accomplish once their first goal is reached. Students track their progress toward their goal using a journal. A creative way to display students' progress toward meeting their goals is to collectively display the number of hours of physical activity in the form of a popular character progressing along a track or by showing a bicycle rider cycling down a road. A class goal may be 60 minutes per day multiplied by the number of selected days multiplied by the number of students. Students can challenge other second-grade classes in a friendly competition. Students with physical or visual disabilities are included by creating partner events during competitions. An award and certificates are given to recognize everyone's accomplishment (2.5.3.N, Decision Making; 2.6.2.N, Goal Setting). Further teaching strategies and learning activities for physical activity can be found in the *Physical Education Framework for California Public Schools: Kindergarten Through Grade Twelve* on the California Department of Education's Physical Education Curriculum Framework web page.

Partnering with Your School

Host a screening for parents, guardians, and caretakers of the documentary series, *The Weight of the Nation*, or a similar movie, followed by a question-and-answer session and discussion with vetted guest speakers, the school nurse, school counselor, school psychologist, or other school health personnel (2.1.4.N, 2.1.7.N, 2.1.9.N, Essential Concepts; 2.2.1.N, Analyzing Influences; 2.3.1.N, Accessing Valid Information). Consider starting a community garden or gardening area at your school to promote healthy, nutritious, and organic food options (2.1.4.N, 2.1.7.N, Essential Concepts).

Partnering with Your Community

Students write a letter to their favorite restaurant headquarters encouraging them to offer healthier menu options or to the restaurant manager requesting a food item served that could be modified to become healthier (2.5.2.N, Decision Making). Students take a field trip to a local working farm, organic market, farmers' market, organic or vegetarian restaurant. Ask students to share information about an upcoming physical activity or nutrition event in their local community. Post nutrition and physical activity events and information on the classroom

“community board” and add any events that students discover. Examples include notices about a family fun walk/run, an organized family bike ride, or cooking classes; fitness tips; and healthy recipes. Encourage students to enjoy the activities with family members, guardians, caretakers, and friends (2.1.8.N, Essential Concepts; 2.7.5.N, Practicing Health-Enhancing Behaviors).

Partnering with the Family

Good health begins with the entire family. Ask family members, guardians, and caretakers to share their favorite healthy recipes, including recipes reflective of their cultural or family traditions, for a class-created cookbook displaying all the shared recipes. Students decorate and title the cookbook. Each family receives a copy of the healthy class cookbook (2.8.1-2.N, Health Promotion).

Alcohol, Tobacco, and Other Drugs (A)

Second-graders have the cognitive ability to distinguish between helpful and harmful substances (including alcohol, tobacco, and other drugs) (2.1.1.A, Essential Concepts) and to identify refusal skills when confronted or pressured to use alcohol, tobacco, or other drugs (2.1.7.A, Essential Concepts). Establishing safe and healthy behaviors for the use of medicine and household products, and in response to the use of alcohol, tobacco, or other drugs, is important for a lifetime of healthy practices and accident prevention.

After exploring various reasons for using medicines such as curing, halting, treating, or preventing illnesses, students are able to distinguish between helpful medicines and harmful substances (2.1.1.A, Essential Concepts). Students identify that a drug is a chemical that changes how the body and brain work (2.1.3.A, Essential Concepts) by labeling an anatomy diagram that shows the ingestion pathways of the substance (esophagus, stomach, and liver). Various scenarios can be explored with students role-playing or practicing saying no, walking away from the situation, changing the subject, and then notifying a parent, guardian, caregiver, or trusted adult (2.1.7.A, Essential Concepts; 2.4.1.–2.A, Interpersonal Communication). Nonverbal communication skills can be introduced and also practiced at this age.

Some scenarios may include:

- You are at a friend’s house playing when your friend shows you an opened bottle of wine. Your friend drinks the wine, and then asks if you want some. What do you do?
- You are at school, and your friend’s older sister is smoking with her friends in the bathroom. They offer you and your friend an electronic smoking device to try. What do you do?
- You learn that your older brother is taking strange white pills from a prescription bottle with your mom’s name on it. When he takes the pills, he acts tired and silly. He tells you not to tell your parents, guardians, or caretakers that he is taking the pills. What do you do?
- Your best friend brings gummy bears in her backpack that she said her cousin gave her. She informs you that the gummy bears are “edibles” and have marijuana, or pot, in them. She asks you if you want to try one. What do you do?
- You and your best friend share everything. He asks if you would like to try his medicine. What do you do?

The scenarios can be facilitated by a school or public health nurse or onsite health services provider that the students know and trust. The school nurse or principal visits the class to talk about the rules for taking medicine at school. Students are encouraged to talk with their parents, guardians, or caretakers about the rules for taking medicine at home (2.1.5.A, Essential Concepts). Students are reminded that they should only take medication administered by a parent, guardian, caretaker, healthcare professional, or trusted adult (2.1.6.A, Essential Concepts). Empty, cleaned prescription bottles or photos of prescription bottles are used as examples. The purpose of childproof safety lids is explained to reinforce that students should not take medicines on their own.

Students learn that some household products (e.g., bleach, paint, laundry detergent; most cleaning products, insecticides such as “bug spray”) and personal products that they commonly use (e.g., shampoo or sunscreen) are harmful when ingested or inhaled (2.1.2.A, Essential Concepts). Some products may also have ingredients that harm the environment. Students use technology to search online for pictures of household products and other potentially harmful substances. The pictures are placed on one of two posters labeled *Safe* and *Unsafe*; a photo is taken

of the posters and then shared with parents, guardians, and caretakers. Students then make small red cautionary signs or stickers and ask their parents, guardians, or caretakers to place on the harmful products at home. The local poison control center may provide warning stickers in English and other languages. Teachers can contact the American Association of Poison Control Centers to locate a center near the school or obtain resources for instruction.

Partnering with Your School

Students create an informative health education poster or mural to be displayed on campus to identify refusal skills when confronted or pressured to use alcohol, tobacco, and other drugs (use a clear “no” statement, walk or run away, or change the subject) (2.1.7.A, Essential Concepts). Students in upper grades visit the class and provide an approved presentation avoiding alcohol, tobacco, and other drugs use.

Partnering with Your Community

Guest speakers from the local Poison Control Center may provide presentations to children on the dangers of ingesting or inhaling household products. Speakers from anti-tobacco use organizations in the community can talk to students about the health consequences of smoking and secondhand smoke (2.1.2.A, Essential Concepts; 2.1.4.A, Interpersonal Communication).

Partnering with the Family

Local governmental agencies or community organizations create brochures about the use of alcohol, tobacco, and other drugs, and the safe use of medicine, often in a number of languages, that can be shared with family members, guardians, and caretakers (Standard 1: Essential Concepts). With the assistance of the school nurse, teachers can obtain copies to send home with the students.

Mental, Emotional, and Social Health (M)

Second-graders are developing a greater sense of the world around them. They are more competent at identifying their feelings and what causes them, but still find it challenging to communicate what they are feeling (Hatley n.d.). According to the CASEL five competencies, as students continue with their early elementary

learning, their *self-awareness* is still limited (2019). For example, students may understand they are mad or sad but may not understand the more complex emotions they are experiencing, such as embarrassment or disappointment.

As they interact more with friends and peers, second-graders begin to develop *social awareness* and an introductory understanding of social and cultural norms and cues. Second grade is an opportune time for students to learn introductory goal-setting skills and how to self-regulate their emotions under the competency of *self-management*. As second-graders develop their *relationship skills*, they are learning the art of communication and the importance of relationships, such as making and keeping friends. As second-grade students begin to make more of their own decisions independent of their parents, guardians, or caretakers, particularly in school and during their interactions with peers, *responsible decision-making* (a skill that is not inherent) is introduced as the foundation of healthy behaviors and wellness practices that will be particularly useful in later grades.

Building on mental, emotional, and social health content ideally learned in kindergarten, such as identifying and expressing emotions and showing cooperation and respect, students continue to apply standards-based competencies to build positive mental health practices. Students are also more aware of how to identify and manage emotions than in earlier grades. They learn that mental and emotional health is one component of overall health by referencing the wellness wheel (image below). Wellness wheels are printed for students to reference or can be used in activities to identify various components of wellness (2.1.1.–2.M. Essential Concepts; 2.2.1.M, Analyzing Influences). Students identify a variety of emotions by referencing emotions charts for children that display happy, sad, worried, and other facial expressions. Teachers provide periodic or daily check-ins during which students identify their emotions using the charts provided and write in their journals or logs about how they are feeling and why. New emotions can be introduced by sharing a short vignette of a second-grader experiencing an emotion or reading a book that highlights a specific emotion, such as stress (2.1.1.M, Essential Concepts).

Wellness Wheel



Long Description of Wellness Wheel available at <https://www.cde.ca.gov/ci/he/cf/ch3longdescriptions.asp#chapter3link2>.

Source: Clarion University (n.d.).

In science, students learn that Earth events—for example, earthquakes or volcanoes—can occur quickly or slowly (California Next General Science Standards [CA NGSS] CA NGSS 2-ESS1-1), and that some changes caused by heating or cooling can be reversed (melting butter or freezing water) while some cannot (boiling an egg). In health education, students identify positive and negative ways of dealing with stress (2.1.9.M, Essential Concepts) and how to manage emotions appropriately in a variety of situations (2.7.1.M, Practicing Health-Enhancing Behaviors). This connection to science serves as a learning opportunity for students to compare when they have emotions of anger, frustration, or stress to an exploding volcano or earthquake.

Students learn that unlike a boiled egg, they can cool down just as hot water can. They learn to cool down by: (1) removing themselves from the situation; (2) taking many deep breaths with belly breathing; (3) talking about their stress with a peer, parent, guardian, family member, caretaker, or trusted adult; or (4) taking

a walk or listening to music to relax. They learn they should not hurt others, hurt themselves, hit or break things, or destroy property. Each student demonstrates an appropriate response in a role-play activity on what they will do the next time they are stressed or mad. Then, each student creates a page in an electronic-text format or by drawing and coloring a page for a collective book on ways to manage stress and anger (2.7.1.M, Practicing Health-Enhancing Behaviors).

Students create a collective book with individual page inserts of drawings and words that depict healthy ways to express affection, love, friendship, and concern (2.1.8.M, Essential Concepts) and the positive ways that peers and family members show support, care, and appreciation for one another (2.1.11.M, Essential Concepts). The pages are bound and shared on family–teacher night and with other classes.

Students solve different scenarios to demonstrate ways to express needs and wants appropriately and how to ask for help from a trusted adult or from friends (2.4.1.–2.M, Interpersonal Communication) to have those needs and wants met. Such scenarios require students to use a decision-making process to solve problems in situations where they feel threatened; they feel sad, depressed, or worried; someone is pressuring them to do something they do not want to do; or they are scared or worried about something or someone (2.5.1.M; Standard 5: Decision Making). Students can learn and practice this simple technique to ask adults for help (2.4.2.M, Interpersonal Communication) (Adapted from Telljohann et al. 2015):

- Say, “I need your help”
- In one sentence, tell what the person did or how they made you feel
- In one sentence, explain what you have done to solve the problem yourself
- Repeat, “I need your help”

Four-Step Decision-Making Process for Pre-Kindergarten through Second Grade



Long Description of Four-Step Decision-Making Process for Pre-Kindergarten through Second Grade available at <https://www.cde.ca.gov/ci/he/cf/ch3longdescriptions.asp#chapter3link3>.

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

Students in higher grades may serve models of responsible behavior by sharing when they had to overcome a challenging situation. If your school uses a restorative justice approach to handle conflicts, remind students about its principles and processes. It is important for students to practice conflict-resolution approaches before they are confronted by a situation involving fear, stress, anger, loss, or grief. Examples may be when a friend is doing something dangerous like playing with matches and fire or your parents, guardians, or caretakers are fighting and you are worried they will separate or divorce. Students learn to do the following:

- Define the problem
- Negotiate with the other person or talk to someone else regarding the situation
- Find a win-win solution

Students identify feelings and emotions associated with loss and grief by first sharing if they have lost a family member, friend, pet, or object. The teacher reads aloud the book, *My Yellow Balloon* (2014) by Tiffany Papageorge. The book tells a story about a young boy who loses his best friend, a yellow balloon, when it unexpectedly flies away. Students then draw and color their lost loved one or friend holding a yellow balloon. Students write a paragraph on how they identify with the book's character or how they felt in losing the person or pet and how they

will remember them. Other topics can be introduced in the same format such as a loved one receiving cancer treatment with *You Are the Best Medicine* by Julie Aigner Clark (2010) or *Tear Soup: A Recipe for Healing After Loss* by Pat Schwiebert and Chuck DeKlyen (2005) about a family's loss and the importance of memories as ingredients for healing. Other activities such as planting a memorial garden or tree; creating a memorial scrapbook or ornament; or a tissue box activity in which students make and decorate a tissue box to insert notes in remembrance of those they have lost can be incorporated (2.1.6.M, Essential Concepts). Teachers should be prepared to connect students to supportive resources, as this may be a triggering activity for some. Students are encouraged to discuss the activity at home with their parent, guardian, or caretaker to further process the experience.

Students learn that friends are not just people at school. Friends may be from the neighborhood, at places within the community, siblings, children of your caregiver, a “Big Brother” or “Big Sister” (of Big Brothers Big Sisters of America), family members such as cousins, or even pets. Students describe how to make a commitment to be a good friend (2.1.12.M, Essential Concepts; 2.6.1.M, Goal Setting) by writing a caption for an electronic photograph or drawing of themselves with a friend. They glue the picture on a paper large enough to write on and decorate. They list three or more ways they will be a good friend before decorating the paper. Students can also use technology to find, download, and print images of friends to create a collage on which they list ways to be a good friend.

It is important for students to learn the concept of setting personal boundaries at a young age. Students who learn about personal boundaries are better equipped to self-protect through the use of personal power, refusal skills, and being able to tell a trusted adult about harmful or emergency situations, such as abuse and inappropriate touching. Teachers guide students in identifying trusted adults, as not all adults are safe or “trusted.” Have students explain why it is important to talk about feelings with parents, guardians, caretakers, or trusted adults (2.1.1.M, 2.1.3.M, Essential Concepts; 2.7.1.M, Practicing Health-Enhancing Behaviors). Students may feel safe disclosing abuse if they have identified a number of trusted adults. Students often identify their teachers and other school staff as trusted adults. If a student discloses abuse or there is reason to suspect child neglect or abuse, teachers must follow mandated reporting laws. After filing the mandated report, teachers should follow school and district policies for next steps (see the [Mandated Reporting](#) section in the “Introduction” chapter for additional information).

In previous years, students began foundational learning about setting boundaries and appropriate and inappropriate touching. Second-graders continue to build on this knowledge and are ready to define boundaries and personal space. As students explore what it means to have boundaries, they can also identify examples of their own boundaries and practice enforcing those boundaries. One way to demonstrate the concept of boundaries is to use hula hoops to represent personal space. Students carry the hula hoop around their bodies to form personal space that cannot be entered by another person. This activity helps students visualize personal space and practice maintaining boundaries. Students walk around and try not to bump into other students' hula hoops. If students begin to bump into each other, pause the exercise and remind students to respect each other's boundaries. After the activity, students talk about how they felt when someone bumped into their hula hoop.

Teachers explain every person is different and desires different amounts of personal space at different times and personal boundaries can change, even for the same person, depending on the student's comfort level. Students should also be taught that the amount of personal space they prefer may vary from person to person. It is up to the student to decide what their comfort level is with each person. Students practice what they would do if they feel uncomfortable or are hurt by someone else, such as tell a trusted adult (2.4.2.M, Interpersonal Communication). If hula hoops are not available, students may also stretch out their arms to create personal space around their bodies. Second-graders may be familiar with the phrase "stand an arm's length away" from other classroom activities and can use the same idea to communicate personal space.

Students can follow this boundary activity with a worksheet that identifies personal boundaries and how touch boundaries might be different with different people. Using the worksheet, students can identify people in their lives and circle which forms of touch they are comfortable giving to or receiving from that individual.

Sample Worksheet for My Body, My Boundaries

My Body, My Boundaries

<p>Family _____ <i>Example: Mom (Parent)</i></p> <p>Hug</p> <p>Kiss</p> <p>Handshake</p> <p>High Five</p> <p>Thumbs up</p> <p>No touch</p>	<p>Family _____ <i>Example: Chris (Sibling)</i></p> <p>Hug</p> <p>Kiss</p> <p>Handshake</p> <p>High Five</p> <p>Thumbs up</p> <p>No touch</p>
<p>Adult _____ <i>Example: Ms. Smith (Teacher)</i></p> <p>Hug</p> <p>Kiss</p> <p>Handshake</p> <p>High Five</p> <p>Thumbs up</p> <p>No touch</p>	<p>Friend _____ <i>Example: Jaime</i></p> <p>Hug</p> <p>Kiss</p> <p>Handshake</p> <p>High Five</p> <p>Thumbs up</p> <p>No touch</p>

Long Description for Sample Worksheet for My Body, My Boundaries available at <https://www.cde.ca.gov/ci/he/cf/ch3longdescriptions.asp#chapter3link4>.

These activities can serve as lead-ins to discussions about appropriate touch and healthy relationships. Students can understand that a *relationship* is how any two people are connected and can include relationships with family, friends, caregivers, classmates, neighbors, and teachers. As students build relationship and decision-making skills, they learn that healthy relationships begin with respect. Through teacher-led discussions, students define respect and consider about what it means to respect another person, including asking before entering another person’s personal space. A healthy relationship is when both people who are connected respect each other—students respect parents, guardians, caretakers, teachers, and classmates, and in return respect is returned to oneself. This understanding is the first step in forming healthy relationships. *Asha’s Mums* by Rosamund Elwin and Michele Paulse (1990) is a book that can be used to demonstrate respect for individuals and groups.

Fostering healthy relationships can also encourage students to work and play cooperatively (2.1.10.M, Essential Concepts). Students may develop more meaningful relationships with peers and friends, which may also result in cliques and some classmates feeling excluded. Teachers need to remind students about respecting others and that healthy relationships are important to maintaining positive health. This includes objecting to teasing and showing respect for individual differences (2.1.7.M, Essential Concepts; 2.7.2.M, Practicing Health-Enhancing Behaviors; 2.8.1.M, Health Promotion). During class discussions, students share how they might feel if they are teased or bullied. A book to illustrate the impact of teasing and the importance of acceptance is *Yoko* by Rosemary Wells (1998). Another option is *Something Else* by Kathryn Cave (1998). Students understand that teasing and bullying can negatively impact the mental, emotional, and social health of themselves and others and can explain what it means to be emotionally or mentally healthy (2.1.2.M, Essential Concepts).

Partnering with Your School

Students promote an anti-bullying environment in their school by coloring and decorating blank puzzle-piece diagrams that are then connected together with the slogan, “We All Fit In Here” at the top. Students distribute small puzzle pieces to other students who have been told what the puzzle pieces represent (ideally students in other classes and grade levels) during recess, lunch, and after school when they observe someone being kind to another person. Students are reminded

bullying can occur online as well as face-to-face, and the school has rules against all forms of bullying (2.1.7.M, Essential Concepts; 2.8.1.M, Health Promotion).

Partnering with Your Community

Students learn that there are important community resources for both students and adults with mental health challenges. They become aware that, if someone is feeling sad, they can obtain assistance from a trusted adult to see a therapist or locate free services in the community. Students meet a school counselor or school psychologist by inviting him or her to speak to the class about the job responsibilities and the importance of providing support for those who are experiencing unsettling emotions or challenges (2.3.1.–2.M, Accessing Valid Information).

Partnering with the Family

Students share their Wellness Wheel with their family, guardian, or caretaker and discuss ways to stay healthy in each of the seven dimensions of health. Teachers identify and make available to parents, guardian, and caretakers the people, agencies, and resources that can provide support for different sections of the Wellness Wheel (2.2.1.M, Analyzing Influences).

Third Grade

Third grade is an important year for most children as their personal wellness practices, health behaviors, and life skills such as study habits are being established—these skills will last a lifetime. At this grade level, the majority of eight- and nine-year-old students who are transitioning to the upper elementary grades are developing greater textual analysis skills and may have an increased ability to think critically and support their ideas with evidence. Their ability to write structured texts that are longer and more detailed, learn more complex vocabulary, and organize information is generally improving. Students this age are typically competent readers and read multiple-chapter books about a variety of subjects, books in a series, and books with more fully developed characters (Ackerman and Kloss 2019b). Most third-grade students are also becoming proficient in using technology to research, write, and apply what was learned from the research (Great Schools 2012). For example, students research online how to plant a vegetable garden, then summarize their findings in a written “how to plant a vegetable garden” paper, and finally, they apply their learning by actually planting a garden. Physically, most children’s gross and fine motor development are almost fully developed at this age and will continue to be refined as growth continues (Wood 2007).

Third-graders typically enjoy and seek the approval of their friends, are motivated by a sense of achievement, have increased curiosity and interest in exploration, and begin to reveal a moral consciousness (Marotz 2015). Third-grade students learn about personal growth and development that is occurring within their own bodies and the cycle of birth, growth, aging, and death; the benefits and importance of mental, emotional, and social health; continued strategies for positive health practices; how to distinguish between communicable (infectious) and noncommunicable (chronic) diseases; and ways to protect and preserve the environment. Students discover that there are many ways they can improve the local environment, such as planting a school garden which produces vegetables that are part of healthy eating. This discovery allows them to recognize that decisions they make about activities like composting waste and saving water can affect the health of the natural world and their community’s environment (California Education and the Environment Initiative 2019, Principle V).

Three of the six content areas are covered in the third-grade health education standards: Growth and Development; Mental, Emotional, and Social Health; and Personal and Community Health. All eight overarching standards are addressed in

third grade when instruction includes all three content areas. When appropriate for students' needs and interests, teachers are encouraged to incorporate content areas for which there are no standards in grade level three.

Growth and Development (G)

Generally, third-grade students are excitable and inquisitive, and are gaining a greater sense of empathy, social awareness, and the importance of providing appropriate responses to others (Ackerman and Kloss 2019b). Students this age may be interested in sports and organized physical activities such as dance, martial arts, gymnastics, and swimming. Third-grade students also typically take interest in leisure and recreational activities such as music, riding a bicycle, or skateboarding, and they may participate in organized activities (Marotz 2015).

Students are generally eager to continue learning growth and development concepts that were introduced in kindergarten and first grade. However, they are typically ready to learn more complex concepts related to growth and development including how the body functions (3.1.3.G, Essential Concepts), what type of behaviors promote growth and development (3.5.1.G, Decision Making; 3.7.1.G, Practicing Health-Enhancing Behaviors), and the human life cycle from birth to death (3.1.1.G, Essential Concepts). Third-graders also discover how best to communicate with parents, guardians, caretakers, and trusted adults regarding growth and development (3.3.1.G, Accessing Valid Information; 3.4.1.G, Interpersonal Communication).

In science, students learn that organisms have unique and diverse life cycles but all have in common birth, growth, reproduction, and death (California Next Generation Science Standards [CA NGSS] CA NGSS 3-LS1-1). Students also use evidence to support that traits can be influenced by the environment (CA NGSS 3-LS3-2) and that those traits can be influenced by changes to the environment caused by human activities (California Education and the Environment Initiative 2019, Principle II). As students learn about the life cycle of birth, growth, aging, and death in living things, they also learn that one's environment can have an impact on various stages of the life cycle. These connections to growth and development provide opportunities to apply knowledge in science to health education as students compare the human life cycle to other animal life cycles. Integrated science and health education activities demonstrating the human life cycle are featured below (3.1.1.G, Essential Concepts).

Students discover milestones typically associated with the human life cycle. The following age ranges are posted on large poster paper around the room:

- Infant: birth to one year old
- Toddler: one to three years old
- Child: four to ten years old
- Adolescent (teenager): eleven to eighteen years old
- Young adult: nineteen to thirty-nine years old
- Middle-aged adult: forty to sixty-five years old
- Older adult: sixty-six years old and older

Students first reflect and may even list which family members, friends, or other adults they know are in each of the various stages of life. Teachers provide students a list of common developmental and life milestones, such as: learning to talk, walk, read, write, ride a bike, and drive; going to middle and high school; graduating high school; getting a job; learning a trade; attending and graduating college and graduate school; voting for the first time; enjoying a career; taking a first trip to another country; getting married; raising children; retiring from work; aging and having grandchildren. Students are encouraged to add other milestones to the list. After discussion in pairs or small groups, students select an age range for each milestone. The entire class then discusses the idea that some people encounter these milestones at different times or not at all and that not everyone's milestones will look the same. Students may note, for example, that some milestones may look different for someone with a learning or physical disability (for example reading or riding a bike). They also explore what milestones they are or are not looking forward to and why. Students are encouraged to then share what they learned from this activity with their parents, guardians, caretakers, or other adults by asking them to share the growth and development milestones they are looking forward to (3.4.1.G, Interpersonal Communication). An extension of this activity provides the student with an opportunity to interview their parent, guardian, caretaker, grandparent, or other adult regarding how that person feels about aging, retirement, and growing older (3.3.1.G, Accessing Valid Information) (adapted from PBS Learning Media 2019a).

Students complete question stems on major lifecycle events and discuss their answers in small groups. A group notetaker shares with the entire class what their group discussed. Students then write a reflective summary on the discussion.

Question stems may include:

- As a baby or toddler, my parents, guardians, or caretakers told me I was ...
- Being in third grade is ...
- I am excited to be a teenager because ...
- A good thing about being an adult ...
- Something that is scary about being an adult is ...
- Older people like my grandparents or my neighbor ...
- An important thing about death is ...

Accessing free videos from medically accurate resources, third-grade students view the life cycle of various living things. Students can research online or via the school's library and write a paper comparing and contrasting life cycles. Student research topics could include: which animals lay eggs; which animals breastfeed like human babies; which animal species live for very short periods of time; and which animals live shorter or longer lives than humans. Students can also write short reports on suggested readings such as *Tom, Johnny, and the Growing Arm Bone* by Anat Shabi (2016) (3.1.1.G, 3.1.2.G, Essential Concepts; this activity also supports third-grade students in writing informative/explanatory texts consistent with the California Common Core Standards for English Language Arts/Literacy [CA CCSS for ELA/Literacy], CA CCSS ELA/Literacy W.3.2).

Students recognize there are individual differences in growth and development (3.1.2.G, Essential Concepts) by first learning most babies are about 19–21 inches long at birth. In preparation for the activity, students ask their parent, guardians, or caretakers their length at birth. If unknown, students can use 18 inches. Working in pairs, students first measure and mark on large vertical paper their birth height using a tape measure. Students then measure their current height and display their measurement next to their birth height, calculating how much they have grown since birth. Students then work collectively to compare how much they have grown in height and creatively display the class measurement findings anonymously in pie charts, line plots, or bar graphs. The teacher shares that all humans grow at their own pace and differences in growth and height are normal (this activity can be connected to the standards CA CCSS for Mathematics 3.MD.3–4 and CA NGSS 3-LS1-1). Using reliable websites, students research and identify various factors that impact human growth. Factors such as heredity, nutrition, and hormones related to growth spurts may be identified (3.1.2.G, Essential Concepts).

In third grade, students are excited to learn about their external and internal body parts and their functions (3.1.3.G, Essential Concepts). Internal systems such as the muscular skeletal, respiratory, and digestive systems, along with key organs such as the heart or brain, are explored by drawing life-size body outlines on large pieces of paper. Students then research where each major body part is located. To not overwhelm the students, teachers focus instruction on select major anatomical organs such as the heart, brain, lungs, stomach, liver, large intestine, or small intestine. Students then creatively draw, color, and label their body parts and write one fact about how each body part works. Students then decorate their diagram with features such as hair, eyes, nose, mouth, and nails and post around the room. A banner displaying, “We celebrate our differences and our likenesses,” or other similar statements, offer encouragement for peers to respect individual differences in growth and development (3.8.1.G, Health Promotion). Teachers can integrate students’ knowledge of the internal and external organs and physical differences when providing content on nutrition and physical activity in addition to describing how each organ functions during select activities.

Students work in small groups to research and create a trivia game based on their assigned body system. For example, “Q: What is the largest organ?” “A: Your skin.” Students also create songs, poems, or hip-hop rhymes to explain functions of various organs. Integration of art and science instruction is encouraged as students trace, color, and label various body parts. Activities that integrate these important body systems referencing the literary resources mentioned above can also be explored (3.1.3.G, Essential Concepts; this activity also supports CA CCSS for ELA/Literacy W.3.10 for third grade students in writing). Students this age are also highly interested in the digestive and reproductive organs. When providing instruction on sexual and reproductive organs, teachers can introduce the concept that gender does not always match the sexual and reproductive organs described. For example, teachers may share, “In the classroom, we may use the term ‘female reproductive organs,’ but some people who identify as male have these organs.” The actual anatomical name for organs is utilized.

Educators should inform parents, guardians, or caretakers and students before implementing the following activity to ensure there are no food allergy or other eating-related issues that must be taken into consideration when planning and implementing activities that involve tasting food. Students can explore various senses such as taste. Using an anatomical diagram of the tongue, students first label the major components of the tongue and then map where salty, sweet, bitter,

and sour are located by dabbing a Q-tip with diluted samples of saltwater, sugar water, vinegar, and unsweetened grapefruit juice on their own tongue. Sight is then explored by labeling the anatomical structure of the eye. Sample eye-test charts, braille books, and eyeglasses are provided for students to explore. Next, students explore hearing, diagramming the anatomical structure of an ear. They identify sounds by hearing various noises at different volumes while their eyes covered. Students learn that smell is an important sense and the nose is also an important sensory organ for taste and even safety. Students first label the major anatomical components of the nose. They then smell various extracts such as lemon, cinnamon, or mint on a cotton ball and identify the mystery scent.

This activity provides students with an opportunity to learn that some people are unable to see (blindness), or have very poor vision, even with glasses (severe visual impairment). Some are able to see well with glasses or contact lenses. Braille books allow blind people to feel words for reading, rather than see them. Just like with vision, some students have hearing loss or cannot hear at all (deafness). These students may wear hearing aids and have other special equipment in the classroom, such as speakers or FM systems worn by the teacher, to hear well. Students then write a paper on the function of one identified sensory organ. Students are then able to identify the major internal and external body parts and their functions (this activity also supports CA CCSS for ELA/Literacy for third-grade students in writing).

Around ages eight or nine, most students understand the finality of death and begin to conceptualize that it is something that happens within the body. Although students this age understand that death is universal and happens to each person and all other living things, they may still consider death to be associated with elderly people. Death is also an important part of the life cycle that students encounter at some point. Comprehensive curriculum on the life cycle ideally includes a few assignments on death and dying to enable students to process this important stage. Note that teachers should never insert their own opinions on death and dying or use euphemistic or religious verbiage or language. Teachers should inform families before engaging in discussion or instruction on death and dying, as some students may experience memories or strong emotional responses.

Students recall a person or a pet that was close to them who died. If students have not experienced personal loss, they may consider someone famous who they were fond of who died. Students write a letter to the person or pet who has died.

The letters include how they felt when the death occurred, what they miss about the person or pet, what they would want to say to the pet or person, and how they will remember the person or pet. Each student indicates on the back of their letter if they are comfortable with the teacher sharing their letter out loud. The teacher shares only the letters of students who are comfortable. An extension of this assignment may be to make a memory book of the loved one who has died (Telljohann et al. 2015). Other activities such as writing a poem, selecting a tribute song to be played for the loved one, planting a memorial garden or tree, decorating a T-shirt, or an art project such as a painting can be incorporated.

Teachers should be prepared to connect students to supportive resources as this may be a triggering activity for some. Teachers, school counselors, social workers, or school psychologists can acknowledge and affirm student’s feelings of sadness, grief, or disappointment and even happy memories that may arise. Students are encouraged to discuss the activity at home with their parent, guardian, or caretaker to further process the experience (3.1.1.G, Essential Concepts; this activity also supports CA CCSS for ELA/Literacy W.3.10).

In the classroom example below, students discover how healthy behaviors promote healthy growth and development. Additional learning activities for growth and development follow the classroom example.

VIGNETTE

Classroom Example: 12 Weeks of Health

Purpose of the Lesson: Students are learning more about their growth and development. By engaging in 12 weeks (three months) of healthy behaviors, they learn a variety of strategies for promoting healthy growth and development.

Standards:

- **3.5.1.P** Examine why a variety of behaviors promote healthy growth and development (Accessing Valid Information).
- **3.7.1.P** Determine behaviors that promote healthy growth and development (Practicing Health-Enhancing Behaviors).
- **3.2.1.P** Explain how individual behaviors and one’s family and school influence growth and development (Analyzing Influences).

Supplies:

- Index cards or writing paper
- Short, free health videos on nutrition, physical activity, and growth and development
- Log books (optional)

Lesson Narrative:

Students in Ms. D's class are learning about how their bodies grow and develop, and they are achieving a greater understanding of how their actions influence their lives. Ms. D would now like students to discover new health practices to support positive growth and development and a lifetime of good health.

To prepare for this activity, Ms. D first asks students, "What are some ways we can be healthy?" and, "What we can do to support our growing bodies including developing healthy muscles and bones?" Students share their responses. Some of the responses are drinking water, eating vegetables and fruits, not drinking soda, riding a scooter or skateboard to school while wearing a helmet, remembering to use their asthma inhaler or other medically prescribed medications when needed, brushing their teeth at least twice a day, washing their hands, getting plenty of sleep, recycling plastics and aluminum at home, or following traffic laws and looking both ways when crossing the street. Ms. D then shows students a health video, shares various photos of children engaging in healthy actions, or has students read an article on healthy behaviors.

Students then write as many healthy behaviors and practices as they can think of on index cards or paper, one per card or piece of paper. Ms. D reminds students that ideas should be fairly simple and general enough so everyone can accomplish the activity at home, in the community, or at school. Students anonymously submit their ideas. Each Monday, Ms. D removes an index card or paper and reads the healthy behavior or practice that the class will engage in for that particular week, and how the behavior or practice supports growth and development. Ms. D is considerate of any students with physical disabilities and those who may be on medically specialized diets and suggests modifications to the behavior or practice.

Students learn that the behavior or practice is a goal. How students specifically accomplish the goal is up to them. Students may want to share with the class what they plan to do to reach that goal. Students track their weekly progress for each new goal by logging the frequency and duration of their activity in their

log books. Each month the frequency of and hours spent in their activities are totaled in students' log books and then submitted to Ms. D. Students compare their monthly log with their previous month by subtracting the previous month from the new month and showing the difference of their new additional hours in a separate page of their log book. At the end of the three months, students are surprised not only by the variety of healthy activities they have tried and participated in, but also by the amount of time they have spent enjoying various healthy activities to support their growth and development.

SNAPSHOT

Growth and Development Learning Activities

Essential Concepts: 3.1.3.G Identify major internal and external body parts and their functions

Personal and Community Health: 3.1.4.P Identify life-threatening conditions (e.g., heart attacks, asthma attacks, poisoning). Standard 3-3.5.S: Demonstrate how to dial 9-1-1 or other emergency numbers and how to provide appropriate information.

Heart Adventure Challenge Course

Students identify the major internal and external body parts and their functions. Students research the function of each component of the heart and how to strengthen their heart. Students are led through a short obstacle course with heart-strengthening activities. Students are challenged to use the obstacle course throughout the school year. As an extension of this activity, students take their heart rate following the activity or recess, or wear a pedometer or use a pedometer app to track their steps. An optional discussion that sometimes there are heart emergencies when the heart stops and needs to be restarted can be introduced including a review of 9-1-1 protocol, how to call for help, and how CPR can help keep a heart beating until medical personnel help arrives.

Essential Concepts: 3.1.3.G Identify major internal and external body parts and their functions.

Acronym Fun

Students identify the major internal and external body parts and their functions by creating an acrostic poem (a poem where the first, last, or other letters in a line spell out a particular word or phrase) to remember the various body systems and functions. A word bank is posted of the key terms for the students to see before the activity begins. Students choose which body parts to include in their poem and are not expected to include every part they have learned about.

Essential Concepts: 3.1.3.G Identify major internal and external body parts and their functions.

Group Skeletal Puzzle

Students identify the major bones of the skeletal system and their primary function. After instruction and their research activities, students create a large skeletal system by connecting and properly labeling the bones in the correct order. Bone shapes can be printed from online sources or resources like Halloween skeletons can be used.

Essential Concepts: 3.1.2.G Recognize that there are individual differences in growth and development.

Decision Making: 3.5.1.G Examine why a variety of behaviors promote healthy growth and development.

Practicing Health-Enhancing Behaviors: 3.7.1.G Determine behaviors that promote healthy growth and development.

My Growth and Development Influences

Students examine behaviors that promote healthy growth and development by researching how one's individuality, living situation, and school impact their growth and development. Examples may include eating healthy foods that contain proper nutrients such as calcium for healthy bones, or obtaining the proper amount of sleep ensures one's brain is healthy and ready to learn. Students then identify one behavior they plan to incorporate into their lives

to support their growth and development. The information found can be displayed in a creative way such as infographics or posters that promotes health-enhancing behaviors.

Essential Concepts: 3.1.1.G Describe the cycle of birth, growth, aging, and death in living things.

Essential Concepts: 3.1.2.G Recognize that there are individual differences in growth and development.

Decision Making: 3.5.1.G Examine why a variety of behaviors promote healthy growth and development.

Class Pets and Plants

Students recognize that there are individual differences in growth and development by enjoying, interacting, and caring for class pets such as fish, hermit crabs, turtles, guinea pigs, hamsters, rabbits, bearded dragons, or other lizards. Plants also provide a care-taking opportunity for children. Seeds can be planted in containers and grown under grow lights or bright windows in the classroom. Students can be empowered to choose which pets the classroom adopts by voting and collectively naming and caring for the pet. Students also enjoy collecting research data on a hypothesis or predictor of what will occur with the plant or animal as it grows and develops over time. In teams, students create a care guide for the class pet that includes the nutrition and physical activity needs of the pet to connect life science with health. Teachers should consider students with possible allergies and check school or district policy. Students are encouraged to write informational texts about the classroom pet (this activity connects to science standard CA NGSS 3-LS1-1).

Essential Concepts: 3.1.3.G Identify major internal and external body parts and their functions.

Our Digestive System

Students first learn to identify the major internal body parts and their functions of their digestive system by watching a short video on the digestive track. They learn that the digestive track moves food through their body and that nutrients like fiber, calcium, and protein are absorbed as they digest food. Students then research online and label the major parts of the digestive track used for food

digestion, writing a short description for each. As a fun follow up activity, they form a line and pass a healthy packaged snack to one another to signify each organ that contributes to the digestive track beginning with the teeth, tongue, throat, pharynx, esophagus, stomach (liver, gallbladder, pancreas work alongside stomach), small intestine, and large intestine. Similar to a progressive memory game, as the snack is received, the student has to recall each previously stated body part and then state the addition of their assigned body part until all parts of the digestive track are named. Creative options can be added such as the pancreas stating, “Too much sugar is hard on me!” Students then enjoy their healthy snack. Teachers should consider students with possible food allergies and check school or district policy.

Partnering with Your School

Students can promote campus-wide awareness on how to show respect for students with individual differences by creating posters, flyers, or other creative mechanisms showing friends of different backgrounds and abilities. A creative slogan, such as *We Are All One*, is developed by the students as part of the event.

Partnering with Your Community

Students examine a variety of behaviors that promote health by participating in an American Heart Association Jump Rope for Heart event or Dance-A-Thon at school. Students distribute heart health education as part of the community event and fundraiser (3.5.1.G, Decision Making; 3.7.1.G; Practicing Health-Enhancing Behaviors).

Partnering with the Family

Students initiate conversations on growth and development with parents, guardians, caretakers, or trusted adults by interviewing them and asking what they remember as some of their milestones in growing up, such as *the first time they learned how to ride a bike; were they taller, the same, or shorter than the other children in school and how it made them feel; or how they feel about aging and retirement*. Educators should be sensitive to and aware of foster or displaced children who may have not spent much of their lives with a current family member. In this situation,

students can interview a teacher, the principal, a school counselor, a family friend, or another trusted adult. Students write a report on their interview findings and share their interviews with classmates (3.3.1.G, Accessing Valid Information; 3.4.1.G, Interpersonal Communication).

Mental, Emotional, and Social Health (M)

Most third-graders are very inquisitive and excitable. Many third-grade students are progressing from having a limited sense of social awareness to a greater sense of how their actions impact others. They are generally discovering how to provide more socially acceptable, appropriate responses; are able to be self-critical; and assume some responsibility for their actions. Often impressed with themselves, they actively seek praise from teachers and family members, guardians, and caretakers (Myren n.d.).

Third grade is an important time of personal and social growth for most students. According to the CASEL five competencies, as students enter late elementary they begin to have greater *self-awareness* and further understanding their range of emotions and what causes them (2019). *Social awareness*, the ability to understand and respect the perspectives of others, is developing, allowing students to better manage and control their emotions when interacting with their peers. Third-graders are developing *self-management* so activities such as setting goals can be well received. As third-graders develop their *relationship skills*, they are focusing on friendships. *Responsible decision-making* (a skill that is not inherent) at this grade sets the foundation for a lifetime of healthy behaviors.

Building on mental, emotional, and social health content ideally learned in prior grades such as identifying emotions, demonstrating cooperation and respect, and knowing how to ask for help for mental and emotional needs, students continue to apply standards-based competencies to build positive mental health practices. Role-playing, modeling, and performance–feedback approaches and case studies are effective for learning mental health content as they engage the interest of students and elicit skill application. Students problem-solve different complex scenarios to different complex scenarios where it is important to seek help or assistance from a trusted adult. Such scenarios require students to problem-solve in situations where they feel threatened; they feel sad, depressed, or worried; someone is pressuring them to do something they do not want to do; or they are scared or worried about something or someone (3.3.1.M, Accessing Valid

Information). Students use this simple technique to ask adults for help (Telljohann et al. 2015; 3.5.2.M, Decision Making):

- Say, “I need your help”
- In one sentence, tell what the person did or how they made you feel
- In one sentence, explain what you have done to solve the problem yourself
- Repeat, “I need your help”

Students in higher grades may serve as models of responsible behavior by sharing when they had to overcome a challenging situation. Students may enjoy creating their own scenarios for various role-playing activities in which responsible decision-making skills can be applied (3.4.2.M, Interpersonal Communication; 3.5.1.M, Decision Making). It is important for students to practice conflict-resolution approaches before they are confronted by a situation involving fear, stress, anger, loss, or grief (3.7.1.M, Practicing Health-Enhancing Behaviors). Examples may be anger and hurt from a conflict with a friend, or experiencing stress when parents, guardians, or caretakers leave you with a babysitter for the night. Students learn to:

- Define the problem
- Negotiate with the other person or talk to someone else regarding the situation
- Find a win-win solution

Five-Step Decision Making Process for Grade Levels Three Through Five

The Model



Long Description of Five-Step Decision Making Process for Grade Levels Three Through Five available at <https://www.cde.ca.gov/ci/he/cf/ch3longdescriptions.asp#chapter3link5>.

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

Third-grade students are approaching early adolescence and have a greater understanding of self and others, including individual differences (3.1.2.G, Essential Health Concepts; 3.4.2.G, Interpersonal Communication). This awareness helps students better identify emotions, build healthy social behaviors, and think critically about influences on growth and development (3.2.1.G, Analyzing Health Influences; 3.5.1.G, Decision Making; 3.7.1.G, Practicing Health Enhancing Behavior). Third-grade students are highly interested in peer relationships and friendships and care more about how they are viewed by peers than in earlier grades. Because of this developmental stage, students are more aware of individual differences and the influences that shape perspectives about personal characteristics. It is a critical time for students to learn the importance of rejecting teasing and bullying (3.8.2.M, Health Promotion) and promoting a positive and respectful school environment (3.8.1.M, Health Promotion).

Students may differ in physical appearance, gender expression, activity preferences, ability, and behavior. It is important to create an inclusive and welcoming environment for all students and to encourage peers to show respect for others regardless of these differences (3.8.1.G, Health Promotion). Through this kind of learning environment and modeling of respect, students will also be able to demonstrate the ability to support and respect people with differences (3.8.3.M, Health Promotion). This is also important for helping students learn how to build and nurture healthy relationships (for additional information on creating an inclusive learning environment, see the [“Access and Equity”](#) chapter).

Because third-graders have been learning about personal boundaries, consent, bullying, gender, and healthy relationships since kindergarten, they should be familiar with these concepts. As students’ cognitive abilities advance, so does their level of understanding and ability to practice health-enhancing behaviors. Students in third grade are ready for a more advanced discussion about boundaries to help them think critically and understand the importance of personal boundaries for privacy, safety, and expression of emotions (3.1.4.M, Essential Health Concepts). If willing, students can share examples of personal boundaries after they participate in an activity in which they identify and list some examples of their own personal boundaries. Before the activity, teachers explain that boundaries can refer to touch, types of play, types of conversations, and time spent with another person. For example, a student may identify a boundary as being comfortable talking about their feelings with a parent, guardian, or caretaker. Another example could be that a student identifies being uncomfortable hugging neighbors.

A possible worksheet could include:

- With my friends, I am comfortable/uncomfortable (*circle one*)
- With my parents, guardians, or caretakers I am comfortable/uncomfortable (*circle one*)
- With my siblings, I am comfortable/uncomfortable (*circle one*)
- With my neighbors, I am comfortable/uncomfortable (*circle one*)
- With my teacher, I am comfortable/uncomfortable (*circle one*)

Students who are able to identify their personal boundaries are more likely to enforce them, which is a self-protective skill. Students partner with a classmate and practice how to communicate directly, respectfully, and assertively regarding personal boundaries (3.4.1.M, Interpersonal Communication). This skills practice allows students to learn not only how to communicate about their own boundaries, but also how to communicate about and respect the personal boundaries of others.

In second grade, students conceptualize personal boundaries through the use of a hula hoop. In third grade, students discuss how those boundaries can vary with different people and different situations. For example, Jose might feel comfortable giving his parents, guardians, or caretakers a hug but does not feel comfortable hugging his older brother. Boundaries are also flexible, meaning Jose might want to hug his older brother sometimes but not always. Students explore examples of flexible boundaries which can be demonstrated through the use of jump ropes or another form of rope. Students can lay the jump rope on the ground around them in the form of a circle, making it wider or smaller depending on their boundaries.

Teachers ask students questions about their boundaries and instruct them to adjust their personal boundary circle accordingly. The teacher may explain that the jump rope represents boundaries and ask, “What are your boundaries for hugs? Do you have a big boundary and need a lot space? This means that you might only be comfortable with hugs from a small number of people. Or, do you have a smaller boundary and you’re comfortable with hugs from lots of different people?” Teachers should demonstrate how the boundary space changes as they explain the question. Similarly, teachers can also ask about students’ boundaries regarding sharing their name with others, playing with classmates on the playground, and sharing feelings with others, for example.

It is important for students to understand that only they can change their boundaries and if their boundaries are crossed, they should tell a trusted adult. Students can also practice communicating and enforcing their boundaries with one another. Classmates can take turns responding to each other as though the other student had crossed a boundary line, which offers an opportunity to practice communicating the need for boundaries to be respected through verbal and nonverbal communication.

When discussing trusted adults, students remember from previous learning that not all adults are considered safe or “trusted,” and think critically about how to identify trusted adults. Students are able to further identify and access trusted adults and resources at home, at school, and in the community that can help with social, emotional, and mental health concerns (3.3.1.M, Accessing Valid Information). Teacher-led discussions provide opportunities for students to evaluate situations in which a trusted adult should be asked for help (3.5.2.M, Decision Making). Some examples include discussing inappropriate touching, bullying, or feelings of discomfort about specific individuals.

Students learn that in these situations, they can ask for help from a trusted adult. When discussing telling an adult, teachers help students understand the difference between “telling” and “tattling.” *Tattling* only gets someone in trouble, but *telling* can get someone out of trouble. Ask students to think critically about the difference and provide examples. If a student discloses abuse or there is reason to suspect child abuse or neglect, teachers must follow mandated reporting laws. After filing the mandated report, teachers should follow school and district policies for next steps (see the [Mandated Reporting](#) section in the “Introduction” chapter for additional information).

Students in third grade learn more about healthy relationships, including the benefits of having positive relationships with family and friends (3.1.3.M, Essential Health Concepts). Building positive relationships also helps develop support systems, which students can rely on if they need to tell a trusted adult or friend about uncomfortable or threatening situations (3.3.2.P, Accessing Valid Information).

Threatening situations may extend beyond in-person interactions, and students in third grade should be made aware of internet safety. Third-graders may begin utilizing online resources more for research, other school assignments, and recreational purposes. Students learn the school rules for internet use and can

explain the rules are meant to help protect students from online dangers, and also to prevent cyberbullying. With the teacher facilitating, students discuss “netiquette” and the importance of using the internet for good purposes. Some third-graders may also have access to social media. Students respond to hypothetical questions posed by the teacher to generate critical thinking about potentially dangerous situations they may encounter online. Some examples include:

- What would you do if someone online asked for your name or address or to send a photo?
- What would you do if you saw or read something online that made you feel scared or confused?
- What would you do if someone was being mean or rude to you online?
- What would you do if noticed someone was being mean or rude to another person online?

With instruction, students learn that in these kinds of situations, they should always talk to or tell a trusted adult. Students should also be aware of how their actions online could impact others. When discussing bullying and encouraging students to promote a positive and respectful school environment, teachers explain that this also applies to internet usage and behavior online and through social media. Students are encouraged to reject bullying and teasing of others and to report any kind of bullying behavior to a trusted adult. Students can create a contract for internet safety that includes telling a trusted adult in specific situations and a commitment to be kind to others.

Two useful resources for internet safety are the *Model School Library Standards for California Public Schools, Kindergarten Through Grade Twelve* and <https://www.cde.ca.gov/ci/he/cf/ch3.asp#link1>, a program of the National Center for Missing & Exploited Children that includes age-appropriate printouts and guidelines (California Department of Education 2011b). Additional learning activities are found below.

SNAPSHOT**Mental, Emotional, and Social Health Learning Activities**
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Interpersonal Communication: 3.4.1.M Demonstrate how to communicate directly, respectfully, and assertively regarding personal boundaries.

Repeat, Refuse, Alternative

Students demonstrate how to communicate directly, respectfully, and assertively regarding personal boundaries by practicing using two different techniques for communicating about personal boundaries. **Option 1:** Repeat the refusal using eye contact. **Option 2:** Suggest an alternative activity to what is being suggested. Prompts may include:

- I will repeat ...
- I will refuse by ...
- I may suggest the following alternative or other activity or option ...

Students work in small groups to role-play various scenarios presented on index cards or paper. Students practice what to say when they are stressed or concerned about something. The teacher or selected student(s) demonstrates each technique first, then the students practice communication skills in small groups.

Practicing Health-Enhancing Behaviors: 3.7.1.M Evaluate effective strategies to cope with fear, stress, anger, loss, and grief in oneself and others.

Helping Myself, Helping Others

Students evaluate strategies to cope with fear, stress, anger, loss, and grief in oneself and others by reflecting on and listing what they do when they feel stressed, worried, angry, or sad. Options for responses to emotions can also be explored via valid online resources. Students then explore how to help others who are feeling fearful, stressed, worried, or sad. Suggestions are provided by the student, such as talking to a trusted adult about their feelings, exercising, listening to music, taking deep breaths before reacting, or reframing the challenge or disappointment by setting a new goal. Students evaluate which activities they find effective and would use. Students are encouraged to keep their list in their health journal or folder to reference when they feel any of the emotions discussed. Activities may be voluntarily practiced in class such as sharing one's favorite music or practicing breathing exercises together. As

an extension of this activity, students create a class bulletin board featuring pictures of healthy coping mechanisms.

Goal Setting: 3.6.1.M Make a plan to help at home and show responsibility as a family member.

Essential Concepts: 3.1.2.M Describe the importance of assuming responsibility within the family and community.

Essential Concepts: 3.1.3.M Explain the benefits of having positive relationships with family and friends.

A Supportive Family Member

Students describe a plan to help at home and be a responsible family member after reading various books that provide examples of the qualities of a supportive family member such as *And Tango Makes Three* or *Con Tango son tres* by Justin Richardson and Peter Parnell (2015) or *Frog and Toad are Friends* by Arnold Lobel (2003). Students write a paragraph or two about ways they can be a responsible family member (this activity also supports students in writing informative/explanatory texts, CA CCSS for ELA/Literacy W.3.2).

Partnering with Your School

Students read the book, *The Juice Box Bully: Empowering Kids to Stand Up to Others* by Bob Sornson and Maria Dismondy (2010). This book asks, *Have you ever seen a bully in action and done nothing about it?* Children in the book get involved instead of being bystanders and allowing the character, Pete, to bully and tease others. Pete’s classmates teach him about “The Promise,” a commitment not to bully others. Students lead a Promise school campaign with anti-teasing and anti-bullying posters, posts to the school’s website and social media sites, assembly and public address system (PA) announcements, and by taking an active stance in The Promise. The school principal provides awards for the group of students or individuals whose behavior exemplified The Promise throughout the school year. Students may also promote a No Name-Calling Week campaign in January. Research No Name-Calling Week online for resources (3.1.1.M, 3.1.3.M, Essential Concepts; 3.8.1–3.M Health Promotion; this activity also supports the CA CCSS for ELA/Literacy for third-grade students in writing informative/explanatory texts, W.3.10).

Partnering with Your Community

Children’s Mental Health Awareness Month is typically celebrated during May. Consider hosting a campus-wide awareness event with a guest speaker to show support and respect for people with differences (3.8.3.M, Health Promotion). Students learn that there are important community resources for people with mental health challenges for both students and adults. They become aware that if someone is feeling sad, they can see a therapist or locate free services in the community with the assistance of a trusted adult. Students invite the school psychologist or social worker (who may be from another school or within the district) to speak to the class about their job responsibilities and the importance of providing support for those who are experiencing unsettling emotions or challenges (3.3.1.M, Accessing Valid Information; 3.5.2.M; Decision Making).

Partnering with the Family

Students create a poster of three ways they plan to help at home and show responsibility as a family member (3.1.2.M, Essential Concepts; 3.6.1.M, Goal Setting). Under each goal, students create a grid or weekly calendar to track when each of their tasks is accomplished. Star stickers are distributed for students to place on their grid each time a goal is reached. Parents, guardians, or caretakers are also encouraged to provide a positive affirmation when a goal is met.

Personal and Community Health (P)

Many third-graders are becoming more interested in sports and physical activity than in prior years, and are learning more about how their body’s internal and external functions. They are also typically developing more of an interest in friends and the world around them, making personal and community health an important content area upon which to focus. Teachers and administrators play an important role and have responsibility in the promotion of personal, community, and environmental health and helping students understand that their own actions can affect the environmental health of others in their community (California Education and the Environment Initiative 2019, Principle V).

Chronic diseases have replaced infectious diseases as the top causes of morbidity and mortality when compared to a century ago (Johnson et al. 2014). Approximately 20 million children in the United States live with a chronic illness,

with asthma being the most common (American Academy of Pediatrics 2019; CDC 2019a). Despite marked progress in medical care for children, including immunizations and routine screenings, children's health issues, such as obesity, asthma, diabetes, dental caries, attention deficit hyperactivity disorder, and autism spectrum disorders, continue to be important health considerations in California and across the nation. Many children still experience challenges accessing healthcare along with myriad health disparities in their everyday life that negatively impact academic performance and success (Robinson et al. 2017). Teachers and other educators are in influential positions to empower their third-grade students to value and respect their personal health for the dual purposes of achieving optimal health and improving academic performance outcomes. Third grade provides opportunities to implement standards-based instructional strategies to help students gain the knowledge and skills to adopt a lifetime of good health practices.

Learning opportunities focused on personal health are essential to ensure a lifetime of positive health practices. Standards-based instructional strategies and application opportunities that allow third graders to make informed decisions that promote their personal health can be easily integrated and implemented throughout the daily curriculum. Instruction should build upon the student competencies achieved in prior grades by now focusing on skill practice such as demonstrating refusal skills, applying decision-making processes, and setting goals. An example may be a student politely declining to play video games with a friend and suggesting they go outside and play basketball or play in a park to reach their daily physical activity goal of 60 minutes of exercise.

Students discover the difference between communicable (infectious) and noncommunicable diseases (chronic diseases) by researching examples of each online. Students provide class presentations using a creative technological program on prevention or risk-reduction tips for a chosen infectious or chronic disease (3.1.1.P, Essential Concepts). They learn that bacteria and viruses attack the body's immune system when an infectious disease is transmitted and is living in one's body. Students participate in mock reenactments, such as never sharing eating or drinking utensils or not handling food or drinks used by any other person (3.1.2.P, 3.1.5.P, Essential Concepts).

In pairs, students practice various assertive refusal skills and risk-reduction tips that they have identified and written on individual cards (3.1.1.P, Essential

Concepts). Examples of refusal skills include politely declining to share eating or drinking utensils used by another person (3.4.1.P, Interpersonal Communication). Students write a positive health practice goal that they will practice daily and accomplish (3.6.1.P, Goal Setting) for one month to lower their risk for both an infectious disease and a chronic disease (3.1.3.P, Essential Concepts). Students' goals (with their names removed) are creatively displayed in the classroom to encourage classmates to adopt healthy practices beyond their own goals. Additional learning activities on personal and community health following the classroom example. In the classroom example below, students learn that healthy behaviors can be learned from family, friends, and other influences.

VIGNETTE

Classroom Example: Healthy Family, Healthy Friends, Healthy Me!

Purpose of the Lesson: Students are learning how culture, family, friends, and the media influence positive health practices. By creating a collective mural, students demonstrate how family, friends, and others influence positive health practices.

Standards:

- **3.2.1.P** Identify how culture, family, friends, and media influence positive health practices (Analyzing Influences).
- **3.1.5.P** Describe how a healthy environment is essential to personal and community health (Essential Concepts).

Supplies:

- Very large scroll of paper to create a mural
- Printer to print photos or online pictures

Lesson Narrative:

Students in Ms. E's class are learning more about body systems and are being introduced to infectious and chronic diseases. They are beginning to have a greater understanding of the influences around them that affect their well-being. Ms. E would now like students to discover how family, friends, and the media influence positive health practices.

To prepare for this activity, Ms. E asks the students to observe the positive health practices of their family members, guardians, caretakers, and friends over the next week, and to write brief notes describing their observations. Students obtain an existing photo or draw a picture of themselves engaged in a healthy activity, such as brushing their teeth or participating in physical activity. Media examples of healthy behaviors seen on television or online are also shared by the students and Ms. E. Students describe examples of positive health practices, such as a family member who exercises by taking a long walk each day, or who cooks a healthy meal that includes many vegetables; a sibling who pushes her brother's wheelchair to the park and then plays catch with him; a friend who rides their bicycle to and from school and always wears a helmet; a friend who just joined a soccer team; or a website that advertises a recycling program.

Every day, Ms. E checks in with the students and asks them to report positive health practices they have observed so far. After one week, students bring their personal photos and drawings or download images from reliable websites to illustrate the positive health practices of others that they observed. With permission, they can also include photos of their friends or family members engaging in the activities. Students discuss with one another their observations and enjoy sharing the photos, drawings, and images they have collected. Photos and drawings of the students engaged in healthy activities are featured in the middle of the mural. The photos, drawings, and images are collectively pasted onto a mural that displays words the students have painted, "Healthy Family, Health Friends, Healthy Me!" The principal asks Ms. E to post the mural in the main school hallway outside the office.

The following interdisciplinary classroom example incorporates health education, science, and environmental topics.

VIGNETTE**Classroom Example: I Can Make a Difference!**

Purpose of the Lesson: Students discover an environmental health challenge in their school or local community and create and implement a project to help resolve the challenge. By working together to resolve the littering and waste in the lunch area, they recognize that they can help resolve a local environmental health problem.

Standards:

- **3.8.2.P** Encourage others to promote a healthy environment (Health Promotion).
- **3.1.6.P** Discuss how reducing, recycling, and reusing products make for a healthier environment (Essential Concepts).
- **3.1.5.P** Describe how a healthy environment is essential to personal and community health (Essential Concepts).
- **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 V:** Decisions affecting resources and natural systems are based on a wide range of considerations and decision-making processes.
- **CA NGSS 3–5-ETS1-1** Define a simple design problem reflecting a need or a want that includes specified criteria for success and constraints on materials, time, or cost.
- **CA NGSS SEP-3** Planning and Carrying Out Investigations

Supplies:

- Poster paper
- Printer to print photos or online pictures

Lesson Narrative:

Students in Mr. A’s class are learning how the littering and food waste that takes place every day during lunchtime can spread beyond the schoolyard and may pollute the nearby coastal waters. Earlier in the year they learned how polluted water can affect their health and the health of their community (California Education and the Environment Initiative 2019, Principle I). They are starting to make connections between their actions and the health of the environment.

To kick off this activity, Mr. A takes the students to the lunch area and asks them to make a drawing and write brief notes about what they saw. After they make their drawings and notes, Mr. A starts a class discussion with the questions, “What did you see in the lunch area?” and “How did it get there?” Students share, for example, that they saw paper and plastic litter on the ground, the overflowing trash cans, and some food getting thrown away. It was a windy day and several said that they saw litter blowing out of the lunch area, into the schoolyard, and off into the street.

Mr. A asked students to work in small groups and discuss why it is important to come up with a solution to the problem of food waste and litter on campus (California Education and the Environment Initiative 2019, Principle V). With those reasons in mind, he tells students to develop some simple criteria to compare the design solutions they create to resolve these problems (CA NGSS 3–5-ETS1-1). Based on the criteria they established, students develop a variety of design solutions. When the small groups share their reports, they present ideas such as:

- Starting a compost bin and placing it near the lunch area to collect waste food
- Telling the custodian what they saw and asking that the garbage cans be emptied twice during lunch to prevent overflow
- Conducting a poster campaign to tell other students about the environmental health problems caused by waste and littering

The students decide to start an “I Can Make a Difference!” poster campaign. After just two weeks of monitoring they observed that the amount of litter and food waste on campus had decreased by 50 percent (CA NGSS SEP 3).

SNAPSHOT**Personal and Community Health Learning Activities**
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Essential Concepts: 3.1.4.P Identify life-threatening conditions (e.g., heart attacks, asthma attacks, poisoning).

Accessing Valid Information: 3.3.1.P Recognize individuals who can assist with health-related issues and potentially life-threatening health conditions (e.g., asthma episodes or seizures).

Help! It Is a Life-Threatening Emergency: Call 9-1-1

Students use classroom and valid electronic resources to identify common life-threatening emergencies specific to their age group (e.g., epilepsy and seizures, food allergies, diabetic emergencies, poisoning) and their symptoms, along with recommended solutions for each emergency. Students should specifically include when to call 9-1-1 for assistance and who to ask (e.g., teacher or school nurse) for medical assistance at school. Populations with special needs, such as students with disabilities, should be included. Students learn that 9-1-1 should only be called in a true emergency, such as someone needing help because they are unconscious, they or their family members or friends are in danger, or there has been an event where others are in danger such as an earthquake or fire. Never call 9-1-1 as a joke or prank—this prohibits someone from receiving lifesaving attention. Free emergency response posters from American Heart Association or American Red Cross can be displayed in the classroom (this activity is connected to the Model School Library Standards on accessing and using information).

Essential Concepts: 3.1.2.P Describe how bacteria and viruses affect the body.

Essential Concepts: 3.1.3.P Identify positive health practices that reduce illness and disease.

Practicing Health-Enhancing Behaviors: 3.7.1.P Evaluate ways to prevent the transmission of communicable diseases.

Yucky Picnic

Students describe how bacteria and viruses affect the body and identify positive practices that reduce illnesses by researching online the common foods that are a risk for food poisoning and their related symptoms. Foods

include potato salad, eggs, egg salad, and peanut butter (salmonella); salads and undercooked meat (E. coli); ice cream (listeria); and berries (hepatitis A). Students cut out shapes of the high-risk foods and make a collective collage for the classroom or cafeteria. Each shape contains a prevention message on how to avoid the food illness.

Essential Concepts: 3.1.3.P Identify positive health practices that reduce illness and disease.

Practicing Health-Enhancing Behaviors: 3.7.1.P Evaluate ways to prevent the transmission of communicable diseases.

Infectious Disease Shields

Students identify ways to prevent transmission of communicable disease by creating colorful symbolic European Medieval or Middle Ages shields made with poster board and markers that display one effective way to prevent an infectious (communicable) disease from spreading. They obtain information on disease prevention and ideas for designing their shields from online resources. Ideas may include using hand sanitizer, covering one's mouth and nose with one's arm when sneezing or coughing, washing hands, using gloves, or not sharing a drink with someone who is sick. Shields are displayed in a designated area in school or in the classroom. Students present their shields and describe their prevention idea to students in earlier grades.

Essential Concepts: 3.1.6.P Discuss how reducing, recycling, and reusing products make for a healthier environment.

Practicing Health-Enhancing Behaviors: 3.7.2.P Demonstrate ways to reduce, reuse, and recycle at home, at school, and in the community.

Health Promotion: 3.8.2.P Encourage others to promote a healthy environment.

Environmental Health Challenge

Students describe and demonstrate ways to reduce, reuse, and recycle and encourage others to promote a healthy environment by engaging in environmental conservation initiatives such as recycling, water conservation, or minimizing pollution. The fourth "R" of "Rot" can be considered for inclusion if the

student’s school is a composting campus. Students can participate in a cleanup effort at a park, beach, river, lake, or school. To minimize air pollutants, students can walk or carpool to school or bring a refillable water bottle. Third-grade classes could challenge other classes in a competition on which class collectively conserves the most. Environmental health education messages can be distributed through posters, assemblies, the school’s website, and newsletters.

Partnering with Your School

Students recognize other students who are engaging in a positive health practice by giving them a sticker or ribbon that signifies they are a Health Hero. The premise of this activity is that it does not take a huge act to make a difference, but small acts of positive health behaviors are important to one’s overall health. Stickers are supplied to the students. Students are provided with examples of commendable actions, such as eating a healthy lunch, refusing a sugary beverage, riding a bike to school, visiting the dentist or doctor, recycling, or choosing physical activity over sedentary activities.

Health Heroes can be honored weekly, monthly, or by grading period. Students can also recommend Health Heroes by filling out a slip provided at the main office and placed in a box. Different classes can take turns reading, reviewing, and selecting the winners based on the criteria listed (commendable actions). Students and teachers publicize the Health Heroes campaign through various campus mechanisms including the morning circle, school assemblies, bulletin boards, school newspapers and website, and public announcements (3.2.1.P, Analyzing Influences; 3.8.1.P, 3.8.2.P, Health Promotion).

Partnering with Your Community

Who Can I Call? Following a discussion and role-playing scenarios of third-grade students feeling threatened, students research and discover who to call if they are feeling threatened (3.3.2.P, Accessing Valid Information). Students create a contact card to place in their backpack or other easily accessible place. Each card contains information for various contacts such as the teacher, school nurse, principal, school counselor, school psychologist, parent, guardian, caretaker, trusted adult, or community organization. Students also enjoy a field trip to a fire department

or emergency response unit to see firsthand how these agencies respond to such emergencies as heart attacks and poisonings (3.1.4.P, Essential Concepts).

Partnering with the Family

Contact the American Red Cross, American Heart Association, Poison Control Center, Epilepsy California, or emergency medical services to request educational materials on healthy practices, when to call for emergency health, and community resources to assist after an emergency (multilanguage materials are available in some areas) for students to take home and share with their family (3.8.1.P, 3.8.2.P, Health Promotion).

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Grade Levels Four Through Six

CHAPTER 4

Introduction

As students progress along their continuum of learning, late elementary offers an exciting and critical time for students to enrich their lives by learning comprehensive health education and more in-depth, skills-based practices leading to a lifetime of positive health outcomes and continued academic success. The health education standards and this framework provide a foundation for this success. Teachers, school nurses, school counselors, administrators, curriculum specialists, and district personnel are in a unique and important position to mentor and guide students in adopting skills, practices, and positive health behaviors that will lead to healthy outcomes and communities now and for years to come.

Healthy behaviors, including choosing nutritious foods and engaging in physical activity, can lower a student's risk for becoming obese and developing obesity-related illnesses later in life. Through programs, policies, and learning opportunities, schools play a key role in establishing positive environments that promote and support healthy practices and behaviors, such as regular physical activity and good nutrition (CDC 2019a). Nutrition education is a continuum of learning experiences to develop knowledge and skills that become lifelong healthy practices (Contento 2016). For students, proper nutrition and information on how to make healthy food choices is important for their growth, development, and overall health. To support their growing body, children's diets should include fruits;

vegetables; whole grains; lean protein including beans, peas, and soy products; and low-fat calcium-rich foods each day. High-sugar and high-fat food and beverages should be “sometimes” foods.

Along with proper nutrition, physical activity is essential to good health and well-being and plays a key role in the prevention of disease and illness such as heart disease and certain cancers in adulthood (US Department of Health and Human Services 2018). Students continue to enjoy diverse physical activity opportunities and practices that were established in earlier grades. Providing physical activity opportunities for students can support a lifetime of healthy habits and lower a child’s risk for becoming obese and developing obesity-related diseases in adulthood (US Department of Health and Human Services 2010). Regular physical activity builds strength, coordination, self-sufficiency, and confidence; enhances overall health; and can improve academic performance and sleep. It can also strengthen social skills. Physical activity also decreases excessive screen time spent on technology (e.g., cell phone, computer, tablet, television) (National Heart, Lung, and Blood Institute 2013).

The Physical Activity Guidelines for Americans state that children and adolescents should engage in 60 minutes or more of physical activity a day (*see below*; 2018 Physical Activity Guidelines Advisory Committee 2018, D-20). Search the President’s Council on Fitness, Sports, and Nutrition with the US Department of Health and Human Services; CDC Youth Physical Activity Guidelines; American College of Sports Medicine; or Physical Activity Guidelines for Americans with the Office of Disease Prevention and Health Promotion for resources.

Physical Activity Guidelines for Americans for Youth, Ages Six Through Seventeen

Moderate-to-Vigorous Activity	Muscle Strengthening	Bone Strengthening
At least 60 minutes a day	As part of 60 minutes or more of daily physical activity, at least three times per week	As part of 60 minutes or more of daily physical activity, at least three times per week

Moderate-to-Vigorous Activity	Muscle Strengthening	Bone Strengthening
Examples: Running, cycling, skateboarding, wheelchair basketball	Examples: Climbing, sit-ups, push-ups, gymnastics, wheelchair arm repetitions, resistance bands	Examples: Running, jumping rope, wheelchair tennis

Source: Adapted from the Physical Activity Guidelines for Americans, second edition (US Department of Health and Human Services 2018).

The National Center for Injury Prevention and Control, under the CDC, reports that unintentional injury is the leading cause of death among youth under nineteen years of age in the United States (Borse et al. 2008). Motor vehicle crash injuries, including those involving pedestrians, are the single-leading cause of death for young people between the ages of five and nineteen (Borse et al. 2008).

Substance use and abuse costs our nation hundreds of billions of dollars annually in crime, health, and lost productivity (US Department of Health and Human Services, Office of the Surgeon General 2016, 1-2). Research confirms a positive correlation between underage substance use and misuse and the following: poor academic performance, academic failure beginning in upper elementary grades, low school attendance, lack of school commitment, and low school-completion rates (Pride Surveys 2014). Youth at high-risk for engaging in substance use tend to exhibit antisocial tendencies and a multitude of behavioral high-risk factors. Young people share many reasons for using alcohol, tobacco, and other drugs (ATOD) including to have fun, relax, forget troubles, feel better, look cool, and to deal with the stress and pressures of school (National Institute on Drug Abuse 2014). At this important juncture, health education teachers provide options for students to make good healthy choices about an ATOD-free lifestyle.

Upper elementary is an important time for ATOD prevention, as the following research reveals that although most students are not using ATOD, some students this age are trying substances for the first time:

- 3.6 percent of students in grade levels four through six have consumed alcohol, and 0.5 percent have used marijuana (Pride Surveys 2010, 63)

- Annual marijuana use in upper elementary is 0.5 percent (Pride Surveys 2010, 63)
- Nearly 9 out of 10 adults who smoke cigarettes daily first try smoking by age 18 (CDC 2020)
- Each year, close to 4,000 youth under the age of eighteen try cigarettes for the first time (SAMHSA 2019)
- Pre-teen students try using common household product inhalants due to ease of accessibility (National Institute on Drug Abuse/Fogarty International Center 2005, 1)
- An estimated 500,000 youth are regular inhalant users (SAMHSA 2019)
- Specific to California, the California Healthy Kids Survey reveals that 23 percent of fifth-grade students (the survey is not administered to fourth- or sixth-graders) have ever tried alcohol or other drugs in their lifetime (WestEd n.d., 4)¹
- Three percent of fifth-graders in California reported ever having smoked a cigarette (WestEd n.d., 6)

Although some of the aforementioned statistics appear moderate, usage of ATOD substances increases by middle school, making later elementary years a critical and impactful time for prevention education (National Institute on Drug Abuse 2019).

Research confirms mental health conditions are increasing among youth with estimates that up to 20 percent of teens 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 2019). 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). Over \$250 billion is spent annually on childhood mental health conditions, including anxiety disorders, attention deficit hyperactivity disorder (ADHD), autism spectrum disorders, trauma- and stress-related disorders, bipolar disorder, borderline personality disorder, depression, eating disorders, and childhood-onset schizophrenia (National Research Council and Institute of Medicine 2009).

¹ This statistic includes trying one to two sips of alcohol.

Nationally, suicide is the second-leading cause of death among adolescents aged ten to fourteen years old, and the third-leading cause of death among California youth between the ages of five and nineteen following accidents (unintentional injuries) and homicide (Heron 2019, 11; Kidsdata 2019). According to a study performed by the University of Washington on the threats and thoughts of suicide, 1 in every 20 students in sixth grade has considered suicide (Mazza et al. 2011). Teachers, schools, and districts are advised to utilize local screening and assessment tools to reduce the risk of suicidal attempts.

An estimated 3.1 percent of California high school students reported being sexually active *before* the age of thirteen (CDC n.d.a). Approximately 24 percent of high school students are sexually active and 32 percent report ever having sexual intercourse, making sexual health education a critical content area in late elementary (CDC n.d.a).

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 instructional strategies covered in this chapter. Due to the sensitive nature surrounding some of the health education content covered, it is critical that instructional activities are implemented in a safe, open, inclusive, affirmative, supportive, and judgment-free environment. People-first language should be used to ensure an inclusive classroom. For example, if a student has a disability, they are referred to as a “student with a disability,” not a “disabled student.”

The CDC’s *Fostering School Connectedness: Improving Student Health and Academic Achievement* outlines steps teachers, administrators, and staff can make to foster a sense of school connectedness among students and parents that may lead to positive outcomes for high-risk behaviors (2009). Students who feel connected to their school are less likely to smoke cigarettes, drink alcohol, have sexual intercourse, carry weapons, or become involved in violence (CDC 2009, 1). According to Strategy Three in *Fostering School Connectedness*, schools should provide students with the academic, emotional, and social skills they need to engage in school, and students should be provided with the opportunity to improve their interpersonal and decision-making skills by using interactive, experiential activities, thereby helping students to personalize the information they learn (CDC 2009, 2). Strategy Four recommends the use of effective classroom management and teaching methods to foster a positive learning environment—

to support this strategy, teachers should ensure lessons are linked to standards and student learning is sequential and builds upon prior lessons (CDC 2009, 3). The teaching strategies outlined in this section support these specific measures for fostering school engagement. See the CDC's website, *Fostering School Connectedness: Improving Student Health* for a complete list of strategies.

Health Education Standards for Grade Levels Four Through Six

All six of the content areas (Nutrition and Physical Activity; Growth, Development, and Sexual Health; Injury Prevention and Safety; Alcohol, Tobacco, and Other Drugs; Mental, Emotional, and Social Health; and Personal and Community Health) are covered when the fourth- through sixth-grade health education standards are combined, but not every content area is covered in every grade level. 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.

The health education standards represent **minimum** requirements for comprehensive health education. Teachers are encouraged to incorporate content areas that are not included for their grade level as appropriate to the needs and interests of their students. Students in grade levels four through six will need instructional support, guidance, and resources to apply the new skills and health behaviors learned in the eight overarching standards.

The health education content areas for which there are state-adopted standards in grade levels four, five, and six are listed below:

- Nutrition and Physical Activity: fourth and fifth grades
- Growth, Development and Sexual Health: fifth grade
- Injury Prevention and Safety: fourth and sixth grade
- Alcohol, Tobacco, and Other Drugs: fourth and sixth grades
- Mental, Emotional, and Social Health: sixth grade
- Personal and Community Health: fifth grade

Fourth Grade

Most students are excited to be in upper elementary school as they enter fourth grade. Generally, fourth-grade students like school and academic challenges, are able to think in abstract terms, and use logic to reason and solve problems. Most children who are nine or ten years old enjoy learning and like assignments that tend to be shorter and more intense (Northeast Foundation for Children 2010). As concrete thinkers, fourth-grade students typically have a strong sense of fairness and do not like to be wrong (Kopenski n.d.). Technology continues to play an important role in the classroom as students use it for reading, writing, and researching content (Ackerman and Kloss 2019).

Most fourth-graders are energetic. They generally enjoy activities for two-person teams and groups, as well as individual projects. At this age, most students work more independently from the teacher, have a solid understanding of social customs and moral values, and are becoming thoughtful listeners (Marotz 2015). Through standards-based instruction, fourth-grade students learn about the importance of nutrition and physical activity; injury prevention and safety skills with a focus on prevention of bullying, avoiding gang involvement, and planning for emergencies such as natural disasters; and continued strategies for positive health practices related to alcohol, tobacco, and other drugs.

Three of the six content areas are covered in the fourth-grade health education standards: Nutrition and Physical Activity; Injury Prevention and Safety; and Alcohol, Tobacco, and Other Drugs. All eight overarching standards are addressed in each of the three content areas. When appropriate for students' needs and interests, teachers are encouraged to incorporate content areas for which there are no standards in grade level four.

Nutrition and Physical Activity **(N)**

Healthy behaviors learned in school, including choosing nutritious foods and engaging in physical activity, can lead to maintaining a healthy body, improving academic performance, and other positive health outcomes. Through programs, policies, and learning opportunities, schools play a key role in establishing positive environments that promote and support healthy practices and behaviors, such as regular physical activity and good nutrition (CDC 2019a). Proper nutrition and information about how to make healthy food

choices are important for the growth, development, and overall health of fourth-graders. Nutrition education is a continuum of learning experiences to develop knowledge and skills that become lifelong healthy practices (Contento 2016). Students this age enjoy eating at any time of the day. To support their growing body, children’s diets should include daily servings of fruits, vegetables, whole grains, lean protein, and calcium-rich foods. Students should only occasionally consume—in moderation—foods and beverages that are high in sugar and foods high in unhealthy fats. Students can search the United States Department of Agriculture (USDA) and other reliable, medically accurate resources for recommended food groups and portion sizes.

The Physical Activity Guidelines for Americans state that children and adolescents should engage in 60 minutes or more of moderate to vigorous physical activity each day (US Department of Health and Human Services 2018, 8). Search the President’s Council on Fitness, Sports, and Nutrition with the US Department of Health and Human Services; CDC Youth Physical Activity Guidelines; American College of Sports Medicine; or Physical Activity Guidelines for Americans with the Office of Disease Prevention and Health Promotion for resources.

In fourth grade, some students may be involved in organized sports or activities such as soccer or dance. However, some fourth-grade students may not be as active as others. Physical, social, or mental barriers may hinder their engagement in activity. Some students may lack a safe environment for physical activity or prefer more sedentary activities such as entertainment media (e.g., video games, using the computer, or watching television). Support students to discover enjoyable physical activity options and analyze why physical activity is essential for a lifetime of good health practices.

Building on their foundational nutrition and physical activity knowledge from second grade, fourth-grade students further their learning competencies by planning and using a decision-making process for healthy eating, snacking, and beverage selection and deepen their understanding of this content area by identifying the internal and external influences, such as advertising, that impact food choices and physical activity (4.2.1-3.N, Analyzing Influences; 4.5.1-2.N, Decision Making; 4.6.1-2.N, Goal Setting).

Reinforcement of healthy food choices and physical activity can be achieved through a variety of teaching strategies that will engage and motivate students. Because fourth-grade students enjoy group activities and working in pairs,

enjoy being challenged, and are able to analyze and problem solve, learning that incorporates these activities should be included in lesson planning.

Have students analyze food and beverage marketing techniques including ways that advertisers try to make food appear healthy, such as showing kids engaged in physical activities. Students learn about the tricks of food stylists use to make food look more appealing in advertisements, such as using glue instead of milk and other nonfood items (e.g., food coloring, tweezers, paint brushes, and waterproof spray) (4.2.2.N, Analyzing Influences). Include history of American agriculture, sustainable food systems, and influences of immigrants including family recipes and traditions. Students research how groups counterbalance marketing of unhealthy foods. Students design an advertisement for a fresh fruit or vegetable widely available in the student's region, including information on nutrient content, flavors, and possible preparations. The teaching activities can also be implemented with other resources about the influence of advertisements.

Through guided discussion, students learn that there are many commercials, media messages, and online images that promote soda, sweetened beverages (such as sports and energy drinks), juices, and chocolate milk. Students learn that in advertising, sometimes celebrities and sports figures are featured or have sponsorship, but this does not necessarily mean the products are healthy or nutritious. Students discover that water, milk, low-sodium soups, and unsweetened or diluted 100 percent juice are healthier beverage choices as they keep us hydrated (which is essential for their brain and body systems to grow and function) and have no or are low in sugar and calories.

Students use online resources to find the recommendations for how much water they should drink. They assess their daily water consumption and make a commitment to replace at least one high-sugar beverage a day with water or an unsweetened, noncaffeinated beverage. An online app may be used for this activity. Students are reminded to always bring a water bottle to school and ensure they are consuming plenty of water throughout the day every day—especially before, during, and after physical activity.

Students also learn about the physiological effects of caffeinated beverages, including energy drinks, most sodas, coffees, and teas. They learn drinks containing caffeine are stimulants (speed up the nervous system), are not good for children, have a cumulative effect, and should be avoided. Students discuss and practice healthier ways to get an energy boost, such as by eating a

piece of fresh fruit full of natural sugars or by making a simple trail mix with sunflower seeds and raisins. Students may enjoy making various flavored waters by adding mint leaves, lemon slices, or cucumber slices to discover ways to add a bit of flavor and variety to their hydration routine without drinking highly sweetened beverages. Students make various herbal teas in the same way, by adding chamomile or mint leaves to warm water and allowing it to steep before drinking. Consult your school's policy on preparing and serving food or beverages in the classroom and check for food allergies. In an alternate activity (CCSS), students grow plants in a small container or school garden and conduct experiments by watering some more than others. They then compare the impact of hydration on plants with the impacts on humans (4.1.6.N, Essential Concepts; 4.7.2.N, Practicing Health-Enhancing Behaviors).

See the [Food Label Detectives teaching example in the Fifth Grade section](#), as this activity is also age-appropriate for fourth grade (4.3.2.N, Accessing Valid Information).

Students learn how much sugar is in a can of soda (10.25 teaspoons) and other popular beverages by measuring the number of sugar packets or counting sugar cubes and placing them into a plastic bag. Students apply a math formula to convert teaspoons of sugar into grams. Note that the amount of sugar varies per can or bottle size and type of soda. The National Institutes of Health (NIH) *We Can!* program has a free poster and handout that displays the sugar content by teaspoons of various popular beverages. Students are reminded that diet drinks are not necessarily better just because they contain sugar substitutes. Some research indicates that sugar substitutes may even be more harmful than sugar (Mayo Clinic 2019). Limiting sugar along with healthy eating is an important component of maintaining a healthy body, along with physical activity and reducing screen time. Sugar is not in any food group, and overconsumption coupled with weight gain may lead to health issues such as diabetes (a disease of the pancreas where blood sugar cannot be regulated) and dental caries (National Institutes of Health *We Can!* 2013). Search NIH *We Can!* for helpful resources for students eight to thirteen years old (4.1.6.N, Essential Concepts; 4.7.2.N, Practicing Health-Enhancing Behaviors).

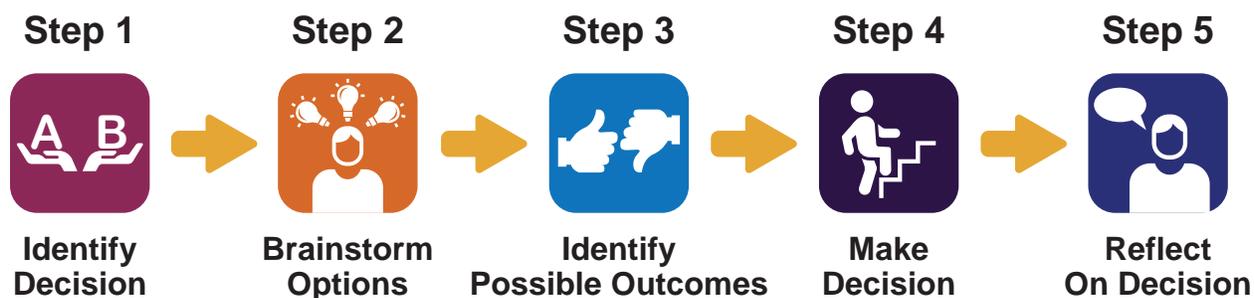
These lesson plans should include identifying the six key nutrients (protein, carbohydrates, fat, minerals, vitamins, and water) and their functions as they relate to nutrition and physical development (4.1.1.N). In groups or pairs, students can identify the three forms of carbohydrates (sugars, starch, and fiber), what their

sources are, and how the body converts different carbs into short-term or long-term energy. By fourth grade, students should be learning about proteins, the best whole food sources of protein, and how their bodies need protein for muscle growth as well as the growth and maintenance of healthy organs, the bloodstream, hair, and nails. Students will learn that the best source of vitamins and minerals are fruits, vegetables, and protein foods, and that vitamins and minerals are needed for the healthy formation of bones and tissues as well as healthy skin, teeth, and the maintenance of good eyesight.

Students should also learn that fat consumption in moderation is also a part of a healthy diet. Fat is used by the body as a source of energy, it protects tissues and organs, and helps in maintaining body heat. And, while we continue to encourage students to drink adequate amounts of water in lieu of sweetened drinks or energy drinks, we need to emphasize the key function water plays at the cellular level—moving the various nutrients into cells and removing waste from the cells and, ultimately, the body. Water also helps regulate body temperature during exercise (Grade 4, Standard 1 – 4.1.1.N, 1.3.N, 1.6.N).

Decision-making is an important behavior that is developed by repetition that then becomes habit for the betterment of one's health. Students apply the five-step decision-making model (see below) to a variety of health behaviors including nutrition and physical activity. Role-play or discussion scenarios accompany the decision-making process. For example, a friend wants to watch videos online on her phone; instead, you suggest playing outside or taking a bike ride for physical activity because you have been indoors and sedentary most of the day. Another example: You are at a restaurant that mostly serves high-fat, high-calorie foods such as hamburgers and french fries; you want to make a healthier choice, so you choose not to order french fries or a soda with your hamburger, or decide to make a homemade pizza with vegetable toppings with your family instead of ordering pizza. Students are encouraged to identify the decision, brainstorm options, and think through their decisions carefully before reacting or responding. Students learn that more challenging decisions may require them to seek help to make the decision or to reflect upon the situation (4.5.1.–2.N, Decision Making).

Five-Step Decision-Making Process for Grade Levels Three Through Five



Long Description of Five-Step Decision-Making Process for Grade Levels Three Through Five is available at <https://www.cde.ca.gov/ci/he/cf/ch4longdescriptions.asp#chapter4link1>.

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

By researching resources and ideas online or via apps, students create a nutrition and physical activity plan with three action items they plan to implement during the school year. Some ideas may be to take the stairs more often; walk to and from school; help their parent, guardian, or caregiver with household chores such as cleaning; engage in less screen time each day; eat more fruits and vegetables; enjoy celebrations that include healthy foods and physical activity; prepare and enjoy a healthy snack together, such as a fruit kabobs or a rainbow salad (containing a variety of colors); or drink more water. Students write their plan on a creatively-shaped paper, such as a heart, which can be decorated. They identify one healthy way they will celebrate each month as they continue to successfully implement their plan (4.6.1-2.N, Goal Setting).

A health inspector or epidemiologist can be an interesting guest speaker to introduce students to health careers, in addition to sharing interesting stories of restaurant inspection, safety, and disease outbreaks related to food storage, handling, and preparation. Prior to the guest speaker, students research what each of these professionals do and then prepare at least one question for the guest speaker. Students learn how to keep food safe through proper food preparation and storage, and how food can contain bacteria that cause illness (4.1.4.-5.N, Essential Concepts).

More nutrition and physical activity learning activities can be found below and on the 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 website (California Department of Education 2017). The National School Lunch and School Breakfast Programs also serve as a resource. Partner with nutrition experts such as the School District’s Food Service Department and the school cafeteria for information. When planning activities, remember that some students face physical and economic barriers to safe and nutritious foods. Additionally, some students may be on specialized diets for medical reasons. Grade-level-appropriate teaching strategies for physical activity can be found in the *Physical Education Framework for California Public Schools* available on the California Department of Education Curriculum Framework web page.

SNAPSHOT

Nutrition and Physical Activity Learning Activities

Essential Concepts: 4.1.2.N State the recommended number of servings and serving sizes for different food groups.

Goal Setting: 4.6.1.N Make a plan to choose healthy foods and beverages.

Practicing Health-Enhancing Behaviors: 4.7.3.N Identify ways to establish and maintain healthy eating practices consistent with current research-based guidelines for a nutritionally balanced diet.

What Is on the Menu?

Students analyze a printout of the school’s cafeteria menu and place each food and beverage in the corresponding food group. Students then record what they might have eaten or did eat on any one day or week. Students reference a printout of the recommended food groups, serving sizes, and various nutrients and their functions, then add food items that are missing. Students also apply this analysis to printed menus that display foods and beverages they enjoy from restaurants they frequent. From the activity, students set goals to increase fruit and vegetable consumption in their diets and reduce high-fat, high-sugar foods. Students take their menus home to reference the next time they are at their favorite restaurants. The school cafeteria manager serves as a guest speaker to discuss the nutritional value and menu selections of the school breakfast and lunch program.

Goal Setting: 4.6.1.N Make a plan to choose healthy foods and beverages.

Goal Setting: 4.6.2.N Make a plan to choose physical activities at school and at home.

Putting It All Together

Working together, students think, pair, and share ideas for incorporating goals for physical activity with healthy nutrition options. Examples include dancing to their favorite songs, then drinking a glass of water with lemon; or playing kickball, then eating an orange from my backpack on the walk home. The ideas are uploaded to electronic presentation software and presented collectively to the entire class. The presentation can be set to music or can occur while enjoying a healthy snack.

Accessing Valid Information: 4.3.1.N Identify resources for valid information about safe and healthy foods.

Accessing Valid Information: 4.3.2.N Use food labels to determine nutrient and sugar content.

Practicing Health-Enhancing Behaviors: 4.7.1.N Practice how to take personal responsibility for eating healthy foods.

Practicing Health-Enhancing Behaviors: 4.7.2.N Practice how to take personal responsibility for limiting sugar consumption in foods, snacks, and beverages.

Practicing Health-Enhancing Behaviors: 4.7.3.N Identify ways to establish and maintain healthy eating practices consistent with current research-based guidelines for a nutritionally balanced diet.

Snack Competition!

Working in small groups, students look up recipes for, and propose, one healthy homemade snack—for example, a whole food fruit and vegetable strawberry low-fat yogurt smoothie or hummus and carrot sticks. The group with the healthiest snack proposal based on pre-established criteria (for example, lowest sugar, moderate-to-high protein, highest fiber-to-calorie ratio, lowest saturated fat, or low-to-moderate calories) wins the prize. The entire class makes—and enjoys eating—the winning snack.

This activity provides an opportunity to discuss the dangers of food allergies and to remind students of any foods they need to avoid using in their snacks.

If resources allow, the competition can be held each month. Funds for healthy snacks can be provided by education agencies such as SNAP-Ed or nonprofit nutrition education agencies; school wellness funds; parent, guardian, and caretaker donations; or the school's cafeteria or parent groups.

Note: Check with school staff and parents, guardians, or caretakers regarding any food allergy precautions before beginning this activity and follow school policies on food preparation and consumption in the classroom.

Interpersonal Communication: 4.4.1.N Demonstrate effective communication skills to ask for healthy food choices.

My Grocery List

Students identify a healthy item or two they would like to see added to their parent's, guardian's, or caregiver's grocery list. Items must be from the recommended food groups, low in sugar, low in saturated fat, low in salt, and high in fiber. Students practice effective ways to ask for healthy foods. Students voluntarily report back if the item was purchased and how it was enjoyed.

Partnering with Your School

A “Wellness Week” can be hosted at your school. Interested teachers, members of parent organizations, the school nurse, school counselor, and administrators and staff plan engaging wellness activities to be implemented in and out of the classroom during one designated week. Nutrition activities during recess and lunch, food tasting, fitness challenges, and dance-a-thons are some examples. Note that this is a whole school initiative so, ideally, each class is participating (4.7.3.N, Practicing Health-Enhancing Behaviors; 4.8.1.N, Health Promotion).

Partnering with Your Community

Students take a field trip to a local working farm, organic market, or farmers' market. Ask students to share information about an upcoming physical activity or nutrition event in their local community. Post appropriate events and information on the classroom “community board” and add any events that students discover. Examples include notices about a family fun walk/run, an

organized family bike ride, cooking classes, gardening classes, fitness tips, or healthy recipes. Encourage students to enjoy the activities with family members and friends (4.1.8.N, Essential Concepts).

Partnering with the Family

Good health begins with the entire family. Students share a screen-time tracking chart with their parent, caregiver, or guardian. Together, they plan to reduce screen time and increase family physical activity, such as walking after dinner or bicycling together, along with healthy eating (4.8.1.N, Health Promotion). Provide students and their families a list of resources, such as Common Sense Media and the American Academy of Pediatrics Family Media Plan.

Injury Prevention and Safety (S)

Learning in fourth grade focuses on building prevention skills, safety practices, and protocols at home, in school, and in the community. Students enjoy the opportunity to explore safety equipment such as helmets; pads; mouth, wrist, knee, and elbow guards; water safety vests; hearing protection (earmuffs or earplugs); and protective goggles. Students who have these items are asked to bring them to school for a safety show-and-tell to explain the use of their protective gear for their particular sport or activity. They are encouraged to make a short video or to bring a photograph that shows them engaging in the activity wearing the protective gear. Sixth-grade students may serve as good role models and visit the class to demonstrate their protective gear to the fourth-grade students. Students learn that to protect their brain and body from harm that can lead to concussions or injuries such as fractured bones, protective gear is essential (and sometimes required by law). Students identify ways to stay safe and avoid injury by writing one personal commitment to use appropriate gear while engaging in their favorite activities. Students list their personal commitment on a paper decorated to showcase the sport or activity in which they engage (4.1.9.S, 4.1.14.S, Essential Concepts; 4.6.1.S, Goal Setting; 4.7.3.S, Practicing Health-Enhancing Behaviors; 4.8.3.S, Health Promotion).

In recognition of Disaster Preparedness Month in September, students work in small groups to research valid and reliable resources online and create a revolving classroom display of various safety and prevention topics. These topics may include:

- Fire
- Internet safety
- Earthquakes
- Floods
- Water safety in pools, lakes, and beaches
- Pedestrian and motor vehicle safety
- Playground safety
- Being home alone

Students may also create a collective safety manual by working in small groups to write sections based on chosen topics that will be compiled in the manual; another option is for students to summarize and share a current event with their classmates during class time (4.1.1.S, 4.1.5.S, 4.1.15.S, 4.1.16.S, Essential Concepts). These activities connect to a California Next-Generation Science Standard (CA NGSS 4-ESS3-2), which has students generate and compare multiple solutions to reduce the impact of natural Earth processes on humans. Solutions could include designing an earthquake-resistant building or improving monitoring of volcanic activity, earthquakes, floods, tsunamis, or volcanic eruptions. When students are learning and applying this science standard, they can integrate health education activities related to the natural earth process being analyzed (this activity also supports California Common Core Standards for English Language Arts/Literacy [CA CCSS for ELA/Literacy] W.4.4 for fourth-grade students in writing informative/explanatory texts).

Research varies on the effectiveness of school-based gang prevention programs. However, school connectedness and education partnerships among health agencies do seem to play an important role in reducing health-risk behaviors (like violence), and, in turn, they support academic achievement (CDC 2009; Bradley and Greene 2013). Gang involvement can begin as early as elementary school. There are over 250,000 youth in gangs throughout the United States (US Department of Justice n.d.). Children as young as seven and eight years old have been recruited to work in criminal street gangs. Although most students are not in gangs, many parents, guardians, caretakers, and teachers are unaware a student may be involved in gang activity. Information on the signs of gang involvement specifically for pre-teens can be found on the Los Angeles Police Department’s website.

Gangs are not limited to large cities in California. Gangs have formed or have been extended to most counties in California, including rural areas. Students learn why people including youth their own age may want to join or to be initiated into gangs. Initiation may include the perspective member either being harmed by

fellow gang members to demonstrate their courage or being required to commit a crime. Reasons for gang involvement include:

- Identity and recognition
- Protection from violence or rival gangs
- Attachment, a sense of belonging, fellowship, and brotherhood (which may be lacking in one’s home life)
- Intimidation
- Criminal activity
- Financial
- Generational

Source: Los Angeles Police Department (2019b).

The classroom example below addresses gang prevention strategies.

VIGNETTE

Classroom Example: Gang Prevention

Purpose of Lesson: Students learn the definition of a gang, the dangers associated with gang activity, how to apply refusal skills when approached to join a gang, and make personal commitments not to join a gang.

Standards:

- **4.1.10.S** Define a gang and how it is different from a club, sports team, or clique (Essential Concepts).
- **4.1.11.S** Describe the dangers of gang activity (Essential Concepts).
- **4.1.12.S** Identify positive alternatives to gang activity (Essential Concepts).
- **4.4.4.S** Demonstrate refusal skills to avoid gang involvement (Interpersonal Communication).
- **4.6.2.S** Make a personal commitment to stay away from people involved in gang activity (Goal Setting).

Supplies:

- Grade Levels 3–5 Goal-Setting Diagram

Lesson Narrative:

To begin the discussion, Mr. O asks students if they have ever heard of a gang or are familiar with the term *gang member*. Mr. O writes their responses on the white board. Students are asked to distinguish between a club, sports team, and clique. The formal definition of gangs is provided as defined by California legislature and recognized by the National Institute of Justice (2011). The definition is explained to students in language appropriate for their learning level:

A criminal street gang means any ongoing organization, association, or group of three or more persons, whether formal or informal, having as one of its primary activities the commission of one or more criminal acts ..., having a common name or common identifying sign or symbol, and whose members individually or collectively engage in or have engaged in a pattern of criminal gang activity. (California Street Terrorism Enforcement and Prevention Act, California Penal Code, section 186.22[f])

Mr. O then carefully explains in plain language that a gang is usually a group of people who are involved in criminal activity including violence for ritual, power, control, drugs, or extortion (taking money from someone without power). Some gangs can be culturally aligned, meaning many people join gangs of their same race or ethnicity (Los Angeles Police Department 2019a).

Having been a former gang member himself in his teens, Mr. O is sensitive to the fact that gangs can be generational, so some students may feel obligated or expected to be in a gang a family member is a member of or was previously. Students think, pair, share, and then discuss in larger groups the dangers of gang activity, followed by identifying positive alternatives to gang activity or joining a gang, such as joining a sports team, student clubs, or a youth organization that offers a sense of belonging.

Students then practice and demonstrate refusal skills (saying no, walking away, or changing the subject) to avoid gang involvement by engaging in role-play based on various gang-activity scenarios such as those provided below. Students apply the five-step decision-making process ([see above](#)) in their role-play activity.

Gang-Activity Scenarios

1. Your older sister's boyfriend is a leader in a popular neighborhood gang. It seems like everyone in the neighborhood looks up to him and thinks he is cool. He has a lot of expensive clothes and a really awesome car. He tells you that being in a gang gives you a lot of the things he has. He asks if you want to be initiated into his gang. What do you do?

2. You and your friend are being bullied at school. While walking home, your friend points to some tagging on a wall and suggests that you both should join the neighborhood gang for protection against those who are bullying you. Your friend knows one of the leaders of the gang. You do not want to be bullied anymore and would like to feel protected. What do you do?
3. You are feeling very lonely at home, as sometimes nobody is home with you. You like how everyone looks up to gang members in the music videos and movies you watch online. You want to be like the gang members and feel cool, included, and part of a group. The local gang hangs out on the street corner near your apartment. Some say they sell drugs for money. Your mom has said to stay away from the gang members because they are bad, but they seem to have fun and look cool. You are walking down the street when one gang member calls you over. What do you do?
4. You are new to your school and the neighborhood, and you miss your old friends. A new friend approaches you and then asks you to join an initiation to be in a gang he and his older brother in middle school belong to. He shares that his dad was also a member of this gang when he was young. How do you respond?

Lastly, Mr. O's students make a personal commitment to stay away from people involved in gang activity using the diagram below (also, see goal-setting activities and planning examples in the [ATOD section](#)).

Three-Step Goal-Setting Model



Long Description of Three-Step Goal-Setting Model is available at <https://www.cde.ca.gov/ci/he/cf/ch4longdescriptions.asp#chapter4link2>.

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

As fourth-grade students enter upper elementary school, they will experience more developmental and social changes. These changes include shifts in peer and family relationships. Fourth-graders may seek more autonomy and time with friends. Separate peer groups may form including cliques. Bullying and harassment may take on a more prominent role as students recognize differences with a more critical lens.

Because of these changes, fourth-graders need to understand and be able to describe the different types of bullying and harassment, including verbal and physical (4.1.3.S, Essential Concepts). It is important to reinforce previous learning about respecting individual differences. Building upon prior knowledge, skills, and thinking critically about relationships and respect, students can explain how courtesy, compassion, and respect toward others reduce conflict and promote nonviolent behavior (4.1.18.S, Essential Concepts; 4.4.2.S, Interpersonal Communication). Understanding how to reduce conflict and promote nonviolent behavior may also help students identify behaviors that could lead to conflict with others (4.1.2.S, Essential Concepts).

Students learn that they can have healthy relationships with peers, even if they are in different friend circles. Healthy relationships with others can reduce conflict and promote health-enhancing behaviors. Students understand that healthy relationships consist of mutual respect, communication, support, and boundaries. Having positive relationships with peers and trusted adults also helps develop support systems, which students can rely on if they encounter uncomfortable or threatening situations. Establishing norms for collaboration and discussion at the beginning of the school year with input from students can support healthy relationships among peers. Norms could include “speak your truth,” “be open to new ideas,” “have each other’s backs,” “push our thinking,” or other norms that promote a culture of learning and respect. Charts with ideas or sentence starters for “respectful discourse” can support students to adopt the discourse moves and language of respectful peer relationships. See below for examples fourth-graders could use to interact respectfully during discussions or group tasks.

Respectful Conversation Starters

To ask for clarification:

Can you say more about _____?

What do you mean by _____?

I am wondering if you could clarify _____.

To build or add on:

I would like to add on to what you said. _____.

Also, _____.

That made me think of another point. _____.

To affirm or agree:

That is a really good point. Here is why: _____.

I like what you said about _____ because _____.

I learned something new, that _____.

To politely disagree:

That is an interesting idea. However, _____.

I am not sure I agree with you because _____.

I can see your point, but have you thought about _____?

Because violence has a direct impact on health, bullying and harassment should be thoroughly addressed and discussed. In fourth grade, students examine the consequences and effects of bullying and harassment on others (4.1.4.S, Essential Concepts; 4.5.2.S, Decision Making). Examples of consequences include legal and school disciplinary actions. Bullying and harassment can cause various harmful effects on a student's social, emotional, and mental health, such as depression and anxiety. Students can demonstrate what to say and do when witnessing bullying, including reporting the incident and offering friendship and support to someone who was bullied. Cyberbullying, cyber harassment, cyberstalking, and online harassment are also included and addressed. Underlying causes and the possible negative social, emotional, and mental health outcomes are identified and discussed (4.4.5.S, Interpersonal Communication; 4.8.2.S, Health Promotion).

Emotions play an important role in health and healthy behaviors. Students analyze how expressing emotions appropriately may reduce conflict and promote safety, while not managing emotions appropriately can lead to unhealthy coping skills, depression, and violence (4.2.1.S, Analyzing Influences; 4.5.3.S, Decision Making). Analyzing emotions and feelings may also help students identify situations that may be dangerous or threatening. Students have learned about instincts and identifying emotions in previous grade levels. Paying attention to how people and situations make them feel can be an early protective factor against experiencing various forms of violence. For example, if a person or situation makes a student feel scared or uncomfortable, the student may decide to avoid the person or situation. Students explore what these emotions feel like and what they could mean in different situations.

Students are informed that if they, or someone they know, is in danger of hurting themselves or others, they need to immediately contact a trusted adult such as a teacher, administrator, parent, guardian, caretaker, school nurse, or school counselor, school psychologist, or call a suicide prevention hotline, 9-1-1, or the school police. A list of local resources that includes some of these examples should be made available to students, as they learn that it is critical to tell someone and to not keep secret if someone is planning to hurt themselves or others. Students understand bullying and harassment can cause various harmful effects on a student's social, emotional, and mental health, such as depression and anxiety.

Teachers and all staff should know and follow mandated reporting requirements in addition to school policies and procedures for responding to suspected risk,

including how parents, guardians, and caretakers are notified. Teachers must follow mandated reporting laws. 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.

A short story or news article about self-harm can be shared with the students to place the importance of this topic into context. Students write a brief reflection paper of the news story. Teachers should be prepared to connect students to supportive resources, as this activity may be a triggering activity for some. Teachers may also need support resources for any emotional triggers they may personally experience (4.3.4.S, Accessing Valid Information; connects to CA CCSS for ELA/Literacy in writing).

Staying safe can apply to a number of different settings. Fourth-graders can analyze safety concerns and how to evaluate and apply decision-making skills to avoid dangerous situations (4.5.1.S, Decision Making). Part of this process can include creating a safety plan. In developing a safety plan, students should examine possible dangerous situations, preventative measures, and strategies for escape. This includes demonstrating escape strategies for cases of inappropriate touching or attempted abduction (4.1.19.S, Essential Concepts; 4.7.5.S, Practicing Health-Enhancing Behaviors). Some strategies include building personal power and using refusal skills (4.4.1.S, Interpersonal Communication). Demonstrating a firm no and running away may also be effective. Some students may have cell phones, which can be used as a safety tool to call 9-1-1 in an emergency. Students should demonstrate how to call 9-1-1 and communicate effectively with emergency personnel including identifying their location (4.3.2.S, 4.3.5.S, Accessing Valid Information). Safety planning also means knowing what to do and how to seek assistance if worried, abused, or threatened (4.1.7.S, Essential Concepts). Students identify and write down emergency contacts or safe people and places to go to if feeling unsafe or threatened (4.3.3.S, Accessing Valid Information).

Sample Safety Plan Template

Strategies for dangerous situations:

- If someone touches me inappropriately, then I will _____.
- If someone tries to abduct me, then I will _____.
- If someone bullies me, then I will _____.
- If I witness someone being bullied, then I will _____.
- If I feel uncomfortable or scared, then I will _____.

Have students come up with their own example of a dangerous or threatening situation for the last example:

If _____, then I will _____.

Safe people I can contact:

Name/Relationship/Phone Number: _____

Name/Relationship/Phone Number: _____

Name/Relationship/Phone Number: _____

Internet safety and digital citizenship are also important to discuss as part of this exercise. Students in fourth grade may use social media, online gaming, and other online resources. Students may use the internet at school for assignments and research and need to be aware of school and district policies related to the use of technology. It is important to establish internet safety and discourage cyberbullying. Fourth-graders should make a commitment to practice good internet etiquette and safety. Provide a contract that includes safety planning for students to sign as part of this commitment. Teachers should check with district policies regarding internet usage to see if a student contract already exists and is required to be used.

Example Contract

I will ask permission before using the internet.

I will tell a trusted adult if anyone online requests personal information or a photograph.

I will share friendships made online with a trusted adult.

I will never agree to meet someone in person who I have only talked to online without asking a parent, guardian, or caretaker first for permission and to go with me.

I will tell a trusted adult if anything online makes me feel uncomfortable or scared.

I will practice good online etiquette and treat people with respect.

I will not respond to messages that are mean or rude.

I will not send rude or inappropriate messages.

I understand that what I say and do online impacts myself and others.

As with other situations that may make a student feel threatened or uncomfortable, discuss the importance of seeking assistance from a trusted adult.

Two useful resources for internet safety are the *Model School Library Standards for California Public Schools, Kindergarten Through Grade Twelve* by the California Department of Education, and KidSmartz, a program of the National Center for Missing and Exploited Children that includes age-appropriate printouts and guidelines.

Fourth-graders explore influences and impacts of violent behavior. In doing so, students examine violence in the media and technology (4.2.2.S, Analyzing Influences). Students analyze different forms of violence, including harassment, and how it is portrayed and normalized in social media, video games, television, movies, and music. This analysis also includes evaluating how exposure to violence can desensitize individuals to its impact. To understand the impact of violence on multiple levels, students can complete an activity that addresses the following questions:

- How does violence affect me?

- How does violence affect my family?
- How does violence affect my school?
- How does violence affect my community?

This activity may result in disclosures of child abuse, neglect, domestic violence, bullying, or violence within the student’s neighborhood or community. Be mindful of students who may need additional support and follow mandated reporting laws and school policies related to child abuse, which includes children witnessing domestic violence or experiencing various forms of violence. Students may need additional school support if experiencing bullying on campus or violence in their homes or community.

Partnering with Your School

All educators are encouraged to familiarize themselves with the district’s policies on bullying, prevention, reporting, and intervention/response requirements. Students, teachers, and administrators should actively discuss the policies, what they mean, and what students should do if they have concerns. Many districts have mandatory trainings, and this is a great time to have students develop awareness campaigns to reduce bullying school-wide. The tips will allow the school to address bullying issues and ensure a no-tolerance-of-bullying climate at school. Technological bullying such as cyber harassment, cyberstalking, and cyberbullying should also be reported (4.4.3, Interpersonal Communication).

Partnering with Your Community

Guest speakers from the local fire department, emergency management services, American Red Cross, Poison Control Center, and police department provide resources and teach the importance of developing and practicing emergency, fire, and safety plans at home and at school. Local EMS can instruct students, staff, and parents on the Cardiac Chain of Survival to respond to a sudden cardiac arrest. The American Heart Association reports that 88 percent of cardiac arrests happen at home, so being prepared to respond anywhere can save a life (2019). Define life-threatening situations, such as heart attacks, asthma attacks, and poisonings (4.1-1.5.P, 4.1.1.S, 4.1.5.S, 4.1.15.-16.S, Essential Concepts). Materials in the languages commonly used in the community are shared with families.

Partnering with the Family

Families are encouraged to have an emergency preparedness plan in place, and a sign or poster about when to call 9-1-1 in an accessible location. Search CDC’s Home Emergency Preparedness for resources to provide resources for families. Families that share they have an emergency plan in place are given a certificate of appreciation (4.7.2.S, 4.7.6.S, Practicing Health-Enhancing Behaviors). Consider hosting an information night for parents and local community agencies to share what your school is doing for bullying prevention and how to report bullying, harassment, and other dangerous situations (4.4.3.S. Interpersonal Communication).

Alcohol, Tobacco, and Other Drugs (A)

Promoting a lifestyle free of alcohol, tobacco, and other drugs (ATOD) is as rewarding as it is challenging. Fourth grade is an opportune time for students to build on what was introduced in second grade by learning more advanced competencies and applying behavior-based skills including responsible decision-making. Providing a solid foundational knowledge of ATOD and practical skills for preventing ATOD usage may lead to a lifetime of positive practices. As a teacher, you not only play an important role in ATOD prevention for students, but also as a significant role model. The complex issue of substance abuse prevention and use requires a comprehensive community approach, of which schools play a critical role in awareness and prevention efforts (CDC 2019d).

Building on the foundational ATOD competencies students were introduced to in second grade, students continue to apply standards-based competencies that become more sophisticated. Instruction is evidence- and theory-based in hopes of preparing fourth-grade students with the knowledge, skills, attitudes, and behaviors to choose and maintain a drug-free life. With instruction, students understand that a drug-free lifestyle means free from alcohol, tobacco, marijuana, and illicit drugs, medications prescribed to others. Other content areas—such as physical activity—as healthy alternatives to ATOD use, healthy coping behaviors in lieu of ATOD use, or injury prevention and its connection with ATOD should be integrated into instruction when appropriate.

Role-playing approaches that apply a responsible decision-making approach are effective for learning about ATOD because they engage students’ interest and

elicit skill application. Students can problem-solve different complex scenarios involving ATOD. For example, students practice refusal skills in a scenario in which they are offered a flavored tobacco product or an unidentified prescription drug taken from a friend's parent's medicine cabinet. Students can also role-play what they would do if they were at a friend's house and their friend offered them alcohol. Solutions such as contacting a parent, guardian, caretaker, or trusted adult are important to include in the discussion of refusal skills. Students apply the five-step decision-making model (4.1.2.A, 4.1.5.A, Essential Concepts; 4.4.1-2.A, Interpersonal Communication, 4.5.1.A, Decision Making).

Students are asked what they know about medicines and other drugs. On the whiteboard, three categories are listed: (1) Prescription Medicines; (2) Over-the-Counter Medicines; and (3) Drugs, Substances, or Illicit Drugs. Students provide examples of each of the three categories. After providing various examples and reasons for using medicines, such as taking cough medicine that is available over the counter at a drugstore without a prescription, students discuss medicine that is available only by prescription. The purposes of prescription medicines include such examples as controlling diabetes with insulin or pills, antibiotics to help one recover from having an infection, taking medicine (pills) for ADHD, or a person taking medicine for hypertension (high blood pressure). Students learn that prescription drugs are dosed (measured by a doctor) according to one's weight and age. They learn that taking someone else's medication or giving prescription drugs to another person is illegal and dangerous. The category of Drugs, Substances, or Illicit Drugs includes the following:

- Marijuana
- Alcohol
- Tobacco (including electronic smoking devices [commonly known as ESD], such as vaping and hookah)
- Cocaine (stimulant)
- Inhalants (products used for huffing)
- Antidepressants
- Hallucinogens (D-lysergic acid diethylamide, also known as LSD)
- Opioids (illicit prescription drug use and heroin)

Some of these drugs are legal when used as prescribed by a doctor or for people over a certain age. This is an initial activity to introduce students to the difference between medicines and illicit drugs that serves as a good segue to describing the short- and long-term effects of ATOD (4.1.1.A, Essential Concepts).

The Substance Abuse and Mental Health Services Administration’s (SAMHSA) *Reach Out Now* program provides free lesson plans and resources in English and Spanish for educators on the short- and long-term effects of ATOD (4.1.1.A, Essential Concepts) including discussion prompts and informative resources. The National Institutes of Health’s National Institute for Abuse (NIA) has free interactive curriculum for grades four and five called *Brain Power!* that covers the effects of drugs on the brain. The book *Straight Talk: Smoking (TIME FOR KIDS® Nonfiction Readers)* by Stephanie Paris (2012) can be a resource included in the classroom or school library for students to read.

In the classroom example below, students examine advertising strategies used by tobacco companies in the past and compare them to strategies used today.

VIGNETTE

Classroom Example: Tobacco Advertising—Past and Present

Purpose of Lesson: Students analyze and examine advertising strategies used by tobacco companies.

Standard:

- **2.2.A** Examine advertising strategies used for alcohol, tobacco, and other drugs (Analyzing Influences).

Supplies:

- Construction paper or poster board
- Crayons, colored pencils, or markers
- Printed tobacco advertisements (ads) obtained from PECentral or by searching online for tobacco advertisements from the 1940s and 1950s, including ads that portray doctors, athletes, famous people, mothers with babies, and Santa Claus smoking
- Current advertisements for electronic smoking devices (ESD), such as vape devices are also included

Lesson Narrative:

Mr. D's students have already learned about the risks and effects of using alcohol, tobacco, and other drugs. Mr. D would now like his students to learn about the past and present strategies and tactics advertisers use to influence people, including youth, to purchase and use tobacco.

Mr. D explains to his students that today they will learn how the tobacco industry advertises their products and the strategies they use to appeal to the general public including young audiences. Mr. D first asks students, *"What is an advertisement?"* Some of the students share that an advertisement is something used, like a commercial, to sell something. Others share it is a promotion of something. Another student shares that it is an announcement of a product or service.

Mr. D then asks students to recall where they see or hear advertisements and asks them to share what types of ads they are. Students share responses including television, radio, online, social media, and billboard ads. Mr. D then asks the students if they have ever seen or heard an advertisement that caught their attention or interest. He asks students to share what first caught their attention, or what made them want to try the product. Students reply that it was a particular song in the background, a certain color used, that the people in the ad appeared cool, that the food or beverage looked appealing, and that the people in the advertisement looked as if they were having fun.

Mr. D asks students to recall the harmful effects they learned about tobacco products in their prior lessons. Mr. D then explains that many years ago, people did not know how bad smoking was for their health, yet now, the tobacco industry still spends a lot of money on advertising in hopes of getting more and more people to begin smoking or purchase cigarettes and other tobacco products.

Mr. D shows his students the tobacco ads from the 1940s and 1950s. Students are surprised and even laugh at the idea of a doctor and an athlete smoking as portrayed in the ads. Mr. D asks his student what the ads from the 1950s and 1960s trying to say. What is the message? Students share that people who saw the ads may have thought, "If a doctor, famous athlete, glamorous person, or even Santa can use tobacco products, then it is OK for me to use tobacco products." Some of the students share that people may use tobacco products so they can be like the people in the advertisements.

Mr. D then explains that in 1964, a national report concluded that people were dying from lung diseases and lung cancer related to smoking (US Department of Health, Education, and Welfare 1964). In 1970, a federal law passed that prohibited the tobacco companies from advertising cigarettes on television and radio. Tobacco companies began to lose profits due to lowered smoking rates. Mr. D further explains that tobacco companies have discovered a new way to connect with young people. Students then review recent ESD (vape) ads. Mr. D asks them to identify some of the similar strategies that advertisers now use.

Students then form groups of four. Mr. D gives each group a poster-board paper and a printout of a tobacco advertisement. Mr. D reviews the strategies that tobacco companies use to attract people to their product. Each group is tasked with analyzing and critiquing the ad. After each member in the group had an opportunity to contribute, students create a counter-advertisement. Students are informed that their ad should be based on the original version (similar in style, strategies, and content), but revised to show the true effects of tobacco use.

Each group enjoys presenting their analysis of their ad before the class. Mr. D displays the students' work beside the original ad around the classroom with a caption displaying the student's names as the authors.

Various scenarios that assist students in demonstrating refusal skills to resist the pressure to experiment with ATOD (4.1.2.A, Essential Concepts) can be explored with students role-playing by practicing effective communication skills, such as saying no, walking away from the situation, changing the subject, delaying, and requesting assistance from a parent, guardian, caregiver, or trusted adult (4.4.1.A, 4.4.2.A, Interpersonal Communication, 4.5.1.A, Decision Making). Nonverbal communication skills can be introduced and also practiced.

Some scenarios may be:

- You are at a friend's house playing when your friend shows you that beer is kept in the refrigerator. Your friend opens and drinks a beer, and then asks if you want some. What do you do?
- Your friend has introduced you to some of the cool kids who are in fifth grade at school. The cool kids then invite you to use tobacco products with them in the bathroom during lunch. They show you their electronic smoking devices

(ESD) with bubble gum flavored vape juice and a pack of cigarettes that they brought to school in their backpacks. You want to be a part of the cool group and hang out with the fifth-graders, but find yourself scared and nervous, not knowing what to do or say. What do you do?

- You learn that your older brother is taking white pills that he is getting from his friend at school. He hides the pills in his backpack. When he takes the pills, he acts tired and strange. He tells you not to tell your parents that he is taking the pills. What do you do?
- Your best friend brings cookies in their backpack and says their cousin made them. Your friend informs you that the cookies are “edibles” and have marijuana, or pot, in them. At recess, your friend asks if you want to try one. What do you do?
- You and your best friend do everything together. You are at their house when they bring out a plastic bag and pour glue into the bag. They inhale the glue smell from the bag. They then ask if you would like to try “bagging” and inhale the glue fumes because it is fun and feels good. From school, you remember talking about the dangers of inhalant use. You are scared and worried about your friend, and feel pressured because you do not want to make your friend mad. What do you do?

Students create a plan to be, and stay, ATOD-free and choose healthy alternatives to ATOD by identifying three personal goals (4.6.1.A, Goal Setting). Creative goal strategies may include:

- Writing a letter to oneself, stating the goals and steps to achieve them
- Using self-efficacy, completing a handout that displays, “I am in charge of myself, so I know I can do it!” and list their goals
- Using an effort meter that displays a thermometer to the left of their goal, coloring their effort meter to correspond to how much effort students feel their plan or goal will require
- Drawing bubbles listing one of the three goals with smaller bubbles under each goal, demonstrating the one way to reach the goal
- Creating a poster or picture collage
- Using a technology program to creatively showcase the three goals
- Creating a *Reach for the Stars* board with three goals written on a star for each student

Sometimes, students learn that a friend, family member, or caregiver may have a substance abuse addiction. If a student has a loved one or friend experiencing ATOD addiction, it is important for the student to know they are not alone and can contact a trusted adult such as a teacher, administrator, school nurse, or school counselor for support (4.7.1.A, Practicing Health-Enhancing Behaviors).

Partnering with Your School

Students in all grades place their handprint or signature on a large mural poster titled, “*We are making a pledge to be an ATOD-free school.*” Students encourage others to be free of alcohol, tobacco, and other drugs by promoting a healthy lifestyle that encourages wellness through physical activity, healthy eating, and mental and social well-being, including being kind to oneself and others (4.8.1.A, Health Promotion).

Partnering with Your Community

A local drug counselor or drug prevention agency can speak to students about the importance of an ATOD-free life. Nonprofit organizations such as the American Lung Association or American Cancer Society can provide speakers and materials on the dangers of smoking and the importance of a tobacco-free life. Note that because of its complex subject matter, inviting guest speakers should be only one instructional strategy for addressing ATOD prevention and use. Any guest speakers must be vetted following school and district policy.

Partnering with the Family

Health education brochures or online resources on the content covered in this section, such as *Talk to Your Kids about Tobacco, Alcohol, and Drugs* from Healthy People, Office of Disease Prevention and Health, are shared with family members, guardians, and caregivers. Students are encouraged to engage their family members, guardians, and caregivers in conversations regarding the rules and expectations surrounding ATOD use. Families, guardians, and caretakers are also made aware of district policies and state laws regarding ATOD use (Essential Concepts).

Fifth Grade

Fifth grade is a pivotal year for many students both personally and academically. Some students are preparing to enter middle school the next school year. At the same time, early adolescence is occurring for most at eleven years old, bringing its own physical and emotional changes as early signs of puberty may appear. Late elementary is an opportune time to assist students with responsible decision-making that supports healthy choices and positive health behaviors for a lifetime. At this grade level, students can understand information from multiple perspectives, are more competent at solving problems, and are able to think abstractly (Wood 2007).

Fifth-graders are generally becoming more communicative and more focused on peer relationships. Their own opinions are well-established, as they interpret scientific and technical concepts to make informed decisions about their own health and the health of those around them (Marotz 2015). Fifth-grade students learn about the importance of nutrition and healthy food choices; the physical, academic, mental, and social benefits of physical activity; the personal growth and development that is occurring within their own bodies; conception; and continued strategies to improve personal health and hygiene and to protect and maintain a healthy environment (5.6.1.P, Goal Setting).

Three of the six content areas are covered in the fifth-grade health education standards: Nutrition and Physical Activity; Growth, Development, and Sexual Health; and Personal and Community Health. All eight overarching standards are addressed in fifth grade when instruction includes all three content areas. Teachers are encouraged to incorporate content areas for which there are no standards in grade level five to address students' needs and interests.

Nutrition and Physical Activity (N)

Proper nutrition and information on how to make healthy food choices is important for students' growth, development, and overall health. Building on their foundational knowledge from earlier grades, fifth-grade students continue to focus on the recommended food groups, portion sizes, and eating in moderation (5.1.1.N, 5.1.4.N, 5.1.7–8.N, Essential Concepts). Fifth-grade students are now more influenced by their peers than in prior years, and may be frequently eating greater amounts due to growth spurts—so opportunities for applied activities on

the importance of healthy, nutritious meals, snacks, and beverages are important (5.1.6.N, 5.1.8.N, Essential Concepts; 5.5.1.N, Decision Making; 5.7.1.N, Practicing Health-Enhancing Behaviors). For example, children in this grade may see their peers snacking on high-calorie, low-protein, and high-sugar snacks and can be influenced to consume the same types of snacks or beverages. Or, due to an increased appetite from growth spurts associated with puberty, fifth-graders may be tempted to reach for unhealthy snacks or meal options, such as high-fat, high-sugar, nutrient-deficient snack foods. Some students may not have access to healthy foods at home.

In science, students learn that the energy in an animal’s food is used for body repair, growth, motion, and to maintain body warmth. They also learn that energy released from food was once energy from the sun, and that this energy is essential to human life and to the functioning of our economies and cultures. Students also learn plants get the materials they need for growth mainly from air and water. The soil and byproducts of human activities cause changes to natural systems that also influence the materials plants need for growth.

Students explore a school garden or outdoor space to map the flow of matter and energy in the natural world, by drawing the sun and then an arrow labeled “Energy” that goes from the sun to a plant in the garden, then drawing another arrow labeled “Energy” that goes from the plant to an animal or human. Students discuss their ideas about where plants get the matter from which they are made. Then, they participate in a role-play to demonstrate the process of photosynthesis, whereby plants take in air and water and, with energy from the sun, use those atoms to build plant material and give off carbon dioxide (California Next Generation Science Standards [CA NGSS]: 5.LS1.C, 5.PS3.D, and 5-LS1-1; California Environmental Principles and Concepts [EP&Cs]: EPC I and EPC IV).

Plant-based foods are an important part of a nutritious diet. These connections to nutrition education provide opportunities to apply knowledge in science to health education, as students compare what they eat to what animals eat. Students can explore how their bodies use the nutrients in food. For an integrated science and health education activity, provide half of the class with various cards displaying the word *vitamin*, *mineral*, *carbohydrate*, *protein*, *water*, or *fats*. The other half of the class receives cards that provide the definition and an example of how each nutrient impacts a body function. For example, carbohydrates give bodies the energy needed to function. Students search the

room to find their partner who has the card that matches the nutrient with the definition and correct body function the nutrient provides.

Once all correct partners are formed, students then work together with their paired partner to research foods that contain high levels of each nutrient and how their assigned nutrient impacts one's metabolism. Students write their findings on large paper, which is posted around the room and presented to the entire class. In an extension of this activity, students create Venn diagrams with circles showing, for example, *Foods High in Potassium* and *Foods That I Like*. In the center of these diagrams, they identify foods high in each vitamin, nutrient, or mineral that they also like. Then, students prepare and enjoy fresh, whole foods that are high in each nutrient together. Consult your school's policy on preparing and serving food in the classroom and check for nut and other food allergies (5.1.3.N, Essential Concepts).

Reinforcement of healthy food choices can be achieved through a variety of teaching strategies that will engage and motivate students. Because fifth-grade students enjoy communicating with their peers more and are now fairly proficient at group work, learning that incorporates group activities should be included in lesson planning. A fun and engaging activity for students to describe the food groups, recommended portion sizes, and explain eating in moderation is to ask students in pairs or small groups to write and perform a song, skit, or poem on a chosen topic of nutrition to share with the class (5.1.1.N, 5.1.4.N 5.1.6.N, Essential Concepts). These lesson plans should include identifying the six key nutrients (protein, carbohydrates, fat, minerals, vitamins, and water) and their functions as they relate to nutrition and physical development (5.1.1).

In groups or pairs, students can identify the three forms of carbohydrates (sugars, starch, and fiber), what their sources are, and how the body converts different carbs into short-term or long-term energy. By fourth grade, students should be learning about proteins, the best whole food sources of protein, and how their bodies need protein for muscle growth and the growth and maintenance of healthy organs, bloodstream, hair, and nails. Students will learn that the best source of vitamins and minerals are fruits, vegetables, and protein foods, and that vitamins and minerals are needed for the healthy formation of bones and tissues as well as healthy skin, teeth, and the maintenance of good eyesight. Students should also learn that fat consumption in moderation is also a part of a healthy diet. Fat is used by the body as a source of energy, it protects

tissues and organs, and helps in maintaining body heat. Also, while we continue to encourage students to drink adequate amounts of water in lieu of sweetened drinks or energy drinks, we need to emphasize the key function water plays in moving the various nutrients into the cells and removing waste from the cells and, ultimately, the body. Water also helps regulate body temperature during exercise (5.1.1.N, 5.1.2.N, 5.1.3.N, Essential Concepts).

To assess what they are currently eating, students journal all foods and beverages they plan to eat over the next two days (5.5.1.N, Decision Making; 5.6.1.N, Goal Setting; 5.7.1.N, Practicing Health-Enhancing Behaviors). On the third day, in pairs, students can discuss their journal. Prompts can be asked and shared with each other, such as:

- What foods were enjoyed?
- What foods were healthy?
- Where and when could more healthy snacks or beverages be chosen?
- What similarities and differences did you discover in your food choices?
- Did you enjoy or try any nutritious ethnic or cultural foods you had not tried before?
- Did you actually eat the food you planned to eat? Why or why not?

Individually, students then compare their food choices with the current USDA guidelines for children aged nine through thirteen (5.5.3.N, Decision Making). Note that educators should 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 meal calendars, rather than by asking students to share what they actually ate over the past few days.

Building on this activity, students then create a healthy vision board showcasing their ideal healthy snacks, meals, and beverages (5.1.6.N, 5.1.8.N, Essential Concepts). To incorporate technology, students can create an electronic vision board using presentation software by inserting graphics or photos of healthy, nutritious foods in the presentation. A vision board can also be created on a poster board with student drawings or pictures of healthy foods cut from magazines or

weekly grocery advertisement mailings. Students set one personal nutrition goal based on their vision board. Challenges and barriers to achieving this goal may be added along with listing strategies that could facilitate reaching their goal. Students check back on their goals in one month (5.6.1.N, Goal Setting).

Another fun and engaging way to motivate students to eat healthy foods is to have a cooking demonstration. An easy “no cook” healthy snack can be demonstrated by making hummus and veggies in class, or whole fruit and vegetable smoothies—keeping in mind it is always best that one eats fruits and vegetables in their natural form (5.1.6.N, Essential Concepts; 5.5.1.N, Decision Making; 5.7.1.N, Practicing Health-Enhancing Behaviors). Olive oil, tahini, and garbanzo beans can be blended to enjoy with fresh vegetables such as carrots or cucumbers. Safe food handling (5.1.5.N, Essential Concepts; 5.7.2.N, Practicing Health-Enhancing Behaviors) can also be reinforced by demonstration of proper food washing, handling food with gloves, and food storage. Food items can be obtained from the school cafeteria or the school garden and the demonstration can be performed in the school cafeteria if school policies prohibit food preparation in classrooms. Provide copies of the recipe to be shared with family members and encourage students to talk about healthy, nutritious snacks at home, such as fruit, vegetables, whole grain items, low-fat dairy products (including yogurt, cheese, and cottage cheese), low-fat protein items (including jerky), and plant-based items (including beans, peas, and lentils). An alternative to this activity may be for students to analyze fast-food menus, identifying healthy and unhealthy food items based on calories, sugar, portion sizes, and saturated fat.

Students harvest and enjoy a food straight from the source, such as carrots they have grown in a school garden or container. They discuss how the nutrients in that food were derived from the soil, then compost the carrot tops to give nutrients back to the soil to grow more nutritious food, and discuss how they participate in the cycle of nutrients and matter in the garden. Consult the school’s policy on preparing and serving food in the classroom and check for nut and other food allergies (5.1.6.N, Essential Concepts; 5.5.1.N, Decision Making; 5.7.1.N, Practicing Health-Enhancing Behaviors).

More nutrition and physical activity learning activities can be found in the table below and at the 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 website (California Department of Education 2017).

Instruction in fifth grade encourages students to analyze their food choices (5.2.1.N–5.2.3.N, Analyzing Influences) and use decision-making skills to enhance their health (5.5.1.N, Decision Making). Manufacturers and advertisers utilize many techniques to make food packaging appear healthy, such as using the color green for packaging and using terms such as *healthy*, *all natural*, *fortified*, *fat free*, *sugar free*, and *light*. A Nielsen survey found that close to 59 percent of people had a difficult time deciphering nutrition labels—this difficulty is even more magnified for school-aged children (Nielsen 2012).

In the following classroom example, students will describe, identify, and interpret manufacturers' packaged food claims (5.2.3.N, Analyzing Influences) and identify and analyze key components of food product labels (5.1.2.N, Analyzing Influences; 5.3.2.N Accessing Valid Information).

VIGNETTE

Classroom Example: Food Label Detectives

Purpose of Lesson: Students may believe some of the packaged foods they eat are healthy due to health-claim wording and graphics displayed on the packages. Many packaged foods, such as snacks and cereals, are actually high in calories, sugar, unhealthy saturated fats, or salt. Students will have a greater understanding of how healthy or unhealthy packaged foods may be by analyzing examples of food packaging and nutrition labels to determine if the item is nutritious.

Standards:

- **5.2.3.N** Describe the influence of advertising and marketing techniques on food and beverage choices (Analyzing Influences).
- **5.1.2.N** Identify key components of the “Nutrition Facts” labels (Essential Concepts).
- **5.3.2.N** Interpret information provided on food labels (Accessing Valid Information).

Supplies:

- 8–10 food package samples of both nutritious and less nutritious packaged food items
- Teacher-created “Food Label Detective” worksheet (listed on the worksheet is information to be found at each station, such as serving size, calories, and sugar)
- US Food and Drug Administration’s (FDA’s) Label Claims for Food and Dietary Supplements page (2018)
- **Optional supplies:** Cereal, two plastic bowls, and measuring cups
- **Note:** Prior to the activity, Ms. C sets up the food package stations with one packaged product located at each station on various tables around the classroom

Lesson Narrative:

The students in Ms. C’s fifth-grade class are engaged in analytical, problem-solving, and decision-based learning. The students enjoy group-based learning opportunities and working in teams. Ms. C’s students have been learning about the food groups, healthy food and snack options, portion sizes, and the benefits of a balanced diet. Based on her assessment of the students’ learning, Ms. C feels the students are ready to engage in a more analytical instructional activity.

Ms. C prepares for the lesson by bringing empty packaged food items or printing pictures of packaged foods and their corresponding food labels. A variety of both nutritious, “healthy” packaged foods and packaged foods that are higher in saturated fat, salt and/or sugar are used. Examples of nutritious foods may include low-fat yogurt, low-fat cheese sticks, whole-grain and low-sugar cereals, and whole wheat bread, cruciferous vegetables, salads, vegetable soups and stews without sodium products added, whole fruit and vegetable smoothies, beans and brown rice, and oatmeal without added sugar, salt, or saturated fats. Examples of less healthy foods may include frozen pizza, ice cream, cookies, soda, chips, and high-sugar cereal.

Ms. C explains that students will analyze the food packaging for any misleading claims by comparing the nutrition labels listed on the packages. The students have read the FDA “Label Claims for Food and Dietary Supplements” page in preparation for the lesson. Ms. C has also created a key-points summary of the Label Claims for Food and Dietary Supplements page for reinforcement of comprehension or in case any students found the content challenging. Ms. C

leads a discussion on what the students have learned about package claims and nutrition labels, and reminds the students that some nutrition claims are accurate according to the FDA standards and some are not (2018). Examples of accurate claims may include a food allergens label and a fat-free (less than 0.5 grams of fat per serving) label.

An informational discussion handout is given to each student with the food label nutrition terms highlighted and defined. Ms. C leads the students in a discussion of the key nutritional terms on food labels, such as calories, saturated and unsaturated fats, sodium, total carbohydrates, sugars, proteins, and vitamins. In teams of two, students visit each station and complete the “Food Label Detective” worksheet together. Students enjoy exploring and looking at the food packaging through a new lens as they complete the worksheet. Ms. C made the cereal station more fun by including actual cereal, bowls, and measuring cups and instructing the students to measure out one serving size of cereal into the bowl. Students are surprised by how small an actual serving size is.

On their “Food Label Detective” worksheet, students record the following information on the food labels at each station:

- Serving size
- Sugar (within total carbohydrates)
- Calories
- Minerals
- Cholesterol
- Sodium
- Vitamins
- Protein
- Fat (saturated, polyunsaturated, and monounsaturated)

Included in the worksheet is a section for students to list any health claims on the packaging. Note that food-label analysis apps can also be used. An extension of this classroom example may allow students to distinguish between processed and unprocessed foods, or foods with high fructose corn syrup or artificial sweeteners, following a discussion on the health and nutrition impacts of identified foods.

Once the teams have visited each station and completed their “Food Label Detective” worksheets, all the students participate in a follow-up discussion.

Students report how they enjoyed the activity, what they found surprising or challenging, and how what they learned might affect their food choices. Ms. C then takes all the food package samples and arranges them at the front of the class in a row. She asks the students, based on their “Food Label Detective” worksheet results, to collectively place the items in order from:

- Highest fat content to lowest
- Highest sugar content to lowest
- Highest salt content to lowest
- Highest calorie to lowest
- Highest calcium to lowest
- Highest vitamin C to lowest

Students enjoy learning how some packaged foods are noticeably healthier than others. Students are asked to identify the foods on their “Food Label Detective” worksheet that are more and less nutritious. Students are reminded that to perform well in school, sports, and activities, and to avoid illness and have a healthy life, foods that are low in sugar, low in unhealthy saturated fats and oils, and low in salt or sodium products are better choices.

To assess individual students, Ms. C shows her students the package and nutrition labels for various products. Students respond in writing to the prompts: *How did marketers try to sell this product? Referring to the nutrition label, use examples to determine whether their claims are true.* Ms. C applauds the Food Label Search Detectives for their great work. At the end of the school day, Ms. C encourages students to check the food labels on their food and beverages at home and share what they learned today with their parents, guardians, caretakers, or siblings.

Most fifth-graders continue to enjoy physical activity opportunities and practices that were established in earlier grades. As fifth-graders enter adolescence, their gross and fine motor skills are well-established. In late elementary grades, students may be more involved in organized sports, which is an excellent way for them to achieve their recommended daily physical activity levels and establish lifelong fitness habits. Some fifth-grade students may also begin to enjoy more muscle-strengthening activities. However, some fifth-grade students may not be as active as others. Physical, social, or mental barriers may hinder their engagement in activity. Some students may lack a safe environment for physical activity or

prefer more sedentary activities such as entertainment media (e.g., video games, using the computer, or watching television).

Due to physical changes associated with puberty, some children at this age may feel awkward because they perceive themselves to be less developed or not as “strong,” “tall,” or “fast” as their peers. Some students have physical disabilities that result in unsteady ambulation or are unable to walk at all. Encouraging students to understand that everyone develops at their own pace and every individual has personal goals will give them the reassurance and confidence they may need. Support students to discover fun and engaging physical activity options and analyze why physical activity is essential for a lifetime of good health practices (5.1.9.N, Essential Concepts; 5.5.2.N, Decision Making).

Physical activity is essential to good health. Collaborate with physical education and/or after-school programs to help create or engage students in structured activities. Encourage students to set goals with friends and family so that they are supporting each other in achieving their goals. Fifth-grade students should be aware of how their personal physical activity level compares with the national guidelines and learn ways to set—and achieve—physical activity goals (5.5.3.N, Decision Making; 5.6.2.N, Goal Setting; 5.7.4.N, Practicing Health-Enhancing Behaviors).

Students can keep a journal or use a physical activity tracking app to log, chart, and graph their physical activity for several months. The journal process can start with students listing the age-appropriate physical activity guidelines in the journal or app (5.3.1.N, Accessing Valid Information). Students then set one physical activity goal they will accomplish this month and one goal they will achieve by the end of the school year (5.6.2.N, Goal Setting). Students are welcome—but not required—to share their goals. Students not only log their physical activity and minutes into the journal each day, but also any challenges and positive experiences they discovered with each activity (5.7.4.N, Practicing Health-Enhancing Behaviors). At the end of each month, students revisit their goal(s) and reflect on why they were or were not able to reach their goal(s). Students respond in class discussions or their journals when asked, “*What could you do differently to be successful?*” (5.6.2.N, Goal Setting). In support of student learning, journal feedback is regularly provided to each student. This journaling activity can be integrated with your English language arts (ELA) lesson planning and supports CA CCSS for ELA/Literacy W.5.10.

More learning activities for nutrition and physical activity are listed in the table below. Grade-level appropriate physical activities can also be found in the *Physical Education Framework for California Public Schools* on the CDE Curriculum Framework web page. Fifth-grade students need guidance and skill-based instruction to identify and participate in a variety of enjoyable physical fitness activities. In fifth grade, instruction focuses on identifying, describing, and practicing the many benefits of physical activity (5.1.9–1.11.N, Essential Concepts).

In the classroom example below, the students assess their physical activity levels and engage in a variety of physical activity options.

VIGNETTE

Classroom Example: Physical Activity Stations

Purpose of Lesson: Physical activity is essential to good health. Students will engage in moderate aerobic activities that increase their physical fitness level and participate in an activity in which they will assess and track their physical activity level according to the age-appropriate national guidelines. This example can involve both health and physical education teachers, or multiple fifth-grade teachers working together.

Standards:

- **5.3.1.N** Locate age-appropriate guidelines for eating and physical activity (Accessing Valid Information).
- **5.5.2.N** Use a decision-making process to determine activities that increase physical fitness (Decision Making).
- **5.7.4.N** Demonstrate the ability to assess personal physical activity levels (Practicing Health-Enhancing Behaviors).

Lesson Narrative:

While students enjoy the school's current physical education program, it does not provide all students with ample opportunity to meet the minimum daily guidelines of 60 minutes of physical activity a day. As part of their health education instruction, Mr. B's students will explore a variety of ways to be physically active and will track their physical activity progress. Mr. B wants all his students to participate in an engaging physical fitness activity that will include those who are more physically active as well as those who tend to be more sedentary and are not meeting the current physical activity guidelines.

Supplies:

- Device to play music
- Pedometers
- Jump ropes
- Hula hoops
- Basketballs, footballs, handballs, volleyballs, or soccer balls (whichever are available)
- Cones or paper to label stations
- Timer of any kind
- Whistle or bell
- Index cards, poster board, or whiteboard for use during discussion

Mr. B leads a classroom discussion on the benefits of physical activity and meeting the required 60 minutes of physical activity a day. Mr. B defines and explains the difference between moderate aerobic activity, muscle-strengthening activities, and bone-strengthening activities. Students share their own examples of each by taking blank index cards and writing down any activities they enjoy doing. Mr. B shares that running and dance are aerobic activities, weight lifting and gymnastics are muscle-strengthening activities, and jumping rope is a bone-strengthening activity. On the classroom walls, the terms *Aerobic Activity*, *Muscle Strengthening*, and *Bone Strengthening* are displayed on a whiteboard or poster board. Students tape their respective cards to the area they think matches their activity (or activities). Students determine if each activity is posted in the correct place, and if they are incorrect, Mr. B asks questions to help students make a correct determination. The students are encouraged to share their enjoyment or participation in any of the identified activities.

The second half of the activity is enjoyed outside on the playground and may or may not be on the same day. This lesson assumes that students know the rules and skills for each activity station. As fifth-grade students, they likely will have learned the sample physical activities in their prior and current grades. Prior to the activity, at least 10 activity stations are created using labeled cones or other signage. Due to the scope of this activity and the supervision necessary, it is strongly encouraged that the activity be collaboratively implemented with other teachers or that parent, guardian, and caretaker volunteers assist with supervision as allowed by school and district policy.

Each student is given a pedometer. From a prior activity, students already know what a pedometer is and how it functions. Students are informed that their number of steps will be recorded and that one of the goals of the activity is to achieve as many steps as possible. Mr. B tells the students they can begin at any of the stations (below is a sample of stations) and that they have four minutes at each different station. They must complete at least six stations for 24 minutes total of activity (as per the recommended daily age-appropriate guidelines). When students hear the signal to start, they proceed to one of the following activity stations :

- Jump rope
- Hula hoop
- Football toss
- Hopscotch
- Handball
- Bean bag toss
- One lap around track or playground perimeter
- Volleyball
- Basketball pick-up game
- Kickball
- Dance station with fun music playing
- Jumping jack station
- Soccer
- Four square

*Activities can be made wheelchair accessible with modifications.

Following the activity, Mr. B brings the students back together after a stop at the water fountain or a drink from their water bottles. Sitting in a group outside or in the classroom, students reflect upon the lesson and share which activities they found challenging, which came naturally, and those that they particularly enjoyed or disliked. Students are playful and giddy while sharing. Students explain how their aerobic activity felt before the activity (heart beating slow, easy to breathe), how they felt during the activity (heart beating faster, more challenging to breathe), and how they felt following the activity (sweaty, heart beating more rapidly). Students voluntarily share the numbers on their pedometers, reinforcing the point that the activities that had the most steps will

produce higher numbers. Mr. B encourages students to engage in at least one of these activities during the week.

Mr. B is pleased and invigorated by the students' excitement for the activity and plans to incorporate the activity into his monthly curriculum. At the end of the day, Mr. B thanks his class for being awesome participants. Students show their support of each other by giving "high fives" to one another and to Mr. B in a circle.

SNAPSHOT

Nutrition and Physical Activity Learning Activities

Essential Concepts: 5.1.1.N Describe the food groups, including recommended portions to eat from each food group.

Essential Concepts: 5.1.4.N Explain why some food groups have a greater number of recommended portions than other food groups.

Portion Sizes

As part of a nutrition unit after teaching food groups and the recommended portion sizes, show before-and-after photos of how portion sizes have increased over time and ask the students to compare and contrast the photos.

Health Promotion: 5.8.1.N Encourage and promote healthy eating and increased physical activity opportunities at school and in the community.

Create a Nutrition Education Poster

Students create a colorful poster or mural for the school cafeteria illustrating nutritious or healthy food choices. Students write a promotional statement on the poster, such as "Eat veggies—they have lots of vitamins!" (this activity supports the CA CCSS for ELA/Literacy SL.5.4).

Essential Concepts: 5.1.6.N Differentiate between more-nutritious and less-nutritious beverages and snacks.

Decision Making: 5.5.1.N Use a decision-making process to identify healthy foods for meals and snacks.

Nutritious Table Display

Students bring in empty packages of nutritious foods, beverages, and snacks or healthy snack alternatives such as raw fruits and vegetables for display. A different team of students sets up the display each month, including short informational paragraphs summarizing the nutritional information. Creative displays may include holiday, local, or seasonal foods or ingredients in a healthy recipe with an optional recipe handout to take home included as part of the display (this activity supports the CA CCSS for ELA/Literacy WL.5.8.)

Essential Concepts: 5.1.9.N Explain how good health is influenced by healthy eating and being physically active.

Adolescent Obesity Map of the US

Using a map infographic, students observe how obesity has increased through the years. In a teacher-facilitated discussion, students consider why this has occurred. Students discuss why this has occurred and discuss strategies for reversing this trend. Search for an obesity youth map at the CDC's Healthy Schools website.

Accessing Valid Information: 5.3.2.N Interpret information provided on food labels.

Fast-Food Nutrient Scavenger Hunt

Students visit websites of fast-food restaurants to locate the nutrient information for various popular foods. This activity should follow implementation of the classroom example in this chapter, Food Label Detectives. A simple worksheet can be developed that elicits student responses showing the foods with high or low fat, sodium, protein, calorie content, etc.; such as, "What are the three foods lowest in fat?" Students could also be asked to calculate the amount of protein, vitamins, or minerals they would consume if all their recommended allowance of calories came from the foods they selected.

For example, if a food contained 500 calories and their recommended daily consumption of calories is 2,000, then they would multiply each nutrient by four. This would yield the amount of each nutrient a person would obtain if their entire recommended calorie intake was from that food.

Analyzing Influences: 5.2.1.N Describe internal and external influences that affect food choices and physical activity.

Food Deserts

Students read several short informational texts about food deserts (an area where it is difficult to find and access fresh, affordable, healthy foods). Students then create a health education brochure, flyer, poster, banner, public service announcement (PSA), or advertisement to identify causes and solutions (CA CCSS for ELA/Literacy RI.5.9).

Essential Concepts: 5.1.1.N Describe the food groups, including recommended portions to eat from each food group.

Essential Concepts: 5.1.4.N Explain why some food groups have a greater number of recommended portions than other food groups.

Essential Concepts: 5.1.6.N Differentiate between more-nutritious and less-nutritious beverages and snacks.

Essential Concepts: 5.1.7.N Explain the concept of eating in moderation.

Essential Concepts: 5.1.8.N Describe the benefits of eating a nutritionally balanced diet consistent with current research-based dietary guidelines.

Nutrition Jeopardy!

To learn about the recommended food groups, portion sizes, and eating in moderation, students create and play a *Jeopardy!*-style group quiz in teams using an electronic program or other resource. They rely on multiple sources for information to develop the questions and answers (this activity supports the CA CCSS for ELA/Literacy RI.5.7).

Essential Concepts: 5.1.11.N Identify physical, academic, mental, and social benefits of regular physical activity.

“Instant Recess” Break

Consider a 5–10-minute “Instant Recess” break during class time. This provides students with physical activity and movement to break up long periods without activity. Explain why activity breaks are important to learning and wellness.

Note: Find ideas for “Instant Recess” activities online.

Essential Concepts: 5.1.11.N Identify physical, academic, mental, and social benefits of regular physical activity.

Yoga Stretch Break

Chair yoga with eyes open is a great way to stretch and take a 5–10-minute break during long class periods. Explain why stretch breaks are important to learning and wellness.

Decision Making: 5.5.2.N Use a decision-making process to determine activities that increase physical fitness.

My Favorite Physical Fitness Activity

Through informal presentations, students share their favorite physical fitness activity and explain why it is their favorite. A variation can include asking students to bring an object representing their favorite physical fitness activity (examples include pictures, awards, or sport or activity equipment) to share (CA CCSS for ELA/Literacy SL.5.1).

Analyzing Influences: 5.2.1.N Describe internal and external influences that affect food choices and physical activity.

Analyzing Influences: 5.2.2.N Recognize that family and cultural influences affect food choices.

Analyzing Influences: 5.2.3.N Describe the influence of advertising and marketing techniques on food and beverage choices.

Journal Reflection

Students journal and reflect on who has influenced them regarding their physical activity and why they are an influence (e.g., family, friends, their culture, and advertising). If students do not perceive themselves as physically active, ask them to identify a role model who is physically active and explain why and how that person is physically active (CA CCSS for ELA/Literacy).

Partnering with Your School

Consider starting a community garden, gardening area, or compost area at your school to promote healthy, nutritious, and organic food options (5.8.1.N, Health Promotion). Students plan a weekly school-wide walk around the school or neighborhood or a walkathon fundraiser that promotes physical activity (5.6.2.N, Goal Setting; 5.8.1.N, Health Promotion).

Partnering with Your Community

Ask students to share an upcoming physical activity or nutrition event in their local community. Post appropriate events and information on the classroom “community board” and add any events that students discover—examples include notices about a family fun walk/5K, an organized family bike ride, cooking classes, fitness tips, and healthy recipes. Encourage students to enjoy the activities with family members and friends. Consider partnering with local businesses to obtain needed donations for a garden project. Consider partnering with agencies that promote and provide school garden and nutrition education programs (5.8.1.N, Health Promotion).

Partnering with the Family

Good health begins with the entire family. Share nutrition education handouts with the family. Parents, guardians, and caretakers can visit a local organic farm, farmers' market, health food store, or the produce section of a grocery store with their child (5.8.1.N, Health Promotion). Students can learn about, and participate in, physical activities that their family members enjoyed when they were in fifth grade.

Growth, Development, and Sexual Health (G)

Students in fifth grade are experiencing many changes with their own bodies related to development and puberty. Students at this age may also be developing romantic interest in others or experiencing their first “crush.” According to the Sexuality Information and Education Council of the United States, “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 (Sexuality Information and Education Council of the United States 2004). Providing medically accurate, unbiased information on sexual health to students is important and necessary; therefore, teachers are often motivated to teach development and sexuality education. Teachers and administrators should ensure they have the knowledge, resources, support, and collaborative environment to do so effectively.

An estimated 3.1 percent of California high school students reported being sexually active before the age of thirteen, with rates increasing to 32.3 percent in high school (CDC n.d.a). Setting a standards-based foundation for growth and development education, including sexual health, in fifth grade can have a positive influence on academic performance, retention, and social and emotional well-being. Sexual health education can play a role in preventing pregnancy, sexually transmitted infection (STI) and human immunodeficiency virus (HIV) and reducing sexual risk-taking behaviors once students do become sexually active (Kirby, Laris, and Roller 2007). Additionally, the CDC recommends children ages eleven or twelve obtain the human papilloma virus (HPV) vaccine for protection against cervical and other cancers (2018).

While the California Healthy Youth Act of 2016 (EC sections 51930–51939) mandates sexual health instruction in higher grades, schools are encouraged to provide age-appropriate, medically accurate sexual health instruction earlier than

grade level seven. If provided, it is important to note that per *EC* Section 51933, instruction is required to be age-appropriate, medically accurate, and appropriate and inclusive for students of all races, ethnicities, cultural backgrounds, genders, and sexual orientations, as well as students with developmental and physical disabilities and students who are English learners. Instruction must provide a foundation for students to learn about topics required under *EC* Section 51934(a) at higher grades. Students must also receive sexual health and HIV prevention instruction from trained instructors. Check the California Department of Education’s Comprehensive Sexual Health web page for up-to-date information.

Education Code (EC) 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 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. The district 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.

For further information, please visit the California Department of Education’s Comprehensive Sexual Health and HIV/AIDS Instruction web page, and the California Healthy Youth Act under the California Legislative Information web page.

Ideally, sexual health instruction in the fifth grade will support each of the required components of the California Healthy Youth Act in an age-appropriate manner. Instruction on sexual health content must affirm diverse sexual orientations and include examples of same-sex relationships when discussing relationships. Comprehensive sexual health instruction must also include gender, gender expression, gender identity, and the harmful outcomes that may occur from negative gender stereotypes (*EC* Section 51933[d][6]).

Sexual health instruction is most effective when provided in an open, safe, supportive, inclusive, and judgment-free learning environment. While some teachers may prefer to separate students by gender during sexual health education, this is not recommended. Receiving puberty and sexual health education separately can foster anxiety and misinformation between genders and allow for some students to be misgendered, or placed in a group that does not reflect their gender identity. In a safe learning environment where students of all genders learn together about growth and development, teachers can reduce discomfort and foster understanding about both similarities and differences in the puberty changes experienced by students. For additional guidance on creating an inclusive learning environment, see the [“Access and Equity”](#) chapter.

While recognizing that gender is not binary, the use of “boys/girls” and “male/female” is intentional in this chapter to accommodate the developmental stage of fifth-graders who are more concrete learners than students in middle or high school. More inclusive terms related to gender identity will be used in higher grades.

Collaborate with the school nurse or community-based organizations to ensure that you are providing medically accurate information that is unbiased and age-appropriate.

Growth, development, and sexual health education should include opportunities for students to discuss any concerns they have with their changing bodies (5.2.3.G, Analyzing Influences). An activity that provides this opportunity is to facilitate an anonymous “group chat” where students write questions they have about puberty on index cards. The teacher and students should generate a list of expected behavioral norms for the activity. Students are reminded to write questions that are respectful and focused to the topic of puberty, using accurate terms when possible. The teacher responds to selected questions in a nonintrusive, objective, supportive, and reassuring way. An alternate way to obtain students’ questions is to have a “question box” located in the classroom where students submit anonymous questions. To first initiate dialogue for the group chat, teachers can start by reading to students carefully selected excerpts from books on puberty such as: *Will Puberty Last My Whole Life? REAL Answers to REAL Questions from Preteens About Body Changes, Sex, and Other Growing-Up Stuff* by Julie Metzger and Robert Lehman (2012); *Sex, Puberty, and All That Stuff: A Guide to Growing Up* by Jacqui Bailey (2014);

and LGBTQ+ inclusive books, such as *George* by Alex Gino (2015); and *Sex is a Funny Word: A Book about Bodies, Feelings, and YOU* by Cory Silverberg (2015). At the beginning of the discussion, students are asked to give examples from books, magazines, movies, commercials, or online videos of how puberty is portrayed. In this way, students can begin to participate in the discussion without revealing personal information that they are not yet comfortable sharing.

Students can engage in creative, standards-based, growth, development, and sexual health instructional activities. After some initial reading of information provided in their instructional materials, resources in the school library, or a web search, students identify the physical, emotional, and social changes that occur in puberty (5.1.3.G, Essential Concepts) (5.1.3.G, Essential Concepts). Students work in pairs to match puberty changes printed on strips of paper with their corresponding area (physical, emotional, or social). These three area options are written on the whiteboard or large poster paper placed on tables around the classroom. Examples of some items that may be listed include voice changes, production of sex hormones, acne, mood swings, or becoming romantically interested in someone.

Students learn how some students will experience menstruation and breast development, and others may experience facial hair growth and erections. They also learn that females tend to experience puberty earlier than males. Puberty occurs, on average, between the ages of eight and fourteen years old (Weir 2016). It is important for the teacher to reassure students that puberty occurs at different times for different youth and these differences are normal (5.1.6.G, 5.1.9.G, Essential Concepts).

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. This is also an important time to discuss gender, gender roles, and gender expression, as puberty can be a difficult time for all students. Educators should acknowledge this and create an environment that is inclusive and challenges binary concepts about gender. The goal is not to cause confusion about the gender of the child but to develop an awareness that other expressions exist. Refer to the [Classroom Example: Gender Socialization](#) found later in this section. For additional resources on how to support transgender and gender nonconforming students in the classroom, visit the GLSEN website.

Students can create a mock news show on the changes that occur during puberty (5.1.3.G, Essential Concepts) called “Our Bodies.” After learning about changes that occur during puberty, students participate in the roles of writers, editors, newscasters, and camera operators to provide peer education. The students’ presentation should include information on how to access valid and reliable information on puberty online and the importance of parents, guardians, caretakers, and other trusted adults as resources for information on puberty (5.3.1.–2.G, Accessing Valid Information; this activity reinforces CA CCSS for ELA/Literacy 5.SL.5).

A creative way to promote hygiene related to puberty in a nonintrusive format is to use a hygiene display in the classroom or put together a puberty hygiene kit (5.1.10.G, Essential Concepts; 5.6.2.G, Goal Setting). Age-appropriate health education brochures or fact sheets may be included and provide information on the importance of washed clothes, the fact that students may experience greasier hair and skin, and the need for bathing more often (ideally once a day), use of deodorant, or regularly washing gym clothes. Sample items can be included in the display or kit including deodorant, menstrual products, cotton clothes with a small note as a reminder of the importance of clean socks and clean underwear each day, facial soap, or a razor with the blade removed. Recognizing some students may not yet need the products mentioned, the items may serve to begin conversations regarding puberty and hygiene.

The connection between sex, reproduction, and the human life cycle may still be a vague concept for some students, making fifth grade an opportune time for students to learn more about conception, reproduction, birth, growth, aging, and death (5.1.1.G, 5.1.2.G, Essential Concepts). Cards containing photos of the various stages of conception and reproduction (for example, a sperm fertilizing an egg), birth, growth, or aging can be displayed around the classroom or on large group tables. Brief definitions for each term are written on the back of the cards for students to read. Working in small teams or pairs, students can create a timeline of the events. Another activity may be for students to label key terms on diagrams of reproductive organs using medically accurate vocabulary. Students describe or write what the functions of each organ are. Both activities should follow students’ research or reading on the topic and a group discussion on the content with special emphasis given to conception and pregnancy. During the group discussion, the teacher listens for any misinformation or misunderstandings and uses a questioning strategy to help students identify correct information.

Health education instruction in fifth grade provides students with an opportunity to engage in behaviors that promote healthy growth (5.7.1.G, Practicing Health-Enhancing Behaviors). Fifth-graders have an increasing sense of the importance of those around them and how their behaviors impact others. At this age, many students enjoy working in groups and communicating with their peers.

The classroom example below provides an activity for students to learn more about communicable diseases including HIV by working in pairs or a group setting.

VIGNETTE

Classroom Example: Learning About HIV

Purpose of Lesson: Students are introduced to HIV as a communicable disease and the modes of HIV transmission. Students uncover and address myths and stereotypes surrounding HIV to reduce stigma for those living with HIV and better understand prevention methods. Be sure to check with administration on parental, guardian, or caretaker notification procedures.

Standards:

- **5.7.2.G** Describe ways people can protect themselves against serious bloodborne communicable diseases (Practicing Health-Enhancing Behaviors).
- **5.1.5.G** Describe how HIV is and is not transmitted (Essential Concepts).
- **5.5.2.G** Analyze why it is safe to be a friend to someone who is living with HIV or AIDS (Decision Making).

Supplies:

- Poster boards
- Art materials
- "Facts About HIV" handout from *Learning About HIV: A Lesson Plan from Rights, Respect, and Responsibility: A K–12 Curriculum* (Advocates for Youth 2017).

Lesson Narrative:

Students in Ms. T's fifth-grade class have a basic understanding of the immune system, including how it works and the concept of germs. In recognition of World AIDS Day, National Latino AIDS Awareness Day, or National Youth HIV & AIDS Awareness Day, Ms. T would now like to introduce her students to communicable diseases including Human Immunodeficiency Virus (HIV) and to identify ways HIV and other communicable diseases can be transmitted.

Ms. T explains to students that *transmitted* is a fancy word for "given to another person" or "spread." Students learn that it is safe to be a friend to someone with HIV. From prior coursework and instructional lessons, students in Ms. T's class have become competent in learning about their changing bodies and are now ready to discover more about communicable diseases such as HIV.

Ms. T introduces the topic by first explaining what a communicable disease is—a contagious disease that is spread by infected blood and some bodily fluids (such as breast milk, semen, and vaginal fluid). Ms. T then asks students for examples of communicable diseases. Students excitedly share, "The common cold," "The flu," and "A stomach virus that makes you sick!" Ms. T responds, "Correct!" and thanks the students for their responses.

Ms. T then shares that noncommunicable (also called chronic) diseases are those that cannot be spread from one person to another. In asking for examples, students reply, "Asthma," "Cancer," and "A person having a heart attack." Ms. T confirms the student responses. Ms. T then informs the students that she is going to share some different medical problems people may have, and to identify whether they are communicable or not. She asks:

- Can you get a sore throat from someone? (YES)
- Can you get allergies from someone? (NO)
- Can you get lice from someone? (YES)
- Can you get cavities from someone? (NO)

Ms. T asks students if they have any questions or are wondering if another medical condition is communicable (contagious) or noncommunicable (chronic). Ms. T then asks what students know about HIV. She asks the students if they have ever known someone with these illnesses or heard of them from television, movies, or a website. Students are a little shy in sharing, but Ms. T is supportive and encouraging. One student correctly shares that HIV can cause AIDS (Acquired Immunodeficiency Syndrome—a stage of HIV infection).

Ms. T explains that HIV is a serious health issue caused by a virus. Ms. T informs students that HIV is an example of a particular communicable infection. Ms. T writes *human immunodeficiency* on the board and says, “‘HIV’ stands for ‘Human Immunodeficiency Virus.’ That’s a big name, so let’s break it down a bit. ‘Human’ means it is a people disease. You can’t get it from a pet or give it to a pet. ‘Immunodeficiency’ is really two words put together. ‘Immuno’ refers to the immune system, or the system that enables us to fight diseases. A ‘deficiency’ refers to when something is lacking, so basically, HIV is a virus—a microscopic organism—that attacks our immune system and makes it weak so it’s harder for the body to fight off other infections. HIV is the virus that causes AIDS.”

Ms. T informs the students that HIV is not an easy infection to transmit like a cold or the flu. HIV is in some bodily fluids, like blood, and not in others, like sweat, tears, saliva, or urine. HIV can only be transmitted through one of the infected body fluids. HIV can be passed through blood, semen, and rectal (fluids from one’s anus) or vaginal fluids. It can also be passed through breast milk if someone is breastfeeding an infant, or during childbirth if the person giving birth is infected with HIV. Ms. T shares that it is very important to remember that HIV can only be passed from a person who is living with HIV. If two people are not infected then neither one can give it to the other.

Ms. T then distributes the handout, *Facts About HIV*, from Advocates for Youth. Students work in pairs to complete the worksheet, which lists a series of true or false statements such as: HIV cannot be transmitted by sneezing (True).

Ms. T then asks if anyone can give an example of some things you can do with a friend or a family member who is infected with HIV that are perfectly safe, meaning they cannot transmit HIV. Students learn that HIV is not transmitted by being a friend to someone or by hugging, dancing, sharing food or drinks, sitting next to someone who is HIV-positive at school, or swimming with someone. Students learn that HIV is not spread through saliva, tears, sweat, or urine, but can be spread by sexual contact or contact with infected blood through sharing needles (e.g., needles used for home tattooing or injecting drugs). Ms. T further explains that as long as we know how HIV is and is not transmitted, we can protect ourselves and be good friends and family members to people we know with HIV or AIDS. Some people are at greater risk for HIV and the only way to know for sure if someone has HIV is to get tested.

Ms. T then asks students to work in pairs or small groups to create educational posters. Some posters focus on prevention and identify ways students can protect themselves against communicable diseases; other posters illustrate

ways that communicable diseases are not spread. Ms. T reminds students they have choices in life, and the decisions they make now will impact their health and well-being in the future. Students' educational posters are displayed around the room or school to commemorate World AIDS Day, National Latino AIDS Awareness Day, or National Youth HIV and AIDS Awareness Day.

As students enter puberty, there is a heightened awareness of gender, physical differences, and attraction. It is important for students to recognize differences in growth and development, physical appearance, and perceived gender roles or gender socialization (5.1.6.G, Essential Concepts). Early socialization plays a critical role in developing attitudes toward individual differences and, ultimately, discrimination and violence.

In fifth grade, teachers guide students in exploring social agents that frame perspectives regarding gender and relationships. It is important to examine gender socialization and how culture, media, and peers influence an individual's view of self and others (5.2.1.G, Analyzing Influences). Young learners may compare themselves to other classmates and people they see in the media as a model for the standard in body image and attractiveness. For example, a student may compare themselves to women in the media who are thin and hypersexualized.

Students may also look to the media for examples of different ways that individuals express their gender. Fifth-grade students will have an opportunity to learn that gender is not strictly defined by physical anatomy or sex assigned at birth. Rather, students understand that gender refers to attitudes, feelings, characteristics, and behaviors that a given culture associates with being male or female, sometimes labeled “masculine” and “feminine,” and includes a person's gender identity and gender expression (EC Section 210.7.). Understanding individual differences will help students feel accepted and be more accepting of others. *George* by Alex Gino (2015) is an age-appropriate book and resource on this topic for fifth-grade students. Teachers should be mindful of personal biases and use gender-neutral language when discussing peer and romantic relationships to be inclusive of all students in terms of gender identity, gender expression, and sexual attraction. For example, use “they” instead of using “he/she.”

In the classroom example below, students identify gender stereotypes and develop more understanding of individual differences.

VIGNETTE**Classroom Example: Gender Socialization**

Purpose of Lesson: Students are exposed to stereotypes regarding gender, gender roles, and sexuality in their social environments including in their communities, families, friendships, and the media. Many of these stereotypes are evident in peer interactions and may contribute to bullying, discrimination, and harassment, including sexual harassment. When students do not conform to gender-normative expectations, there are often negative social consequences. Challenging gender stereotypes may reduce discrimination, bullying, sexual harassment, and violence. This activity provides an opportunity for students to think outside the “gender box” and develop understanding and acceptance of others.

Note to teachers: This lesson is designed to explore and challenge traditional social roles assigned to people based on their gender. The use of “girls” and “boys” is intentional to explore the gender binary.

Standards:

- **5.1.6.G** Recognize that there are individual differences in growth and development, physical appearance, and gender roles (Essential Concepts).
- **5.2.1.G** Explain how culture, media, and other factors influence perception about body image, gender roles, and attractiveness (Analyzing Influences).
- **5.3.1.G** Recognize parents, guardians, caretakers, and other trusted adults as resources for information about puberty (Accessing Valid Information).

Supplies:

- Flip-chart paper or whiteboard
- Markers or dry-erase markers

Lesson Narrative:

Prior to the activity, Ms. J prepares two sheets of flip-chart paper to create “gender boxes.” Leaving room around the margins, she draws a large box on each sheet of paper with the word “BOY” on the top of one sheet, and “GIRL” on the top of the other.

At the beginning of the activity, students are reminded of classroom agreements to make sure everyone feels safe and accepted. Ms. J specifically points out the agreement the class made to treat others with respect, to keep confidential anything shared by classmates, and be open-minded about differences in opinion.

This activity provides an introduction to discussing gender and approaches the topic from a point of exploring students' current and previously acquired knowledge. Ms. J asks the students to consider what comes to mind when they think of the words "boy" and "girl." As students begin to think about each word individually, Ms. J explains that often times, boys and girls have to fit inside a box in order to be accepted by their friends, family, and peers.

Ms. J then asks students to share a few examples of what comes to mind when the students think of "boy." Students provide examples such as "tough" and "dirty." Ms. J writes these words within the box under "boy." Then Ms. J asks students to share a few examples of what comes to mind when the students think of "girl." Students respond with examples such as "princess" and "pink." Ms. J writes these words within the box under "girl."

Ms. J tells students that they will have an opportunity to provide more examples by writing in the boxes themselves. Ms. J reminds students to be respectful and appropriate when completing the exercise. Students agree and take turns writing words that are associated with "boy" and "girl" in the boxes. After students return to their seats, Ms. J directs their attention to the boxes and asks students to share the examples they wrote. Students also share observations about what others wrote within the box and if they were surprised by any of the words. Ms. J explains that these words represent what most people expect of boys and girls, and many individuals feel pressured to conform, or "fit in."

Ms. J then asks the students to think about what happens when people do not conform and do not fit within the box. Students may say that they get bullied or called names. Around the outside of the gender box, Ms. J writes "Get bullied" and "Called names." Ms. J asks for some examples of what this looks like. Ms. J writes the responses outside of the box. Some words may be derogatory or offensive. It is important to maintain a safe space and understand that while some words may be inappropriate in other contexts, they should still be discussed by the class.

Ms. J explains that for this activity, it is acceptable to write down words that are not usually allowed in class to demonstrate the negative impact these words have. Ms. J again reminds students to respect others while participating in the activity and points out that the purpose of the exercise is not to hurt others but to acknowledge how people might be mistreated if they do not fit inside the box. Students revisit the gender boxes and write examples of what

might happen if someone does not fit inside the box. Students can also list names that people outside the box might be called. For example, “sissy” might be listed outside the gender box for “boy.” Ms. J recognizes that it is important for students to understand the negative impact these words and bullying could have on an individual. Some students may respond with examples they have experienced or heard and seen on various media platforms. Ms. J is mindful of this and makes note of students who may need additional support.

After students complete the second part of the exercise, Ms. J asks the class, *“How do you think a person feels if they don’t feel like they fit in?”* The class responds and demonstrates empathy, acknowledging that it can hurt someone’s feelings and cause other negative consequences. Students provide examples of the negative impact bullying can have, and the class discusses these consequences.

Ms. J explains the importance of critical thinking when considering influences that form ideas about gender, including family, peers, and media. She talks about music, television, and video games as examples. Students share favorite or popular songs, and the class analyzes possible messages about gender. Ms. J asks students if the song is meant to be liked more by one specific gender than another, if it contains any stereotypes, and if it says anything negative about boys or girls. Students also share examples of television shows and video games and discuss how they might influence people’s ideas about gender.

Ms. J challenges her students to think about the color of their room or clothes growing up—if boys had blue and green colors and girls had pink and purple. Students raise their hands in response to this question to increase awareness about early gender socialization. The class also considers their favorite toys or hobbies they had or have now. Ms. J explains that family members and parents, guardians, and caretakers influence our ideas about gender before we are able to explore and make decisions about what colors, toys, or activities we like.

Ms. J tells students that differences in how we express our gender are normal and people are unique. “We don’t have to fit into boxes and neither do our friends or peers.” Ms. J explains that everyone should feel comfortable with who they are and accepted by others. Ms. J encourages students to be sensitive and accepting of differences, and reminds students of their responses to the question, “How do people feel if they don’t fit in?”

Ms. J recognizes that some students in her class have already experienced bullying based on gender differences and provides supportive resources. Ms. J identifies herself as a trusted adult if someone needs to talk about being bullied or feels like they do not fit in. Ms. J encourages students to utilize school resources such as the school nurse, principal, school social worker, or school psychologist. Ms. J also provides local online resources for students to explore on their own.

Gender stereotypes, culture, and media also play a role in influencing perception about body image and attractiveness (5.2.1.G, Analyzing Influences). As students enter puberty, they also become more aware of their bodies and how their bodies compare to the cultural and societal measures of attractiveness. Bullying is also prevalent in relation to body size and shape in response to societal standards and messages from culture and media. As a result, fifth-grade students may develop a negative self-image. Students learn during the lesson about gender that people are different and unique. Students are also reminded that everyone should feel comfortable with who they are and accepted by others, regardless of those differences. To facilitate a discussion about body image and media influence, ask students to bring in a picture of a person from a magazine. Students can discuss the pictures they bring to class and examine the physical characteristics of the person in the image (e.g., skinny, pretty, muscular, athletic). Students can then analyze whether these images accurately represent people who students regularly see outside of the media. Teachers may explain that images of people we see in the media, especially photographs, are altered to fit specific standards of attractiveness and may not be representative of real bodies.

Discussing body image can provide an opportunity to also discuss and improve students' self-worth and self-confidence. Self-worth speaks to an individual's thoughts and feelings about oneself and is influenced by peers, family, and culture. A student may measure their self-worth based on how they describe themselves or how others label them. Provide an independent activity in which students write down words to describe themselves. Some students may identify themselves as "smart" or "friend," while others may have negative self-labels such as "stupid" or "ugly." Have students look at the list of words and identify which ones are positive or negative. Students can then look at the words that are identified as negative and practice replacing them with positive words. Students can cross out the negative

labels and brainstorm positive attributes to build self-worth such as “I am athletic,” “I am musical,” and “I am a loving sibling.”

As fifth-graders develop close peer and possibly romantic relationships, they also recognize that friendship, attraction, and affection can be expressed in different ways (5.1.8.G, Essential Concepts; 5.4.2.G, Interpersonal Communication). Fifth-grade students may start experiencing changes during puberty and should be able to identify how these changes can affect their thoughts, emotions, and behavior (5.2.3.G, Analyzing Influences). Promoting the identification of personal boundaries is also important in the context of developing healthy relationships and behaviors (5.5.1.G, Decision Making). As peer relationships become more important to young adolescents, it is important to define healthy relationships in the context of both friendships and romantic interests. This is an opportunity to teach students respect for self and others, and explore the components of a healthy relationship. Students learn that healthy relationships consist of mutual respect, communication, support, and boundaries by creating a comparison chart that highlights the differences between healthy and unhealthy relationships.

Healthy Peer Relationships

Healthy	Concerning	Unhealthy
I am comfortable being myself. I can hang out with other friends. I can have my own opinion. I decide what I want to do and communicate it. My friend is supportive of my choices. My friend respects my boundaries. I feel good about myself.	I am worried about what my friend thinks about me. My friend gets jealous or mad if I hang out with other people. I avoid making my friend mad. I feel like I have to go along with whatever my friend wants to do.	My friend makes fun of me or puts me down. I am not allowed to have other friends. I am forced to do things I do not want to do. My friend thinks my ideas are stupid. My friend does not respect my boundaries. I do not feel good about myself.

Source: Adapted from WEAVE (2019).

This chart can also help facilitate a discussion about healthy relationships and warning signs of an unhealthy or abusive relationship. It is natural for students to develop romantic feelings and relationships by fifth grade, and it is important to educate students about healthy relationships. Students apply what they learned about gender and social influences to analyze how such influences shape perspectives about relationships. Students examine concepts they have learned from mass media, such as television, movies, music, and video games, to determine whether those messages portray healthy or unhealthy relationships. It is important to note that some students may openly or inwardly identify familial models of unhealthy relationships, which may cause an adverse emotional reaction, or triggering. Be prepared to provide resources for support at school and within the community.

Students in fifth grade expand their knowledge and practice health-enhancing skills regarding personal boundaries (5.1.7.G, Essential Concepts; 5.4.3.G, Interpersonal Communication; 5.5.1.G, Decision Making). Teachers help students define personal boundaries and explore the importance of establishing physical and emotional boundaries. Students are able to define boundaries as setting limits around personal space, feeling safe and comfortable, and respecting the limits of others. Defining boundaries and identifying their own personal boundaries can help students learn that they have personal power and control over their lives, including their bodies. Students may be able to relate to an unwanted hug from a friend, relative, or someone they know. This unwanted contact is an example of a personal boundary being crossed. Students practice refusal skills as a means of protecting personal boundaries (5.4.3.G, Interpersonal Communication). This is an important skill for fifth-graders to develop, as there is an increased need for acceptance and belonging (5.2.3.G, Analyzing Influences) and students become increasingly vulnerable to potential abuse and sexual exploitation.

In California, the average age that a child is first brought into commercial sexual exploitation, or sex trafficking, is between twelve and fourteen for girls and between eleven and thirteen for boys (California Against Slavery Research and Education n.d.). Fifth grade provides a critical opportunity for prevention education that involves developing individual self-worth, setting boundaries and practicing refusal skills, and becoming aware of local support systems. If boundaries are crossed, students should know when and how to tell a trusted adult. Provide an exercise in which students can identify trusted adults in their lives. Some students may recognize parents, guardians, or caretakers

as trusted adults, while some may not. Other resources and trusted adults should be discussed, such as teachers, school nurses, school counselors, school psychologists, school administrators and support staff, religious leaders, coaches, law enforcement, and community organizations. It is important to note that some students may have experienced abuse by adults that others identify as safe. Be empathetic and supportive through this process, encourage students to identify their own safe people, and discuss situations in which students should tell a safe and trusted adult (e.g., if someone has hurt them or put them in a dangerous situation). Teachers must follow mandated reporting laws. 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.

Teachers have a unique opportunity to provide prevention education as well as observe behavior and possible warning signs that a student may be in an abusive relationship, experiencing child sexual abuse, or being trafficked for commercial sexual exploitation. The information provided below is for teachers and other educators and is not intended for classroom instruction.

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: Adapted from WEAVE (2019).

Partnering with Your School

Encourage your school teacher librarian to purchase and make available age-appropriate books on growth and development, puberty, gender, sexuality, and healthy relationships such as the titles mentioned in this section. These books should be inclusive of students of all genders and sexual orientations. Ask the teacher librarian to introduce students to the books and encourage students to borrow the books. If your school does not have a library, consider obtaining book donations for an in-class library or utilizing your public library for loaned copies. A follow-up activity may be to assign a research report based on your inventory of books (5.1.1.G, 5.1.3.G, Essential Concepts).

Partnering with Your Community

Students can learn more about puberty using age-appropriate, creative, and interactive online resources such as PBS's online videos about puberty or transitioning. All recommended online resources must be vetted for appropriateness (see Box 1; 5.3.2.G, Accessing Valid Information). Create a list of community-based organizations and governmental agencies in the community that provide growth, development, and sexual health information and health or social services for students, families, and school staff to use. Consider inviting a guest speaker whose life has been impacted by HIV/AIDS to speak to the class (5.5.2.G, Decision Making).

Partnering with the Family

Many adolescents still learn about growth, development, and sexual health from their parents (Ashcraft and Murray 2017). Encourage students to engage in an open dialogue with their parent, guardian, caretaker, or trusted adult (5.4.1.G, Interpersonal Communication) on the standards-based content featured in this section. Students should be informed that it is important to have an adult that they feel comfortable speaking with when needed. Provide helpful handouts to parents, guardians, and caretakers, such as, *Talking with Your Teens About Sex: Going Beyond "The Talk"* (CDC 2014). Parents, guardians, and caretakers can preview the growth, development, and sexual health curriculum materials, which provides an opportunity to initiate conversations with their children about puberty and other issues. If time and resources permit, consider inviting parents, guardians,

and caretakers to a parent night or informational session about possible ways to increase family communication on this topic.

Personal and Community Health (P)

Fifth-grade students are usually very interested in personal and community health, as much of the content applies directly to activities they are currently participating in or experiencing. Students also have a deeper understanding of their greater community, the ways in which environmental health affects human health, and the changes to Earth’s natural systems caused by human activities (California Education and the Environment Initiative 2019, Principle I). Students at this age typically continue to gain more independence and enjoy activities away from home or spending time with friends without parental, guardian, caretaker, or teacher supervision. They are generally participating in active sports more and will often “try anything once” at this age. Teaching health then becomes especially important as learned skills begin to replace supervision (Marotz 2015). Teachers and administrators play a major role and responsibility in the promotion of personal, community, and environmental health.

Standards-based instructional strategies and application opportunities that allow fifth-graders to make informed decisions to promote their personal health can be easily integrated and implemented throughout the daily curriculum (5.1.1.P, Essential Concepts; 5.5.1.P, Decision Making; 5.7.2.P Practicing Health-Enhancing Behaviors). Students are familiar with the decision-making model from earlier grades. Instruction should build upon the student competencies achieved in prior grades by now focusing on application skills versus knowledge-based learning.

Students discover their everyday rituals and personal health practices are influenced by community and environmental health factors. Students reflect on and write about the various ways they implement community and environmental health practices throughout the course of their day. For example, students recall how they start their day by eating a nutritious breakfast free of genetically modified organisms (GMO) ingredients, then recycling their plastic or cardboard food packaging; riding to school in a car pool with music in the car played on a low volume; or carrying their water bottle and drinking lots of fluids throughout the day, especially after an activity, protects against dehydration. Students then research a current topic on environmental health and summarize one way they will incorporate an environmental or a positive community health

practice into their daily living, such as reading labels on house and garden chemicals and decreasing the use of harmful chemicals (California Education and the Environment Initiative 2019, Principle V). The National Institute of Environmental Health Sciences website has lesson plans and resource documents on environmental health, such as *A Family Guide – 20 Easy Steps to Personal Environmental Health Now* (n.d.; 5.1.3.P, Essential Concepts; 5.2.1.P, Analyzing Influences; California Education and the Environment Initiative 2019, Principle V).

VIGNETTE

Classroom Example: Is That in My Water?

Purpose of the Lesson: Students use a scientific model—one they previously developed—that describes the movement of matter among plants, animals, decomposers, and the environment to think about how pollutants might move into their food and affect their health. They discover that there are direct connections between their health, the movement of potentially harmful materials from human activities like cleaning, and the safety of the water they drink, the air they breathe, and the food they eat. Students develop pamphlets to share what they have learned with their parents and other students.

Standards:

- **5.5.1.P** Use a decision-making process to determine personal choices that promote personal, environmental, and community health (Decision Making).
- **5.6.1.P** Monitor progress toward a goal to help protect the environment (Goal Setting).
- **5.8.1.P** Encourage others to minimize pollution in the environment (Health Promotion).
- **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.

- **CA NGSS 5-LS2-1.** Develop a model to describe the movement of matter among plants, animals, decomposers, and the environment.
- **CA NGSS 3–5-ETS1-1** Define a simple design problem reflecting a need or a want that includes specified criteria for success and constraints on materials, time, or cost.

Supplies:

- Pamphlet paper
- Printer to print photos or online pictures
- Colored pencils and markers

Lesson Narrative:

Students in Ms. K’s class are learning that they can make personal choices about their individual growth, physical activity, and nutrition. In science, they have been investigating how matter moves among plants, animals, decomposers, and the environment. They discovered that the byproducts of human activities enter natural systems and may alter cycles as matter moves between the air and soil and among plants, animals, and microbes (California Education and the Environment Initiative 2019, Principle IV). After students have completed Ms. K’s science lessons about the movement of matter and constructed their models showing how matter moves within ecosystems, they are ready to investigate how pollution can enter air and water.

Ask students, “What examples of human-made products or activities inside or outside the school building can you think of that might affect their health or the health of the environment?” After they have shared their ideas, Ms. K leads students on a walk around the building looking for human-made products and activities that might affect their health. On their excursion, students notice that the custodian is using chemicals to clean the floors and windows, and some of them mention that there is a strong smell to these products.

When they get back to the classroom, the students soon realize that they have more questions than answers. They ask Ms. K to invite the custodian to their class so that they can ask questions. Working together, they develop a series of questions including: “What do you use to clean the windows and floors and why does it smell so bad?” “Where do you put the dirty water and cleaning materials when you finish?” and “Are all those chemicals safe to use?”

The custodian tells students that the school is required to use only “green” cleaning products that have been proven to be safe to people and the environment (California Education and the Environment Initiative 2019, Principle V). He explains that this decision was made to help minimize harmful chemicals getting into our drinking water because our health depends on clean water and air (California Education and the Environment Initiative 2019, Principle I).

Ms. K asks the students to look at the model they previously created about the movement of matter through ecosystems. She tells them to create a new model, based on the ecosystem example, that

- identifies the activities at school that products pollutants;
- shows how pollutants can move from an activity, like cleaning, into the air and water;
- describes how potentially harmful materials can affect the safety of the water they drink, the air they breathe, and the food they eat; and
- illustrates some of the direct connections between human health and environmental pollutants.

The students decide to develop pamphlets to share what they have learned with their parents and other students. Using everything they have learned and the information summarized in their models, different student teams write various parts of the pamphlet to teach about many topics including:

- what pollutants are,
- how pollutants affect our health,
- simple changes that will decrease the pollution we release into the environment, and
- why healthy ecosystems are important to people.

Ms. K guides students in developing a simple survey they can use at home to monitor which cleaning products their family uses and how much of each they use. Students conduct their surveys two weeks before and two weeks after they share their pamphlets with their families. They bring the survey results to class, where they work as a group and discover that many families have begun using “green” cleaning products and have decreased the amounts they use by 25 percent.

Invite community experts to serve as guest speakers for your class or school with administrator approval. Subject matter related to personal and community health is very specific, so partnering with certified, trained professionals is best. For example, the local Poison Control Center can come to your class or school to provide a presentation on poison safety. Your local American Heart Association or American Red Cross chapters can provide emergency training or CPR training for the students. Both agencies have engaging materials and training formats (5.1.5.P, Essential Concepts; 5.3.2.P, Accessing Valid Information; 5.4.1.P, Interpersonal Communication; and 5.5.2.P, Decision Making). A paramedic with the fire department can also provide a captivating discussion on life-threatening situations (e.g., an allergic reaction to food, heart attack, sudden cardiac arrest when the heart stops beating, or asthma attack), who students should call in an emergency, and how they can help the victim by using CPR and retrieving the school's AED when needed (5.1.5.P, Essential Concepts; 5.3.2.P, Analyzing Influences). A local dental health professional such as a pediatric dentist, family general dentist, or hygienist can be contacted to visit the class to discuss and demonstrate the importance of oral health, dental hygiene, and proper use of sports mouth guards (5.1.1.P, Essential Concepts; 5.7.1.P, Practicing Health-Enhancing Behaviors). You may ask your dental health guest speaker to bring toothbrush/toothpaste kits or plaque "disclosing" tablets to distribute. Consider also involving parents, guardians, and caretakers who are active in these professions.

One of the health education standards that is also a CDC school health priority area addresses seizures/epilepsy (5.1.5.P, Essential Concepts). Approximately 470,000 children live with epilepsy (CDC 2019b). If your school has 500 students, approximately 3 could have epilepsy. Students with epilepsy are more likely to miss school and live in households 200 percent below federal poverty level (Pastor et al. 2015).

A valuable learning opportunity for students may be an informative discussion followed by a problem-solving, scenario-based activity in which students role-play responding to someone who has an epileptic seizure, diabetic emergency, or food allergy episode. Working in pairs or small groups, students locate information regarding responses to various emergency scenarios. Educating students about epilepsy, diabetic emergencies, and food allergy responses; their triggers and treatment; first aid for seizure and other medical emergencies; and the possible stigma associated with each can ensure that students respond appropriately to such emergency conditions. Creating an environment that does not tolerate and

prevents bullying of those who have one of these conditions is a national initiative. See the Stop Bullying website of the US Department of Health and Human Services for additional resources.

Sun safety is a concern for many students, as California has some of the highest skin cancer rates in the nation (National Cancer Institute 2019). Instruction on sun safety can be connected to science instruction as students learn about the impact of human activities on the ozone layer and how ozone depletion affects the ultraviolet (UV) index (CA NGSS 5.ESS3.C; California Education and the Environment Initiative 2019, Principles II and IV). See the table below for an example of a sun-smart activity. June is national safety month—celebrate the end of the school year and provide encouragement to students who are ready to enjoy their summer break by engaging in one of the standards-based activities found below (National Safety Council 2019).

SNAPSHOT

Personal and Community Health Learning Activities

Essential Concepts: 5.1.5.P Define life-threatening situations (e.g., heart attacks, asthma attacks, and poisonings).

Accessing Valid Information: 5.3.2.P Identify individuals who can assist with health-related issues and potentially life-threatening health conditions (e.g., asthma episodes or seizures).

Interpersonal Communication: 5.4.1.P Practice effective communication skills to seek help for health-related problems or emergencies.

Decision Making: 5.5.2.P Use a decision-making process to determine when medical assistance is needed.

Emergency Solutions

Students use classroom and electronic resources to create a list of emergencies that children in fifth grade may experience, along with recommended solutions for each emergency. Students should specifically include when to call 9-1-1 for assistance and who to ask for medical assistance. The student list should include emergencies specific to this age group (e.g., epilepsy and seizures, food allergies, diabetic emergencies, poisoning). A school nurse may speak to

students about each of the medical conditions to support inclusivity of students who may have one of the noted conditions or experience one of the medical emergencies (this activity is connected to the Model School Library Standards on accessing and using information).

Essential Concepts: 5.1.3.P Describe how environmental conditions affect personal health.

Decision Making: 5.5.1.P Use a decision-making process to determine personal choices that promote personal, environmental, and community health.

EP&C IV: There are no Permanent or Impermeable Boundaries that Prevent Matter from Flowing Between Systems

EP&C V: Decisions Affecting Resources and Natural Systems are Complex and Involve Many Factors

My Footprint

Students calculate their environmental footprint (for example, water usage, trash produced, and food waste) and identify two ways they can conserve resources by making changes in their daily living (this activity connects to CA NGSS 5.ESS3).

Essential Concepts: 5.1.2.P Explain how viruses and bacteria affect the immune system and impact health.

Disease Detectives

Using tablets or other electronic devices, students can track a current infectious disease outbreak via an innovative app from a reliable and valid public health website. Working alone or in pairs, students can engage in online activities from the CDC, such as Disease Detectives. Students may be curious to also learn what an epidemiologist, a “Disease Detective,” does for a living (this activity is connected to the Model School Library Standards on accessing and using information).

Essential Concepts: 5.1.1.P Identify effective personal health strategies that reduce illness and injury (e.g., adequate sleep, ergonomics, sun safety, handwashing, hearing protection, and toothbrushing and tooth flossing).

Practicing Health-Enhancing Behaviors: 5.7.3.P Practice strategies to protect against the harmful effects of the sun.

EP&C IV: There are no Permanent or Impermeable Boundaries that Prevent Matter from Flowing Between Systems

EP&C V: Decisions Affecting Resources and Natural Systems are Complex and Involve Many Factors

Sun Safety

Students track the UV index for a week (Monday–Friday) using a reliable weather website. Students create a large poster for display in the classroom charting the daily temperature highs, describing the weather (e.g., “sunny” or “overcast”), and tracking the daily UV index. Students look forward to discussing the results daily and noting any patterns as well as ways to protect themselves from the sun or to avoid going into the sun on high UV index days.

Students are encouraged to find safe areas to play such as the auditorium, covered lunch area, classroom, or indoors in their house or a friend’s house on high UV index days. Students are reminded people with all skin tones are susceptible to skin cancer. Students can also be encouraged to keep a “sun safety kit” in a designated area in class that may include items such as a hat, sunglasses, broad spectrum SPF 30 or higher sunscreen, and SPF lip balm (teachers should follow school policy related to sun-safe items and be aware of any allergies students may have to sunscreen or lip balm ingredients).

Essential Concepts: 5.1.3.P Describe how environmental conditions affect personal health.

Essential Concepts: 5.1.6.P Explain that all individuals have a responsibility to protect and preserve the environment.

Goal Setting: 5.6.1.P Monitor progress toward a goal to help protect the environment.

Health Promotion: 5.8.1.P Encourage others to minimize pollution in the environment.

EP&C IV: There are no Permanent or Impermeable Boundaries that Prevent Matter from Flowing Between Systems

EP&C V: Decisions Affecting Resources and Natural Systems are Complex and Involve Many Factors

Environmental Health Challenge

Students promote various environmental conservation initiatives, such as recycling, water conservation, or minimizing pollution. To minimize air pollutants, students can walk, bike, scooter, or carpool to school. Fifth-grade classes could challenge other classes in a competition on which class collectively conserves the most. Fifth-grade students can serve as mentors and educators to younger grade students. Health education messages can be delivered through assemblies, the school’s website, and newsletters (this activity connects to CA NGSS 5.ESS3.C and the EP&C Principle IV).

Fifth grade is the last year of elementary school for some students, and an excellent time to introduce and reinforce the importance of personal health practices and setting personal health goals (5.6.2.P, Goal Setting) before students journey into their middle school years. Positive health behaviors and choices in fifth grade lay the foundation for a lifetime of healthy practices.

In the classroom example below, students engage in an activity that analyzes an important component of personal health—sleep (5.1.1.P, Essential Concepts; 5.2.1.P, Analyzing Influences)—and introduces students to the basic concepts of research.

VIGNETTE**Classroom Example: Get Your “Zzzzz” Researchers**

Purpose of Lesson: Sleep is an essential component of good health and academic performance. Obtaining healthy sleep is important for physical and mental health, improved productivity, and quality of life (National Sleep Foundation 2019). In this activity, students investigate the recommended number of hours of sleep for children their age and learn introductory principles of research while engaging in a research activity on sleep. This activity can also be applied to other content areas.

Standards:

- **5.1.1.P** Identify effective personal health strategies that reduce illness and injury (e.g., adequate sleep, ergonomics, sun safety, hand washing, hearing protection, and tooth brushing and tooth flossing) (Essential Concepts).
- **5.7.2.P** Demonstrate personal responsibility for health habits (Practicing Health-Enhancing Behaviors).

Supplies:

- Teacher-created Get Your Zzzzz survey data sheet with these four questions:
 1. What activities do you do right before bed?
 2. What time do you go to bed?
 3. What time do you normally wake up?
 4. How many hours did you sleep last night?
- Index cards
- Paper plates and wooden craft sticks (optional)

Lesson Narrative:

Ms. E wants her students to participate in an activity that allows students to analyze their sleep patterns in comparison to the class and national averages and age-appropriate recommendations. She also wants to introduce her students to the basic concepts of research.

Most students are not aware of the recommended number of hours of sleep needed for children their age (9–11 hours per night for children aged six to thirteen). To prepare for this activity, the day prior, students are asked to notice any activities they do right before going to sleep, what time they go to bed, and how many hours they sleep.

The next day, Ms. E distributes a “Get Your Zzzzz” survey data sheet and an index card to each student. Students learn that they are going to be “sleep researchers” and will conduct a sleep survey with a partner in class. Ms. E asks if any of the students know what a survey is. She explains what a survey is (a question or series of questions given to another person to find out information) as she discusses the survey questions on the “Get Your Zzzzz” survey. She explains that “data” are the numbers or information collected from surveys and shares that the students will be collecting data on sleep from one another today. Ms. E explains that each student will interview a partner to complete a survey data sheet.

Ms. E then asks her fifth-grade students if they know what a “hypothesis” is. She explains that in research a hypothesis is a fancy term for what you expect to happen. She writes an example of a hypothesis on the whiteboard: *Students in Ms. E’s fifth-grade class will get an average of 10 hours of sleep a night.* She then asks students to write down on their index cards their hypotheses, what they predict outcome will be for each of the four questions on their “Get Your Zzzzz” survey data sheet. The students then set aside their completed hypotheses index cards.

In pairs, students interview each other using their data sheets. Ms. E explains that students’ names are intentionally not included on the survey data sheet. Ms. E makes the point that medical records in the “real world” are private and personal items; names are protected, as they will be in this activity. Displayed on the survey data sheet are four simple questions:

1. What activities do you do right before bed?
2. What time do you go to bed?
3. What time do you normally wake up?
4. How many hours did you sleep last night?

Students write down their partner’s responses to the questions on the data sheet.

Students submit their completed “Zzzzz” survey data sheets to Ms. E. With the class’ assistance, Ms. E writes on the whiteboard the collective responses from the data sheets as tallies, averages, and ranges, and lists what students do before bedtime. The students calculate the average number of hours of sleep students receive, while Ms. E displays the range (highest and lowest number of hours), the earliest bedtime, the latest, and what activities students in class

typically do before bed. She adds the average number of hours of sleep to the whiteboard after the students complete their calculations. Students enjoy seeing their collective data displayed on the whiteboard and may comment in excitement or discuss the data.

Ms. E asks the students how the survey data compares to their hypotheses, asking: “Did anyone have close answers?” Ms. E then points out that not all hypotheses turn out to be correct, that sometimes they are proven “not true” based on the data. Ms. E then provides a handout on the importance of sleep for academic performance, physical and mental growth and well-being, and being strong in sports and activities. The students read and discuss the main ideas expressed in the handout (CA CCSS for ELA/Literacy RI.5.2). The class also discusses healthy sleep habit practices: no electronic devices before bed, healthy sleep environments in the bedroom (dim lighting, soothing sounds), and avoiding large meals right before bed.

Ms. E wants to assess what the students have learned in an engaging way. The students make “Zzzzz” or “AWAKE!” indicators, paddles constructed with paper plates and wooden sticks with “Zzzzz” on one side and “AWAKE!” on the other. Ms. E shows images of both positive sleep practices (having a cooler room, going to bed at the same time each night) and negative sleep practices (a television on in the room) and asks students to hold up their paddles to indicate whether the sleep behaviors shown are healthy or not.

Ms. E ends the activity by encouraging students to practice healthy sleep habits tonight—and always—to be the healthiest students they can be.

Source: Adapted from the CDC’s BAM! Body and Mind Classroom Resources for Teachers (CDC 2019c)

Partnering with Your School

Encourage your school to have a “Responding-to-Emergencies Day” with drills, role-playing life-threatening situations, and demonstrating calling 9-1-1, how to perform CPR, and knowing where the closest automated external defibrillator (AED) is. When inviting guest speakers such as dental health professionals, American Red Cross, Poison Control Center, Epilepsy California, or the Fire Department/Emergency Medical Services (EMS), invite all age-appropriate classes to the presentation, which is held in a designated group area.

Partnering with Your Community

Students collectively create a local “resource directory” identifying which agency to call for the appropriate emergency service or information. Examples include local fire department and emergency medical services, American Red Cross, the Poison Control, and Epilepsy California. Provide students a support document on how to assess whether any agency is providing valid information (5.3.1.P, 5.3.2.P, Accessing Valid Information; 5.4.1.P, Interpersonal Communication; 5.5.2.P, Decision Making).

Partnering with the Family

Contact American Red Cross, American Heart Association, Poison Control Center, Epilepsy California, or emergency medical services to request emergency materials (multilanguage materials are available in some areas) for students to take home and share with their family.

Sixth Grade

Most students in sixth grade are either in their last grade of elementary school or their first year of middle school, depending on the school or district. Sixth-graders generally begin to develop a stronger sense of self and independence and, at the same time, are experiencing greater influence from their peers (Wood 2007). As sixth-graders begin to enter adolescence, they are often excited and interested in health and learning more about their changing and growing bodies along with the associated emotions they are experiencing (Marotz 2015). Students this age are typically more emotional, sensitive to criticism, and may be easily embarrassed (Myers 2015).

Those students who are beginning middle school are not only the youngest students in the school, but they may have greater accountability and responsibility than those who remain in a K–6 environment. They are taking multiple classes with multiple teachers; may be involved in organized sports, clubs, and activities; and have new responsibilities such as managing schedules. Their newfound roles lead to greater independence and empowerment but may also lead to stress or uncertainty.

If students are in their last year of elementary school, they too have a greater sense of independence and a stronger sense of self, but have a continued sense of security and known expectation that upper elementary provides (Wood 2007). Being the oldest students in their school, many sixth-graders are excited about beginning middle school in the near future.

Through standards-based instruction, sixth-grade students learn about the importance of injury prevention and safety skills with a focus on violence prevention; continued strategies for positive health practices related to alcohol, tobacco, and other drugs; and mental, emotional, and social health.

Three of the six content areas are covered in the sixth-grade health education standards: Injury Prevention and Safety; Alcohol, Tobacco, and Other Drugs; and Mental, Emotional, and Social Health. All eight overarching standards are addressed in each of the three content areas. When appropriate for students' needs and interests, teachers are encouraged to incorporate content areas for which there are no standards in grade level six.

Injury Prevention and Safety (S)

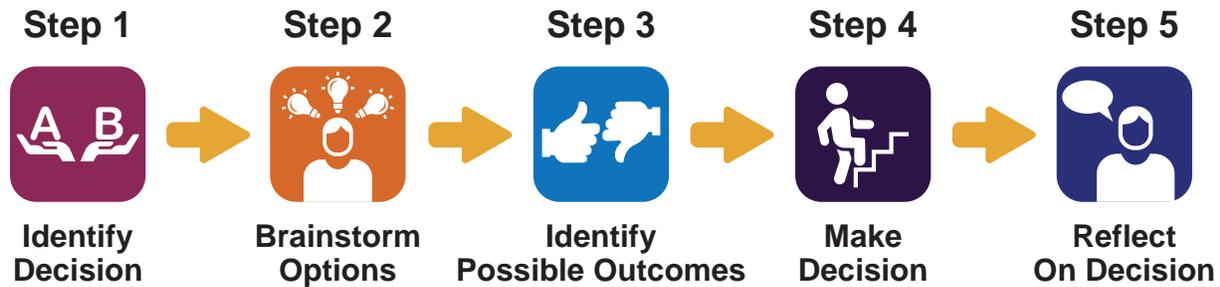
Unintentional injury is the leading cause of death among youths nineteen years old and under in the United States (Heron 2019). Motor vehicle crash injuries, including those involving pedestrians, are the single leading cause of death for young people between the ages of five and nineteen (CDC n.d.b). Prevention skills, built on those established in fourth grade, provide safety practices and protocols for time spent at home, in school, and in the community.

The California Health Kids Survey reveals for fifth-graders that 23 percent of students do not wear a helmet when riding their bicycle (WestEd n.d., 10; the survey is not administered to sixth-graders). Students analyze the role of self and others in causing or preventing injuries by identifying events, places, and items that are high risk for injuries occurring. An example may be when one is engaged in sports or activities, listening to music too loud while using their headphones (hearing injury), or playing in a hazardous area (construction site, abandoned buildings) or with hazardous materials (fire, guns).

Students analyze the influences that may cause them to be in dangerous situations and the laws and rules that are in place at school, in public, and at home to prevent injury and increase safety (6.2.1.S, Analyzing Influences; 6.3.1.S, Accessing Valid Information). Role-modeling to teach the importance of implementing safety practices during physical and leisure activities is an effective instructional method for students this age. Sixth-graders may serve as good role models. Students support injury prevention at school and encourage others to practice safe behaviors by visiting other classes to show their protective gear or ways to prevent injuries to students in lower grade levels. Students may also enjoy personalizing or creating an improved design concept for an existing piece of protective equipment or safety gear of interest to them (6.8.1.S, 6.8.3.S, Health Promotion).

See the [Fourth Grade section](#) for an overview of gangs and the corresponding Classroom Example. Students think, pair, share, and then discuss in larger groups the dangers of gang activity followed by identifying positive alternatives to gang activity or joining a gang (6.7.3.S, Practicing Health-Enhancing Behaviors).

Five-Step Decision-Making Process for Grade Levels Six Through Eight



Long Description of Five-Step Decision-Making Process for Grade Levels Six Through Eight is available at <https://www.cde.ca.gov/ci/he/cf/ch4longdescriptions.asp#chapter4link3>.

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

Students practice and demonstrate refusal skills to avoid gang involvement (6.4.4.S, Interpersonal Communication; 6.5.1.S, Decision Making) by using the five-step decision-making process specifically for grade levels six through eight. Students engage in role-play based on various gang activity scenarios including:

- Your cousin has joined a gang. Everyone seems to look up to him and thinks he is cool. He has a lot of expensive clothes and a really awesome car. He tells you that being in a gang gives you a lot of the things he has. He asks if you want to be initiated into his gang. Your uncle was in the same gang. What do you do?
- You and your friend are being bullied at school. While hanging out, your friend suggests that you both should join the neighborhood gang for protection against those who are bullying you. Your friend knows one of the leaders of the gang. You do not want to be bullied anymore and would like to feel protected and important. What do you do?
- You are feeling very lonely at home, as sometimes nobody is home with you. You like how everyone looks up to gang members in the music videos and movies you watch online. You want to be like the gang members and feel cool, included, and part of a group. The local gang hangs out on the street corner near your apartment. Some say they sell drugs for money. Your mom has said to stay away from the gang members because they are bad, but they seem to have expensive things and look cool. You are walking down the street when one gang member calls you over. He asks you to support the gang by running errands and dropping off things to people around the neighborhood. He

informs you he will pay you for helping out the gang. This may be a way to be a part of the gang. What do you do?

- You are new to your school and the neighborhood and miss your old friends. A new friend approaches you and then asks you to join an initiation to be in a gang he and his older brother belong to. He shows you a gun he has in his backpack. He tells you that being in a gang gives you respect and will make you more attractive. How do you respond?

Teachers are encouraged to assist each student with safe and positive outcomes of each scenario without judgment as there is no right or wrong answer to the exploratory scenarios. Students make a personal commitment to stay away from people involved in gang activity unless the realities of home or community life make this impossible. See additional goal-setting activities and planning examples in the [Alcohol, Tobacco, and Other Drugs section](#) of this chapter. Complex topics such as gang activity should be addressed comprehensively and consistently throughout the semester or academic year for greater competency.

The California Health Kids Survey reveals that 23 percent of fifth-grade students have witnessed another student with a weapon at school (WestEd n.d., 9). Using the same decision-making model as a guide, students discuss injury and safety considerations related to weapons. Students summarize a current event related to weapon violence to share with the class to begin the discussion on how the presence of weapons increases the risk of serious violent injuries (6.1.9.S, Essential Concepts). Students then analyze the role of self and others in causing or preventing injuries and personal behaviors that may lead to injuries or cause harm (6.2.1.S, 6.2.3.S, Analyzing Influences). Class time and school resources are allocated to research current events because some students do not have access to technology or other resources at home. The library media teacher can be a resource for helping students find factual information on current events. Working in small groups, students discuss the event and how the outcome could have been different if a weapon was not involved.

Students analyze the impact of gun violence in situations such as the shooting of former presidents (Lincoln and Kennedy) and important leaders (Martin Luther King, Jr. and Robert Kennedy). How may history have changed if these people had not been killed? Students can also analyze the impact of the shooting deaths of popular celebrities. Current events, such as gun violence in students' local area, provide additional opportunities for discussion on the dangers of weapons and how to escape situations in which weapons may be present (6.4.3.S,

Interpersonal Communication). Students also discuss that, although first-person-shooter video games and videos may glamorize and make weapons seem less dangerous, guns are actually extremely dangerous and cause many innocent people to lose their lives.

- Students learn the important steps for weapon safety:
 - Always treat a gun as if it is loaded
 - If you find a weapon (gun or knife) anywhere, leave it alone
 - › Do not let anyone touch it
 - › Leave the area
 - › Notify a trusted adult immediately
 - If a gun looks like a toy, do not touch it
 - › Some real guns look like fake guns and vice-versa—do not take a chance
 - › Do not touch it
 - › Leave the area
 - › Notify a trusted adult immediately
 - If you suspect someone has a gun at school or another public area and is not a community helper who must carry a gun for work, tell a trusted adult immediately
 - If you need help, call 9-1-1 immediately (4.4.2.S, Interpersonal Communication)

Students learn that some people perceive guns to be cool and exciting, evoking a sense of power. Sometimes weapons are used to intentionally harm people out of anger, hate, frustration, revenge, or a deeply held belief. Sometimes innocent people are killed as a result of intentional or unintentional weapon use (4.2.2.S, Analyzing Influences). Students learn that families and friends experience sustained loss and pain from weapon violence through research on occurrences of weapon violence. They then list the laws or policies they would propose on weapon safety if they were an elected official in their community.

The following scenarios are provided to (1) explain the importance of immediately reporting a weapon that is found, or is in the possession of peers, and to demonstrate escape strategies for situations in which weapons or other dangerous

objects are present (6.4.2.–3.S, Interpersonal Communication) and (2) to help students use the five-step decision-making process to determine a safe course of action in risky situations (6.5.1.S, Decision Making). Working in pairs or small groups, students apply the five-step decision-making process to each of the scenarios and discuss as an entire class.

- Your friend shows you a gun that he brought to school in his backpack. He tells you that he took the gun from his dad’s drawer and to not tell anyone. What do you do?
- A friend tells you they have a gun that they are hiding at the local park. They tell you to not tell anyone. What do you do?
- Your best friend is bullied by a student in your class. Your friend posted weird statements and photos about revenge on an online social networking site. He stated that he plans to bring a gun to school to scare the bully. What do you do?

Source: Adapted from the Virginia Board of Education (2011).

Before the following activities, notify parents, guardians, and caretakers of the content that will be covered. Alert school site administrators and staff you are teaching content that may trigger a response from some students so they are prepared to assist students if needed. Begin the activity by reminding students of the school’s safety procedures and the signals that alert students to an emergency on campus. Students watch an active shooter video source that is age-appropriate, has been carefully vetted, and is from a reliable and credible source (many universities have video resources). Students identify ways to stay safe during a school shooting or when an active shooter is present. Students role-play by reenacting escape and protective strategies for situations in which weapons or other dangerous objects are present (6.4.3.S, Interpersonal Communication). These strategies include the following:

- Calling 9-1-1, locking the door
- Keeping quiet
- Turning out the lights
- Barricading the door with desks, tables, and chairs
- Hiding under and behind desks

- Throwing objects at the intruder
- Finding a safe escape if available

Internet, social media, and electronic communication safety is an essential skill for the twenty-first century middle-school learner who is immersed in various technology mediums. Research confirms that adolescents engage in 7.5 hours of screen time a day (National Heart, Lung, and Blood Institute 2013). This screen time includes texting; gaming; watching movies or television shows; using apps; browsing online; and engaging in social media on computers, tablets, televisions, and smart phone devices (Rosen et al. 2014). Internet safety is often a very appealing subject students are invested in and excited to learn about because the internet is so pervasive in their lives.

To begin the discussion of internet safety and hazards (6.1.7.S, Essential Concepts) students share if they have ever heard of the following terms or if a friend or family member has ever experienced *cyberbullying*, *cyber harassment*, *cyberstalking*, *sexting*, or has been the victim of an *online predator*. Students follow up by spending time online reviewing resources from Web Wise Kids, a nonprofit website that has free safety curriculum, videos, and interactive games designed to teach students the principles of internet and mobile device safety in an engaging format. Students then complete an internet safety pledge and commit to not engaging in the following actions that can lead to dangerous consequences:

- Sharing personal information such as their address or phone number
- If or when they are home alone
- Their schedule
- Their parent’s, guardian’s, or caregiver’s information
- Provocative photos

Students learn the “netiquette” of being nice and courteous online and via email communication, and to tell a trusted adult if someone is not being nice, is in danger, or is being bullied online. They also learn about the consequences of being a cyberbully and sexting, such as sending sexually suggestive photos through social networks. The Model School Library Standards for California Public Schools call for students to demonstrate the ethical, legal, and safe use of technology and serves as a resource for instruction and learning about internet safety (California Department of Education 2011).

Learning activities are furthered with student-led projects. Using an electronic format, students write and record their own one- to two-minute public service announcement (PSA) covering a chosen internet safety topic. Students' PSAs are featured on the school's website. Presentations about internet safety can be given to students in earlier grades. The teacher librarian is invited as a guest speaker to discuss internet safety. Finally, students are given an internet safety checklist or tip sheet and are encouraged to check their social media and other accounts to consider implementing the recommended safety measures. Students learn that it is always important to seek the help of a trusted adult when feeling personally threatened or unsafe, including while on the internet (6.1.7.S, Essential Concepts; 6.3.2.S, Accessing Valid Information; 6.4.1.S, Interpersonal Communication; 6.5.2.S, Decision Making; 6.6.1.S, Goal Setting; 6.7.2.S, Practicing Health-Enhancing Behaviors).

Students are informed that if they or someone they know is in danger of hurting themselves or others, or is depressed or distraught, to contact a trusted adult such as a teacher, administrator, parent, guardian, caretaker, school nurse, or school counselor, school psychologist, immediately for the protection of self and others (6.2.1.S, Analyzing Influences; 6.4.1.S, Interpersonal Communication).

Students investigate local and national resources including youth crisis lines such as TEEN LINE and organizations such as the National Forum on Youth Violence Prevention. Addressing conflict using nonviolent strategies that are specifically for school-based settings can also be shared, such as:

- Peer mediation
- Process curriculum
- Peaceable classrooms
- Peaceable schools

Search Rutgers Center for Negotiation and Conflict Resolution: Conflict resolution at school and on the playground for more information and resources.

Partnering with Your School

Students show peer support by nominating other students for a safety award that is highlighted in the school newsletter or noted on the school's website. The students are given a certificate or plaque for demonstrating safe behaviors,

including properly using of safety belts when riding in cars, wearing helmets when riding bicycles, practicing pedestrian or transportation safety while commuting to and from school, wearing mouth guards when participating in athletic activities, and wearing other safety equipment as needed (6.8.3.S, Health Promotion). Students are nominated by students or teachers and other school staff. Along with a teacher-mentor, students form a committee and choose the winner based on established criteria.

The principal is invited as a guest speaker to provide an overview of the safety measures and emergency procedures that exist at the school. After the presentation, students work in small groups to research online and create a list of additional safety measures they would like to see implemented. For example, suggestions may include asking for trees or built structure to provide ample shade in the playground area, or requesting that all classrooms have first aid kits. The list is submitted to the principal by the students (6.1.4.S, Essential Concepts, 6.3.1.S, Accessing Valid Information, 6.8.1.S, Health Promotion).

Partnering with Your Community

Community organizations, local nonprofits, and law enforcement agencies that specialize in gang violence prevention may be invited as guest speakers. Students are able to describe the risks of gang involvement (6.1.3.S: Essential Concepts), identify resources to avoid gang involvement, identify safe places for leisure time, and practice positive alternatives to gang involvement (6.7.3.S: Practicing Health-Enhancing Behaviors).

Partnering with the Family

Using publishing software, students create an internet safety calendar as a gift for their parents, guardians, or caretakers. Calendars can also be featured on the school's website and be printed to share with students in earlier grades. The calendars serve as a monthly reminder for students to dialogue with their parent, guardian, or caretaker on the importance and expectations of internet safety in the home, and indicate when a student should seek the assistance of their parent, caretaker, or guardian (6.1.7.S, Essential Concepts; 6.3.2.S, Accessing Valid Information; 6.5.2.S, Decision Making; 6.6.1; Goal Setting; 6.7.2.S, Practicing Health-Enhancing Behaviors).

Alcohol, Tobacco, and Other Drugs (A)

Promoting a lifestyle free of alcohol, tobacco, and other drugs (ATOD) is essential to overall health and wellness. Teachers are role models for their students and provide students with a solid foundational knowledge of ATOD, including practical skills for preventing the use of ATOD. The complex issue of substance prevention and use requires a comprehensive community approach, and schools play a critical role in awareness and prevention efforts (CDC 2019d).

Building on the foundational ATOD competencies students achieved in fourth grade, students continue to apply standards-based competencies in more sophisticated ways. Instruction is evidence- and theory-based to prepare sixth-grade students with the knowledge, skills, attitudes, and behaviors to help them make healthy decisions around drug use (including illegal and illicit drugs). Students may need to be reminded that a drug-free lifestyle means being free from alcohol, tobacco, and illicit drugs, not medications prescribed or recommended by medical professional. Other content areas, such as physical activity and nutrition as healthy alternatives to ATOD use, healthy coping behaviors in lieu of ATOD use, or injury prevention and its connection with ATOD, should be integrated into instructional strategies when appropriate.

In science class, students are learning about physiological structure, function, and information processing, that the body is a system of interacting subsystems composed of groups of cells (CA NGSS MS-LS1-3), and sensory receptors respond to stimuli by sending messages to the brain (CA NGSS MS-LS1-8). This knowledge is applied to health, specifically ATOD content, as students learn how the adolescent brain (6.1.6.A, Essential Concepts) and nervous system respond to stimuli substances such as alcohol, tobacco, and other drugs. National Institutes of Health, National Institute for Abuse (NIA), *Brain Power!* has free interactive curriculum and videos that cover the effects of ATOD on the brain.

Working in small groups, students choose a specific ATOD substance and create diagrams using a smart art or other similar technology program to list the short- and long-term effects of ATOD. Listed in the center are the social, legal, and economic implications (6.1.1.A, Essential Concepts). For example, one group may choose prescription drug use and addiction—the short-term effects may include euphoria, extreme relaxation, reduced anxiety, pain relief, and sedation; the long-term effects include dependency, kidney and liver failure, diminished

brain capability to respond to new information, and increased tolerance (National Institute on Drug Abuse 2017). Examples of social, legal, and economic implications include the cost of the substance, loss of employment, expulsion from school, loss of family or friends, possible violation of laws, or injury to self and others including death.

Students present their diagrams via electronic software to their peers. Using a printout of their diagram, students compare the implications of various ATOD substances and mark the similar implications they identified. The activity concludes with a discussion that the social, legal, and economic impacts of different ATOD substances are more similar than different. As a follow-up activity, students search online for pictures that depict positive alternatives to using ATOD (6.1.2.A, Essential Concepts; 6.2.3.A, Analyzing Influences; 6.5.3.A, Decision Making). Students may choose enjoyable activities such as listening to music, going to the movies or concerts, hanging out with friends, playing sports, enjoying drama class, or participating in other extracurricular activities. Students creatively display images of their collective activities using an electronic program. The creative piece is displayed and shared during back-to-school night. Students are reminded to choose an ATOD-free life because once addiction is in place, the cycle is extremely hard to change.

On the whiteboard, three categories of prescription and nonprescription medicines or drugs are listed (6.1.3.A, Essential Concepts):

1. Prescription Medicines
2. Nonprescription Medicines, also known as Over-the-Counter Medicines
3. Drugs, also known as Substances or Illicit Drugs

Students provide examples of each of the three categories. After providing various examples and reasons for using medicines, a discussion occurs of how some ATOD substances are prescription medicines but can become illicit drugs. For example, referencing the prescription opioid drug, oxycodone, students learn that this drug may be used or misused as a prescription and may be taken illicitly by sharing another person's prescription or by obtaining it illegally. Another example is marijuana, which is legal in California for adults 21 and older, though there are legal restrictions on its use. However, some use marijuana illegally when underage. A conversation on edibles and the concerns of overdose, accidental poisoning, and consequences of illegal use under California law is important to include.

Students identify and list the positive attributes of one role model who is ATOD-free. Students are asked to explain how this person’s performance or success would be impacted if they were using or misusing ATOD. Some students may identify someone who has struggled with ATOD and recovered; or, they may identify someone who occasionally drinks, which serves as an opportunity to further the discussion (6.1.7.A, Essential Concepts; 6.2.2.A, 6.2.4.A, Analyzing Influences).

The dangers of secondhand and thirdhand smoke are powerfully displayed by students creating a photo collage illustrating the impact and exposures of secondhand and thirdhand smoke. Students also research California smoking policies and secondhand-smoke laws. For example, it is illegal to use tobacco products in the car when a minor is present. The usage rates, marketing, policies, and corresponding laws regarding electronic cigarettes, vaping, and other electronic smoking devices (ESDs) may also be researched. Students write about why a tobacco-free environment is important and include proposed policies for a tobacco- or vape-free community (6.1.4.–5.A, Essential Concepts).

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 Centers for Disease Control and Prevention (CDC), the use of electronic smoking devices has increased substantially in recent years, particularly among youth (2019e). Under California state law, a tobacco product is any product containing, made, 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 the early- to mid-20s (2019e).

* This does not include nicotine products such as nicotine patches that the US Food and Drug Administration approved as cessation products (or to be used for other therapeutic purposes).

Role-playing that applies a responsible decision-making approach is effective for learning about ATOD because the scenarios engage students’ interest and elicit skill application. To accommodate the learner’s level and the expectations of the health education standards, the role-play scenarios should be more advanced than in previous grade levels. Students can problem-solve different complex scenarios involving ATOD. Responsible decision-making is applied. Solutions

such as contacting a parent, guardian, caretaker, or trusted adult are important to include in the discussion of refusal skills (6.5.2.A, Decision Making). Students apply the five-step decision-making model (6.1.2.A, Essential Concepts; 6.4.1-2.A, Interpersonal Communication, 6.5.1.A, 6.5.3.A; Standard 5: Decision Making, 6.8.1.A, Health Promotion).

Various scenarios assist students in responsible ATOD decision-making with students role-playing and practicing effective communication skills by saying no; walking away from the situation; changing the subject; using delay tactics; and requesting assistance from a parent, guardian, caretaker, or trusted adult. Nonverbal communication skills are introduced and practiced. Educators use the decision-making model to assess student competency with the scenarios offering supportive feedback in an inclusive and reassuring tone due to the subjective nature of the activity. Students needing assistance are connected to necessary resources.

Some scenarios may be:

- A friend introduces you to his brother who is one of the cool kids in ninth grade. Your brother's friend asks if you and your friend want to go to the park tonight and party with them. You want to be cool and fit in with the popular crowd so you agree to go. You experiment by sipping some beer. You think of your parents, guardians, or caretakers, and what they might say and how they might feel if they saw you drinking. What do you do?
- You are at the school dance with your friends. You are having fun and talking to friends when one offers you a silver metal container they call a flask. They tell you to take a sip. You do. The liquid is strong and burns your throat. Everyone is laughing at your unexpected reaction and expression. You are nervous but want to be cool and enjoy this time with your friends. You are worried. You know alcohol is not allowed at school, and everyone who is drinking is underage. What do you do?
- You learn that your older sibling is taking strange white pills. When they take the pills, they act tired and different. They tell you not to tell your parents, guardians, or caretakers that they are taking the pills—that if you do, they will not speak to you again. What do you do?
- Your best friend brings a brownie to school in her backpack that she said her cousin made. She informs you that the brownie is an “edible” and has marijuana, or pot, in it. During recess/nutrition break, she asks you if you

want to share the brownie with her. She says she eats them all the time and it will make the rest of the day fun. When you first respond by saying no, she pressures you further and says, “Marijuana IS legal in California you know! Everyone does it.” What do you do?

- You and your best friend do everything together. You are at his house when he brings out a plastic bag and sprays computer keyboard cleaner into the bag. He inhales the smell from the bag. He asks if you would like to try “bagging” and inhale the fumes, telling you it is fun and feels good. From school, you remember talking about inhalant use. You are scared and worried about your friend, and feel pressured because you do not want to make your friend mad or lose his friendship. What do you do?

Students develop personal goals to make healthy choices regarding ATOD (6.6.1.A, Goal Setting) and choose healthy alternatives to ATOD by identifying three goals (6.7.1.A, Practice Health-Enhancing Behaviors). Students write a reflective journal entry or essay describing the internal and external influences that affect the use of ATOD (6.2.1.A, Analyzing Influences). Barriers to achieving individual goals can be explored with reflective journaling. Support resources are shared with the students.

Students may have a friend, family member, or caregiver who excessively uses ATOD or struggles with ATOD addiction. If a student has a loved one or friend experiencing a problem related to ATOD addiction, it is important the student knows there are people who can help and when to contact a trusted adult such as a teacher, school nurse, administrator, or school counselor for support (6.5.2.A, Decision Making). With teacher assistance, students can identify services and resources in their community or online that provide support for students. Additional ATOD strategies can be found in the “Grade Levels Seven and Eight” chapter of this framework.

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

Essential Concepts: 6.1.1.A Explain short- and long-term effects of alcohol, tobacco, inhalant, and other drug use including social, legal, and economic implications.

Essential Concepts: 6.1.2.A Identify positive alternatives to alcohol, tobacco, and other drug use.

ATOD-Free Game Night

In small groups, students create an ATOD educational board game that describes the short- and long-term effects of using ATOD, identifies positive alternatives to using ATOD, and the benefits of remaining ATOD-free. Students play each of the group's games as a method of peer education and vote on their favorite board game, which is showcased on the school's website or newsletter.

Essential Concepts: 6.1.1.A Explain short- and long-term effects of alcohol, tobacco, inhalant, and other drug use including social, legal, and economic implications.

ATOD-Free Through the Years

Using photographs of a cigarette, an alcoholic beverage, marijuana, cocaine, tobacco products, or opioid drugs, students describe the health benefits to the brain and body of being substance-free for 1 day, 1 week, 1 month, 1 year, 5 years, 10 years, and 15 years by creatively labeling the short- and long-term health implications, including social, legal, and economic milestones achieved by being drug-free on the photograph. Students use vetted online resources to find information on the social, legal, and economic benefits of being ATOD-free from 1 day to 15 years. The photographs are displayed in the classroom or school.

Essential Concepts: 6.1.1.A Explain short- and long-term effects of alcohol, tobacco, inhalant, and other drug use including social, legal, and economic implications.

Essential Concepts: 6.1.2.A Identify positive alternatives to alcohol, tobacco, and other drug use.

Essential Concepts: 6.1.5.A Explain the dangers of secondhand smoke.

Essential Concepts: 6.1.6.A Explain the stages of drug dependence and addiction and the effects of drugs on the adolescent brain.

Decision Making: 6.5.2.A Analyze the legal, emotional, social, and health consequences of using alcohol and other drugs.

Health Promotion: 6.8.1.A Practice effective persuasion skills for encouraging others not to use alcohol, tobacco, and other drugs.

Audiobook

Using many of the free audio programs online, students create audiobooks on an array of ATOD issues. Working with the school’s teacher librarian, students obtain information, content, and resources for the audiobook from valid and reliable ATOD websites, such as SAMHSA. The audiobooks are shared as a school resource or a community service resource.

Goal Setting: 6.6.1.A Develop Personal Goals to Remain Drug-Free.

Micrography

Block letters that spell “ATOD-Free for Me” or another catchy title, an outline of a picture depicting health, or an outline of the school logo are stenciled onto a large banner to create a micrography. Each student provides a goal to remain drug-free by writing their personal goal in the block letters or picture outline. Students then encourage students in other classes, other teachers, staff, and even administrators to sign the micrography. The micrography is displayed on the school’s website, health classroom, or a public location.

Essential Concepts: 6.1.7.A Identify the effects of alcohol, tobacco, and other drug use on physical activity, including athletic performance.

Analyzing Influences: 6.2.2.A Analyze the influence of marketing and advertising techniques, including the use of role models and how they affect use of alcohol, tobacco, and other drugs.

Analyzing Influences: 6.2.4.A Explain how culture and media influence the use of alcohol and other drugs.

ATOD-Free Role Model

Students identify and list the positive attributes of one role model who is ATOD-free. Students are asked to explain how this person's performance or success would be impacted if they were using or misusing ATOD. Some students may identify someone who has struggled with ATOD and recovered; or, someone who occasionally drinks, which serves as an opportunity to further the discussion. The role model's picture can be displayed in the classroom, rotating role models and continuing the conversation each month.

Essential Concepts: 6.1.2.A Identify positive alternatives to alcohol, tobacco, and other drug use.

ATOD-Free Collage

Using online photographs chosen by students, students create a large collage displaying positive alternatives to using alcohol, tobacco, and other drugs. Ideas may be spending time with friends, enjoying sports and activities, going to a concert or the movies, playing an instrument, hiking, reading, or hobbies such as laser tag or making crafts. The large collage is displayed in a common area or on the school's website for a peer education opportunity.

Essential Concepts: 6.1.4.A Identify the benefits of a tobacco-free environment.

Tobacco-Free Environment

Students research California tobacco policies and secondhand smoke laws. For example, it is illegal to smoke in the car when a minor is present. Vaping and other electronic smoking devices (ESDs) usage rates, marketing, policies, and corresponding laws may also be researched. Students write about why a tobacco-free environment is important and include proposed policies for a tobacco- or vape-free community.

Partnering with Your School

Students encourage others to make healthy choices surrounding alcohol, tobacco, and other drugs (6.8.1.A, Health Promotion) by promoting a healthy lifestyle that encourages wellness such as physical activity, healthy eating, and mental and social well-being. Students create a school social media campaign and/or organize activities during Red Ribbon Week to outreach and promote these concepts.

Partnering with Your Community

Using a mapping technology program, students map the local healthy areas that promote or support an ATOD-free lifestyle, such as youth recreation centers, after-school programs, and parks and nature areas. Places that are high-risk, such as bars or liquor stores, are also identified. Maps are analyzed by the entire class. Invite speakers such as a local drug counselor or drug prevention agency staff member to speak to students about the importance of an ATOD-free life or a representative from a nonprofit such as the American Lung Association or American Cancer Society to speak on the dangers of smoking and the importance of a tobacco- and smoke-free life. Note that, because of its complex subject matter, guest speakers should not be considered the only instructional strategy in addressing ATOD prevention and use (Essential Concepts).

Partnering with the Family

Health education brochures or online resources on the content covered in this section such as, *Talk to Your Kids about Tobacco, Alcohol, and Drugs* from Healthfinder, Office of Disease Prevention and Health, are shared with family members, guardians, and caregivers. Students are encouraged to engage family members, guardians, and caregivers in conversations regarding the rules and expectations about ATOD use (Essential Concepts).

Mental, Emotional, and Social Health (M)

Most sixth-graders are experiencing many physiological and psychological changes brought on by the onset of puberty. Each student is unique in their adeptness to handle various mental, emotional, and social health experiences. They are also advancing their mental, emotional, and social awareness. As a teacher or other educator, you are in a unique role to support and encourage your students during a physically and emotionally challenging time. At this age, many students are experiencing a wide range of emotions but may not realize how these emotions impact their behavior. Building self-awareness through standards-based instruction on mental, emotional, and social health can foster academic success and emotional well-being for a lifetime. Learning activities that include setting goals assist students in self-discovery to identify their strengths and can be particularly important at this juncture.

According to the CASEL five competencies, as students begin their middle school experience or end their elementary learning in sixth grade, their *self-awareness* is more developed; they may be able to identify the range of emotions and what is causing them on a deeper level (2019). For example, students may understand more emotions than in prior years, but may not yet comprehend some complex emotions they are experiencing, such as disappointment or rejection. As sixth-graders begin to value their peers more, their *social awareness*, the ability to empathize, to understand, respect, and monitor others' perspectives, is improving; they notice how their behavior impacts others.

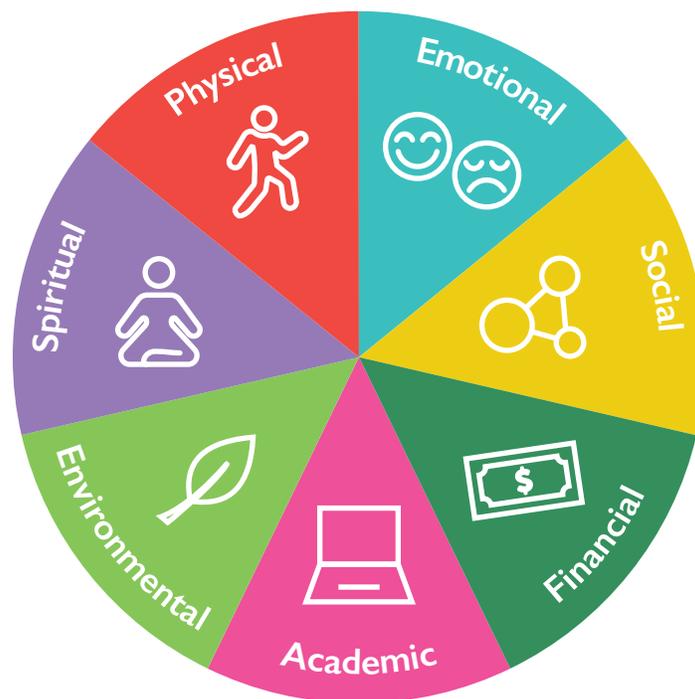
Self-management is also evolving as students are able to manage their emotions and better control impulses. Situations that may cause stress, such as being teased or losing a game or competition, become more accepted and understood. However, regulation of moods and stress reactions can still be a challenge.

As students develop their *relationship skills*, they are becoming more competent at communication. They learn more about themselves and their emotions, and value friendships and relationships more. As sixth-grade students make their own decisions independent of their parents, guardians, or caretakers and have greater responsibilities, which may include their own cell phone and unsupervised technology use, opportunities for *responsible decision-making* become a part of everyday life.

Research confirms that academic performance improves when a school's health curriculum includes teaching students how to manage their stress and emotions, as well as practice empathy and caring behaviors (CASEL 2019). Teachers, other educators, school nurses, school counselors, 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. When students feel safe in their classroom, they may disclose abuse to their teachers and other educators. As mandated reporters, teachers are required to immediately report to suspected abuse or neglect to the appropriate agency in their area. Once the report is filed, follow school policy regarding disclosure of abuse. For additional information, see the [Mandated Reporting](#) section of the "Introduction" chapter.

Building on mental, emotional, and social health content learned in grade levels two and three, such as identifying and expressing emotions, students continue to apply standards-based competencies to build positive mental health practices. Students learn that mental, emotional, and social health are components of overall health by referencing the wellness wheel. Wellness wheels are printed for students to reference and can be used in activities to identify various components of wellness (6.1.3.M, 6.1.4.M, Essential Concepts; 6.2.1.M, Analyzing Influences).

Wellness Wheel



Long Description for Wellness Wheel is available at <https://www.cde.ca.gov/ci/he/cf/ch4longdescriptions.asp#chapter4link4>.

Source: Clarion University (n.d.).

Students use the wellness wheel to research and identify the emotional, physical, academic, and social changes they are experiencing, or, what someone can expect to experience as a result of adolescence if a less personal approach is more comfortable for students. The wellness wheel can be pasted on to paper or poster board with the identified changes listed on the left side and, on the right side, identified strategies of how and what students plan to do in response to each change experienced (6.1.3.M, 6.1.4.M, Essential Concepts; 6.6.1.M, Goal Setting).

Students are introduced to stress by playing a stacking-block game, the Marshmallow Challenge, or team memorization game where they have to report back what they saw (such as patterned dominos) in a short amount of time. After the game, students discuss the stress symptoms they experienced (nervousness, sweaty palms, angst, panic, or rapid heartbeat). Students learn this is the body's *fight, flight, or freeze* response to stress. They learn that stressors like homework, doing poorly on an exam, losing something, being bullied, or losing a friend or loved one also cause the body and mind stress (6.1.1.M, Essential Concepts).

Students learn to identify their stress triggers, their signs and symptoms of stress, and learn healthy stress coping skills. Students identify healthy stress management strategies by creating a Wordle or word cloud (electronic word collage or picture collage) using a technology program. Examples of healthy stress management include physical activity, journaling, finding quiet time, meditation, taking a walk, exercising, deep breathing, doing yoga, hanging out with friends, crying, and talking to their parent, guardian, or caretaker. Students also illustrate unhealthy ways to cope with stress: eating unhealthy foods or snacks, overeating, excessive screen time, excessive sleeping, or destroying property (6.1.4.M, 6.1.6.M, Essential Concepts; Accessing Valid Information; 6.3.2.M).

Periodically checking in with students on how they are feeling and their emotional well-being offers support and care in their lives that, in turn, may create a more empathetic, caring student who excels psychosocially and academically. One way to elicit information about students' mental, emotional, and social health is a "check-in" box in which students submit their concerns as they arise. The teacher regularly checks the box and addresses any student concerns. Another approach is to give each student a set of *How Am I Feeling?* cards that indicate various color levels of stress (red = high stress day, orange = moderate stress day, yellow = low stress day, green = no stress day). The teacher explains that the cards will be used periodically for checking in to see how each person is feeling.

Students are encouraged to reference the cards on their own to check in on how they are feeling each day. Examples are provided for each color level either, or both, in class and on the back of the cards. For example, red indicates a frustrating or stressful day—maybe the student did not do so well on an assignment or test, a project or activity did not go as planned, the student is stressed by chronic violence in their community, or the student experienced a recent fight. Orange may indicate some challenges in the student's day, such as having an argument with a sibling, parent, guardian, caretaker, or friend, but then the day is balanced with positive experiences such as receiving an A on a test or having fun talking with friends at lunch. Green indicates there is little to no stress in one's day. For example, students may be excited it is Friday and the weekend is approaching, happy they made the audition for the school play, or just pleased that it is a day that is going smoothly and "without drama." Students learn that a little stress is a normal part of life. However, if they are experiencing high-stress days, they should speak with a parent, guardian, caretaker, or trusted adult. Moderate stress can be addressed using one of the techniques or activities students identified in the

prior activity or as an extension to the activity (6.1.1.M, 6.1.4.M, 6.1.6.M Essential Concepts; 6.3.2.M, Accessing Valid Information; 6.6.1.M, Goal Setting; 6.7.2.M, Practicing Health-Enhancing Behaviors).

Conflict resolution is also an important social and emotional skill for students to learn and demonstrate. Students are encouraged to use the five-step decision-making model to role-play conflict resolution or how to ask for assistance when experiencing various social challenges. Students work in groups to identify their own scenarios that are approved by the teacher. Students practice communication skills in pairs using inclusive language that demonstrates respect for diversity. Some examples may be encouraging students to make eye contact while acknowledging that people in some cultures do not feel comfortable using constant eye contact or showing interests in others by nodding, using prompts, and asking open-ended questions in conversations. When students make hurtful comments such as when a student says, “That is stupid,” they are asked to reframe the comment. Teachers prompt the student with questions such as “How else can you communicate that statement?” and provide an example of a reframed comment if necessary. Teachers use the decision-making model to assess student competency with the scenarios offering supportive feedback in an inclusive and reassuring tone due to the subjective nature of the activity. Students needing assistance are connected to necessary resources (6.4.1.M, 6.4.3.M, 6.4.4.M, Interpersonal Communication; Decision Making).

Students are introduced to the practice of mindfulness for managing stress: coming into the present; being aware of emotions and bodily sensations, with nonjudgment and curiosity; focusing on peace and meditation, even if only briefly; and taking time for oneself. Useful resources such as *The Stress Reduction Workbook for Teens: Mindfulness Skills to Help You Deal with Stress* by Gina M. Biegel (2017), *Mindfulness for Teen Anxiety* by Christopher Willard (2014), and *The Mindful Child: How to Help Your Kid Manage Stress and Become Happier, Kinder, and More Compassionate* by Susan Kaiser Greenland (2010) provide valuable resources for pre-teens and teens experiencing stress and anxiety. Students should be introduced to the concept for mental health treatment and the professionals that are involved. Students research online and create stress-prevention tip cards, electronic memes, or video PSAs including how to seek the help of a trusted adult when necessary. Students present their approved pieces to younger grades if in upper elementary, or fellow classes or their peers if in middle school to help create a healthy school environment (6.1.1.M, 6.1.6.M, Essential Concepts; 6.3.1-2.M,

Accessing Valid Information; 6.4.1.M, Interpersonal Communication; 6.6.1.M, Goal Setting). See the [Injury Prevention](#) and Safety section for additional resources.

Comprehensive curriculum on the human life cycle ideally includes a few assignments on death and dying to enable students to process this important stage. Note that teachers should never insert their own opinions on death and dying, or use euphemistic or religious verbiage or language. To explore feelings associated with empathy, grief, and loss, students write a letter or a story of a time in their life when they experienced the loss of a family member, friend, or pet. Loss may also be associated with the loss of a friendship or the loss of an experience, such as summer vacation ending, moving, or a parent, guardian, or caretaker's separation or divorce. A celebrity or fictional character may be referenced by the student if the student has not experienced loss or does not feel comfortable with this activity.

Students may also write a story or short vignettes highlighting their favorite memories of their lost loved one. The writing is private and can serve as a cathartic outlet for sensitive subject matter such as loss and death. An extension of this assignment may be to explore how other cultures around the world cope with loss and grief and how mourning occurs in other cultures, reinforcing that grieving varies for each individual or community.

Other activities can be incorporated, such as planting a memorial garden or tree; creating a memorial scrapbook or ornament; creating a Dia de los Muertos or Day of the Dead altar or art project such as a painting; or a tissue box activity where students make and decorate a tissue box to insert notes in remembrance of those they have lost. Teachers should notify the school nurse, school counselor, site administrators, and other school staff before students engage in this activity. Teachers should also be prepared to connect students with appropriate school staff and other resources, as this may be a triggering activity for some. Parents, guardians, and caretakers are notified of this activity prior to implementation, and students are encouraged to discuss the activity at home with their parent, guardian, or caretaker to further process the experience (6.1.1.M, 6.1.2.M, 6.1.5.M, Essential Concepts).

Students use the following guiding points to share their feelings in their letters or vignettes:

- What I miss about you the most is ...
- My favorite memories of you are ...

- When you died, I first felt ...
- What I wish I had said or done when you were alive ...
- I now feel ...
- I keep your memory alive by ...
- I want to share with you what I am doing now ...

As pre-teens, many sixth-graders have more responsibility and are more engaged academically and socially than in previous years. In fifth grade, students explored gender socialization and analyzed influences on attitudes and beliefs regarding differences of others. After being reminded of gender socialization and the importance of respecting other students, sixth-graders can analyze these influences further and think critically about how to practice appropriate ways to respect and include others who are different from them (6.7.3.M, Practicing Health-Enhancing Behaviors). It is important for teachers and school staff to model how to be inclusive so students can also encourage a school environment that is respectful of individual differences and demonstrates respect for diversity (6.8.1.M, Health Promotion; 6.4.3.M, Interpersonal Communication). This practice includes having empathy for others and applies to all differences including levels of ability, chronic health issues, cultural backgrounds, gender, gender expression, and sexual orientation (6.1.5.M, Essential Concepts). As students learn about bullying and its harmful effects, they also learn to object appropriately to teasing or bullying of peers that is based on personal characteristics, spiritual beliefs, gender, gender expression, and sexual orientation (6.8.2.M, Health Promotion). For additional guidance on creating an inclusive learning environment, see the [“Access and Equity”](#) chapter.

While analyzing influences on attitudes and behavior, students use introspection to also analyze prejudice and bias they may have. As part of this conversation, students describe how prejudice, discrimination, and bias can lead to violence (6.4.2.M, Interpersonal Communication). Students can participate in an empathy-building exercise such as a diversity circle. In this activity, students are asked to step inside the circle when the teacher reads a statement that applies to them. For example, “Step inside the circle if you speak another language.” Statements can progress to more sensitive topics as appropriate and teachers should take care not to force students to “out” themselves or reveal sensitive information. Teachers should also try to ensure that every student has an opportunity to step inside the circle. As an entire class,

students can then discuss what it means to be “inside the circle” and how it feels. They can brainstorm how to be more supportive of and empathetic about individuals whose experiences may be different from their own. Sixth-graders may also benefit from researching and writing about a culture different from their own. As part of this process, students can journal about how learning about another culture has challenged their personal prejudices and biases.

Sixth-graders may look to the media and other influences as a guide for how they should look and act and how they perceive others. The messages students receive may be tied to hypersexualization of women and extreme forms of masculinity for men. This means oversexualizing women and girls and reinforcing harmful depictions of men and boys that promote violence and sexual aggression. These images and messages can also influence and contribute to negative body image, relationship violence, and sexual assault (6.2.2.S, Analyzing Influences). Students can work in groups to analyze images in the media from magazines or other forms of advertisements. Students can think critically about the following sample questions:

- What is being advertised?
- Who is the target audience?
- What is the underlying or hidden message?
- How do the images or messages make you feel?
- What might you or other youth take away from this?
- How could the advertisement be changed to have less negative impact on youth?

Students may also analyze music or movies using similar questions. It may be beneficial for students to use music they personally listen to and like, so they can explore hidden messages or the actual context of the lyrics.

It is also important to discuss sexual harassment as part of violence and bullying prevention, as there are many types of violent behaviors that share similarities (6.1.8.M, Essential Concepts). To read more about the linkages between harassment and bullying, view The California Partnership to End Domestic Violence’s report, “Addressing Bullying and Adolescent Dating Abuse.” As students work toward understanding violence, they also gain a better understanding of bystander intervention in an effort to promote a violence-free and bully-free school and community environment (6.8.2.S, Health Promotion). Before starting this activity,

remind students of the classroom agreements to be respectful and kind to one another. Ask students to present real examples of bullying or sexual harassment that they have seen in the media or someone they know may have experienced. These examples can motivate students to take action. Students can organize a campus campaign to take a stand against bullying and sexual harassment. An example of this kind of campaign is “See Something, Say Something, Do Something,” which includes making a banner that students and school staff can sign as a commitment to promote a violence-free school environment. A guest speaker from the local sexual assault agency may also provide an opportunity to inspire action and advocacy schoolwide.

Violence prevention and setting clear boundaries can also promote healthy relationships. Establishing boundaries, which sixth-graders have been practicing since kindergarten, is important for privacy, safety, and emotional regulation (6.1.7.M. Essential Concepts). Students may find themselves in situations with peers or romantic interests in which their boundaries are pushed or challenged. Peer pressure, which may include sexual advances, may weigh heavily on students this age, as the social consequences of not giving in to peer pressure may be perceived as detrimental. Fears of being judged, rejected, or excluded have an impact on students’ ability to make health-enhancing decisions and verbalize boundaries. Self-awareness, including being aware of their emotions, may assist students in establishing and enforcing boundaries (6.1.4.M, Essential Concepts). Role-playing can be used as a tool to help students identify emotions and boundaries. One example of a role-playing activity is how to use self-control when angry (6.7.4.M, Practicing Health-Enhancing Behaviors). Refer to the fifth grade section for a [healthy relationship comparison chart](#) and [warning signs of an unhealthy relationship](#).

Sex trafficking is also a relevant concern for sixth-graders, as this form of exploitation may sometimes present as an unhealthy relationship. In California, the average age that a child is first brought into commercial sexual exploitation, or sex trafficking, is twelve to fourteen for girls and eleven to thirteen for boys (California Against Slavery Research and Education n.d.). Sixth-graders must be aware of the red flags, which includes grooming, online recruitment, and other tactics that traffickers use to exploit their victims. Youth who are trafficked often do not identify as victims and usually have an intimate connection with their trafficker who may pose as a boyfriend, girlfriend, or partner. Sometimes youth may also be exploited by family members or others who may seem to be a

supportive adult. In addition, students can discuss the risk of sex trafficking as it relates to gang involvement, as gangs are also known to commercially sexually exploit youth, including their own members. Some students may be more vulnerable and at risk for sex trafficking than others, including youth in foster care, youth experiencing homelessness, and those who have experienced abuse and neglect. Refer to the “[Grade Levels Seven and Eight](#)” chapter for more detailed information on grooming and sex trafficking education.

VIGNETTE

Classroom Example: Check In vs. Checking Out Stress Awareness and Management

Purpose of Lesson: Students learn the signs, causes, and health effects of stress; explain why getting help for mental, emotional, and social health problems is appropriate and sometimes necessary; make a plan to prevent stress; and practice strategies to manage stress.

Standards:

- **6.1.1.M** Describe the signs, causes, and health effects of stress, loss, and depression (Essential Concepts).
- **6.1.6.M** Explain why getting help for mental, emotional, and social health problems is appropriate and necessary (Essential Concepts).
- **6.2.1.M** Analyze the external and internal influences on mental, emotional, and social health (Analyzing Influences).
- **6.3.1.M** Identify sources of valid information and services for getting help with mental, emotional, and social health problems (Accessing Valid Information).
- **6.3.2.M** Discuss the importance of getting help from a trusted adult when it is needed (Accessing Valid Information).
- **6.4.1.M** Practice asking for help with mental, emotional, and social health problems from a trusted adult (Interpersonal Communication).
- **6.5.2.M** Describe situations for which someone should seek help with stress, loss, and depression (Decision Making).
- **6.6.1.M** Make a plan to prevent and manage stress (Goal Setting).

- **6.7.1.M** Practice strategies to manage stress (Practicing Health-Enhancing Behaviors).

Supplies:

- Card stock or heavy construction paper that is three-hole punched to place in the students' folder

Lesson Narrative:

Ms. L would like to cover the topic of stress management, an important mental health issue for sixth-graders who may be experiencing many stressors as first year students in middle school or as students in their last year of elementary education. Ms. L approaches the topic over an entire week of instruction.

On day one, Ms. L first identifies and explains what stress is. She explains that stress is a feeling of being overwhelmed, worried, run-down, or loss of control. Students learn that stress can affect people of all ages, including children. Stress can lead to physical (body) and psychological (mind) health issues. Students learn that some stress can be beneficial, such as giving one energy to perform successfully on a test or in a physical activity; however, extreme stress can have negative consequences on one's emotional or physical health including one's immunity, cardiovascular, or nervous system (American Psychological Association 2020). Long-term stress may even lead to depression. Ms. L asks, "What are examples of stressful situations or causes of stress?" The collective examples provided by students are written on the whiteboard. Ms. L also provides additional examples such as feeling overwhelmed and losing one's temper, feeling anxiety over transitioning to middle school, checking out when needing to focus and study for an exam, stress from peer pressure to be cool and fit in, and wanting to stay home from school because of feeling overwhelmed. Ms. L explains that it is normal to feel overwhelmed and stressed out at times, but it is important to check in versus checking out. Ms. L then asks students to individually identify their stressors on the left side of the card stock paper they received.

The next day, Ms. L asks students to list on the right side of the card stock the following 10 ways to manage stress as she discusses the items. Students are encouraged to add their own stress management ideas as well. Ensure that evidence-based or informed stress coping skills are on the list such as diaphragmatic breathing and progressive muscle relaxation practices.

1. Talk to a parent, guardian, caretaker, teacher, school counselor, or trusted adult about what is bothering you. Ms. L explains that you may often not know exactly what is bothering you, but talking to someone about what you are feeling may help you uncover feelings of stress, anxiety, or even depression. Adults can help find solutions with you. A good strategy may be talking to your parent, guardian, or caretaker while driving somewhere without other people in the car.
2. Break large projects or chores into small items. If you have a large paper due, start with an outline one day, the bibliography the next, and so on to not feel overwhelmed by a large task. Use checklists and calendars as useful strategies to see the small parts of the large project you have accomplished.
3. Tackle new experiences with practice or previews. Ms. L explains that new experiences can be overwhelming for most people. If you have a new activity or social event, stop by and see what the place is like ahead of time and where it is located. If possible, try to meet the people who will also be taking part in the new experience. Ms. L asks students to share a time they felt stressed or worried in a new situation and what helped them feel more calm.
4. Celebrate the small victories! One way to combat stress is with happy occasions. Enjoy and celebrate when you do well in school, in an activity, or have an enjoyable experience, even if it seems like a small event. Praise yourself, praise friends, and family members!
5. Have a *can-do* spirit. Repeat the following phrases when in stressful situations, “I am not afraid to try,” or “I can do this.” This is empowering and replaces negative self-talk that leads to stress and anxiety.
6. Structure brings security. Organize your locker and school supplies. Keep a calendar of your scheduled activities and due dates. Organize your room at home and keep it neat and tidy. These strategies can reduce anxiety.
7. Blow off steam! Enjoy hobbies and activities like playing an instrument, dancing alone in your room, going for a run, playing soccer with a friend at the park, going for a bike ride, or enjoying yoga.
8. Balance and enjoy afterschool activities. When school struggles become real, and they may, find accomplishment and enjoyment in after-school activities such as sports, dance, or volunteering with an organization you enjoy.

9. Do not be hard on yourself! Remember that you are only human and you are doing your best. Remind others of this, but most importantly, always remind yourself.
10. If needed, talk to your parent, guardian, or caretaker about finding a mental health professional to speak with if you are feeling stressed, anxious, or depressed. Ms. L explains that getting help is sometimes necessary, and it can help one feel better to speak to a professional about their stress or depression. There is nothing wrong with seeking help with stress or depression, just as one would see a doctor when feeling ill. Ms. L shares examples of local services for getting help with mental, emotional, and social health problems.

The third day, Ms. L asks students to add the following on the back of their card stock papers. She explains each of the stress-management strategies using photographs on presentation software or by writing the items on the whiteboard. She asks the students to suggest other ways to reduce stress and discuss what that have worked for them in the past.

For a few ways to feel less stressed, try:

- Calm, deep breathing
- Visualization/imagery practice (using your senses, imaging the sights, sounds, smells, and feelings of a calm and soothing place like a beach or mountain)
- Yoga or physical activity
- Meditation or mindfulness practice (sit in a quiet room and listen to the sounds of the room or pay attention to your inhale [breathe in] and exhale [breathe out])
- Listening to calming music
- Taking a break (take a break from a stressful activity to do something you enjoy or a new activity like photography, jewelry making, or playing a new instrument)
- Taking time for yourself (enjoy cuddling with your pet, taking a hot shower or bath, or drinking a cup of hot chocolate)
- Laughter (an excellent stress reliever—enjoy a funny movie or video clip or fun with friends)
- Talking to or asking for support from family and friends

Ms. L asks students to create a simple plan for stress management by making a commitment to try at least three of the stress management strategies each week. She asks students to place a star next to the strategies they think will work best for them.

On the final day of instruction, Ms. L provides the students with short scenarios of stressful situations. Using their stress management cards, students practice stress management strategies with one another in pairs. The scenarios include how to ask a trusted adult for help when needed.

Ms. L *checks in* with her students periodically throughout the semester on how they are doing with their stress management and asks students to revisit their stress management cards.

Some material adapted from: American Psychological Association (2020) and Rosen (2019).

Partnering with Your School

Help students recognize situations for which someone should seek help with stress, loss, and depression, and getting help with mental, emotional, and social problems by inviting a school counselor or mental health provider to be a guest speaker. The discussion should cover common mental health issues facing pre-teens, such as anxiety, mood disorders, and how to inform a trusted adult if they or someone they know is experiencing a mental health issue (6.3.1-2.M, Accessing Valid Information).

Partnering with Your Community

Research supports the hypothesis that helping others in a time of stress or loss is helpful to one's emotional well-being. Students engage in service learning to help a population in need, such as the elderly or those with special needs or a chronic illness (6.1.5.M, Essential Concepts, 6.4.3.M, Interpersonal Communication). Students learn that there are important community resources for both students and adults with mental health challenges or who are feeling abused or threatened. They become aware that if someone is feeling sad, the person can see a therapist or use free services in the community (6.3.1-2.M, Accessing Valid Information).

Partnering with the Family

Students share their wellness wheel with their family, guardian, or caretaker and discuss ways they will proactively handle staying well in each dimension of wellness. Students are encouraged to begin the conversation with a trusted adult on how and whom to approach if they need assistance with mental, emotional, and social health concerns (6.4.1.M, Interpersonal Communication).

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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

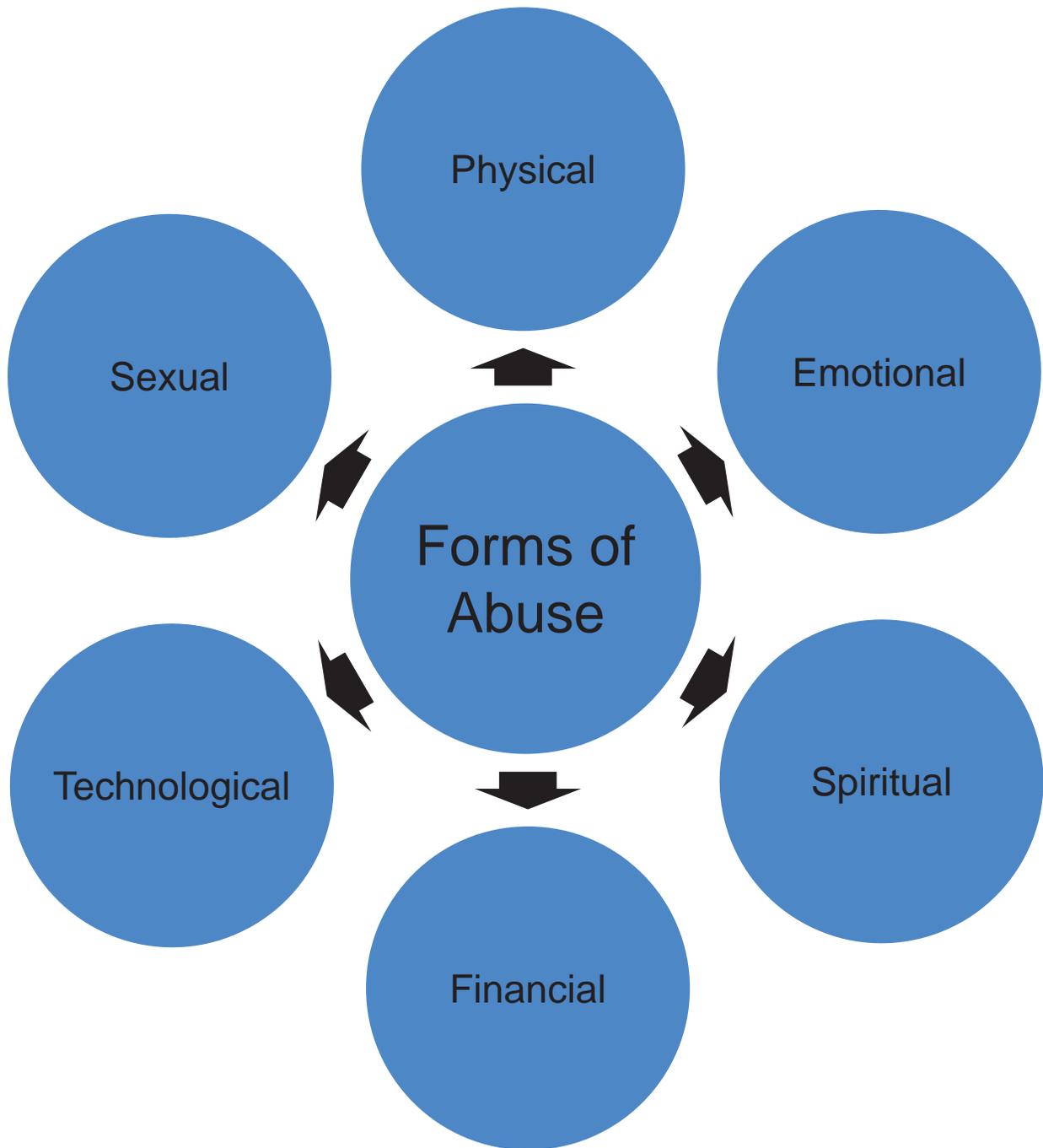
Support	Consensual Physical Affection	Negotiation and Compromise
Encouraging personal growth and goals Offering comfort	Getting consent for physical affection and sexual activity Respecting boundaries	Having discussions instead of arguments Being willing to find middle ground Not always being the one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

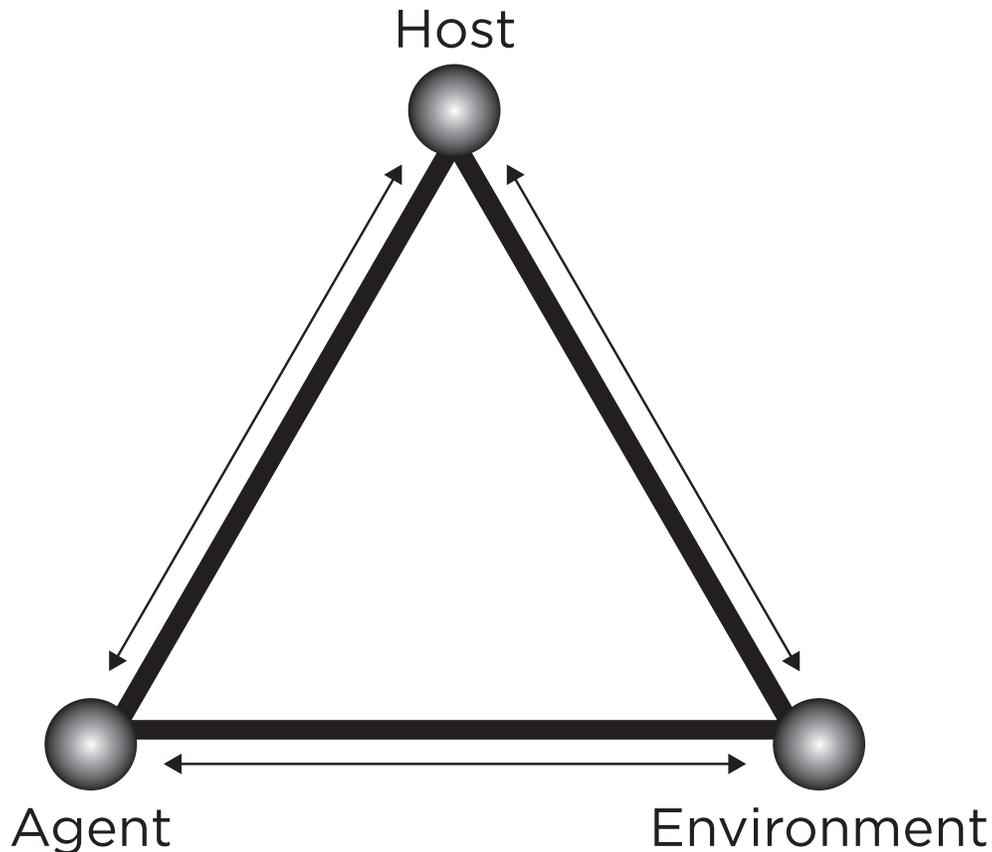
Students decide to develop a campaign to inform community members of their environmental concerns and potential solutions. Mr. T and Ms. J work together to guide students through the process of setting specific action goals including an advocacy plan for the alternative possible resolutions for the problems. 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).

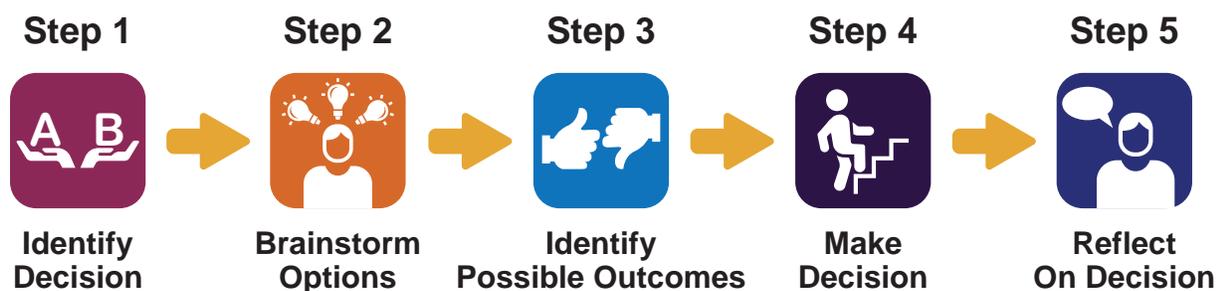
It is important for students to recognize that family members, guardians, and caretakers also greatly impact our health due to shared traits including genetics, the environment, lifestyle, culture, and learned behavior. For example, in some families, everyone is tall, or all members of the family eat 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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Grade Levels Nine Through Twelve

CHAPTER

Introduction

High school is a challenging but also exciting and rewarding time for most students as they transition into young adulthood. Most teens are experiencing a higher level of independence than in earlier grades. Students this age often have adult responsibilities including driving, employment, romantic relationships, or caring for younger family members. Therefore, making standards-based competencies and instructional strategies that foster responsible decision-making a critical component of health education.

Some students are embarking on an exciting new experience with their first year of high school. Others are progressing through their academic journey, while students in upper grade levels are preparing for life after high school. Although it may seem like students' behaviors are well established, health education teachers continue to play a critical role in implementing standards-based instruction, applying evidence-based curriculum and programs, integrating medically accurate resources, and mentoring students to foster a lifetime of healthy behaviors. Health education instruction is best provided by credentialed health education teachers or a credentialed school nurse with a specialized teaching authorization in health ideally in a stand-alone, year-long health class to best meet students' need for high-quality, effective health education.

Physiologically, the teen years are particularly active with many developmental and hormonal changes occurring. The ability to reason, think abstractly and

critically, solve complex problems, and evaluate consequences are continuing to develop for most but will not be fully developed until young adulthood. All adolescents develop at different rates, and some may feel awkward as hormonal changes continue to occur. Physiologically, some students are fully mature in high school while others continue to mature after high school. Some transgender students may be taking medications (puberty blockers or hormone therapy) to more closely align the physical characteristics of their body with their gender, while others may be transitioning socially without medical intervention. For all students, this is a period of great change.

Most teens are generally healthy. However, substance misuse, risky sexual behaviors, mental health issues, and obesity are very real concerns for many youths. According to the California Healthy Kids Survey, 29 percent of high school students report using alcohol, 16 percent are using marijuana, 11 percent are using other drugs, and 16 percent of eleventh-graders were current tobacco users (which includes vaping and electronic cigarettes), making high school a necessary time for ongoing prevention and harm reduction education (WestEd 2018).

Regarding sexual behavior, 32 percent of California students in grade levels nine through twelve report ever having sexual intercourse, approximately 10 percent lower than the national average (CDC n.d). The CDC confirmed 32 percent of high school students (ninth through eleventh grade) felt sad or hopeless almost every day for two or more consecutive weeks, prompting them to discontinue their usual activities (2018, 48). And 16 percent of high school students reported seriously contemplating suicide (WestEd 2018, 37). The CHKS also reported mental health issues are a particular concern for California high school students with data confirming that slightly over 30 percent of ninth and eleventh graders reported feeling sad or hopeless almost every day for two weeks or more in the past 12 months which caused them to discontinue a normal activity. Health education teachers, administrators, and school support staff such as counselors, school nurses, and school social workers play a pivotal role in supporting students to learn and adopt healthy behaviors that promote lifelong good health.

High school students typically develop more complex relationships than in previous years; it is important for them to explore these complexities and gain a deeper understanding of healthy relationships. This understanding includes advanced learning about the different types of relationship violence and the cycle of abuse. Because sexual health education is thoroughly discussed in ninth

through twelfth grades, it is also important to address sexual assault, affirmative consent, and cultural influences that shape attitudes towards sex and sexual violence. High school students may also be at risk of sex trafficking, which must be addressed in the classroom. Normalization of relationship abuse and sexual violence contribute to students' lack of awareness and ability to self-protect or reach out for help. Teenagers are exposed to sex in the media, online, and by peers and receive a number of negative and confusing messages regarding gender roles, relationships, and violence. Giving students the tools they need to protect themselves from sexual violence and risky behavior means addressing these issues honestly, directly, and accurately through prevention education and supportive interventions.

Providing students with ample opportunities to build a solid foundation in health education promotes positive social and emotional behaviors and practices, and also supports a lifetime of good health and productivity. Mental health also plays an important part in high school health education, as most teens begin to develop more resiliency and self-esteem, a greater sense of self-identify, and a greater ability to communicate, resolve conflict, and empathize with others. Students in grade levels nine through twelve may also be experiencing stress and anxiety due to many academic responsibilities, family expectations, college preparation, peer and social pressures, and organized sports and activities, making stress reduction an important skill to learn and develop (American Psychological Association 2014, TeensHealth n.d.). Other causes of severe stress, including traumatic life events like witnessing community violence and racism, disproportionately affect the mental health of students of color (Priest et al. 2013). Depression and anxiety rates among teens are rising and so, too, have suicide rates (Mojtabai, Olfson, and Han 2016). Between 2007 and 2015, the suicide rate for fifteen- to nineteen-year-old girls doubled, and for boys, it rose 30 percent (CDC 2017b). Mental, emotional, and social health education is a critical part of ensuring that all students are able to learn and thrive in high school and beyond.

Though technology can be a positive tool for learning, high levels of exposure to social media, screen time, and technology (electronic devices and activities, such as texting, gaming, watching movies, and checking social network sites) are a concern for this population (American Academy of Pediatrics 2016b, American Academy of Pediatrics 2018). Teens greatly benefit from physical activity, proper nutrition, sufficient sleep, and healthy, trusting relationships with peers and adults—the overuse of technology can be a barrier to realizing these benefits.

Learning the principles of good health in high school leads to positive academic performance, retention, and successful degree completion—healthy students become healthy adults (CDC 2014a).

Through standards-based instruction, students in grade levels nine through twelve learn the physical, academic, mental, and social benefits of physical activity, and how nutrition impacts their 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 leading to many chronic diseases (Robert Wood Johnson Foundation 2019). Students also learn essential skills for injury and violence prevention; strategies for optimal mental, social, and personal health; and responsible decision-making.

Health instruction is best provided by credentialed health education teachers or credentialed school nurses with a specialized teaching authorization in health who have the knowledge necessary to effectively teach comprehensive health education. While guest speakers and video resources can be an important supplemental resource for health education, the primary instruction is the responsibility of the credentialed health education teacher.

In California, districts are required to ensure that all selected instructional materials comply with state laws and regulations. State laws and the State Board of Education guidelines require that instructional materials used in California public schools reflect California's multicultural society, avoid stereotyping, and contribute to a positive, safe, and inclusive learning environment. Teachers should check with their administration regarding their district's policy on reviewing and selecting instructional materials or inviting guest speakers into their classrooms. 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 diverse 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 different materials that best suit the needs and interests of their students.

Establishing a caring, respectful, inclusive, 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. Motivation, engagement, and culturally and linguistically responsive practices are essential to ensuring that all students achieve the health education standards. For additional guidance on creating an inclusive learning environment, see the [“Access and Equity”](#) chapter.

Health Education Standards for Grade Levels Nine Through Twelve

All six of the content areas (Nutrition and Physical Activity; Growth, Development, and Sexual Health; Injury Prevention and Safety; Alcohol, Tobacco, and Other Drugs; Mental, Emotional, and Social Health; and Personal and Community Health) are covered in the grade levels nine through twelve 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 Alcohol, Tobacco, and Other Drugs; 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. Ninth- through twelfth-grade students will need instructional support, guidance, and resources to learn and practice the skills and health behaviors in the eight overarching standards.

Nutrition and Physical Activity (N)

High school students demonstrate greater autonomy in their food choices because their preferences and tastes are more established. They may be earning money, which allows them to purchase foods or beverages of their choice. Unhealthy food and snack options are accessible in vending machines, convenience stores, and by going to fast-food establishments with friends (Saksena et al. 2018).

Proper nutrition and physical activity greatly impact an adolescent’s academic performance and can prevent obesity and obesity-related health concerns for youths, support the maintenance of a healthy body weight, and address issues of under nourishment (American Academy of Pediatrics 2016a; American Academy of Pediatrics 2016c; National Institute of Diabetes and Digestive and Kidney

Diseases 2016). Maintaining a healthy body weight is essential for good health. Students this age are still experiencing increased appetites associated with puberty growth spurts, which continue, on average, until age seventeen. In addition, teens may be eating high-fat, high-calorie, high-sodium, or high-sugar foods and beverages due to a variety of external and internal influences, including social, cultural, behavioral, or environmental influences.

Poor health outcomes can be linked to being overweight, obese, having a high BMI, nutrition deficiencies, lacking sleep or poor sleep hygiene, and high blood pressure (Robert Wood Johnson Foundation 2019). In addition, 15.6 percent of ten- to seventeen-year-olds in California were overweight or obese (Robert Wood Johnson Foundation 2019). Also, adolescents engage in 7.5 hours of screen time (texting, gaming, watching movies or television, using apps, browsing or shopping online, or engaging in social media on computers, tablets, and smart phone devices) a day (National Heart, Lung, and Blood Institute 2013). High amounts of screen time are linked to an increased level of obesity and decreased levels of exercise among adolescents (Rosen et al. 2014).

In high school, students' nutrition habits are generally well-established. However, knowledge and behavioral skills reinforcement of the importance of proper nutrition—that includes an abundance of fruits, vegetables (leafy greens), lean proteins (including lean meats, fish, beans, peas, and soy products), calcium-rich foods for bone development, and whole grains—is important. Nutrition education is a continuum of learning experiences to develop knowledge and skills that become lifelong healthy practices (Contento 2016). Young students learning how to cook and prepare their own foods is an example in support of a lifetime of healthy eating.

Most teens do not receive their recommended amount of calcium, iron, folate, and zinc (American Academy of Pediatrics 2016a). Iron is particularly important for menstruating teens who are losing iron each month (American Academy of Pediatrics 2011). Calcium, vitamin D, and weight-bearing exercise are also critical for teens as their bones continue to grow until age 18, when their bones then become the densest and strongest they will ever be—building healthy bones at this young age helps to prevent osteoporosis later in life (American Academy of Pediatrics 2015).

Through programs, policies, and learning opportunities, schools play a key role in establishing positive environments that promote and support healthy practices

and behaviors, such as regular physical activity and nutritious meal and beverage choices (CDC 2019e). School and district policies are able to address food allergies and the need for substitute foods that provide students the same kinds of nutrients. If a teen’s diet includes a variety of fruits, vegetables, whole grains, lean protein, and calcium-rich foods each day, they should be receiving adequate nutrition. High-sugar and high-fat food and beverages, including fruit juices (limit to 8–12 ounces a day), should be “sometimes” foods. Popular beverages that are marketed to teens include energy and sports drinks. Sports drinks are not necessary to replace electrolytes if teens receive proper nutrients and hydration with water, milk, or plant-based alternative beverages. Energy drinks are never recommended for consumption, as they contain caffeine, high amounts of sugar or sweeteners, and herbal supplements. Energy drinks can place a teen at risk dehydration, heart complications, anxiety or feeling nervous and jittery, and insomnia and are particularly harmful when combined with alcohol (CDC 2019f; Temple et al. 2017). Search the USDA website and other reliable, medically accurate resources for the most current food groups and recommended portion sizes along with activities.

Students research and critically analyze current nutrition and physical activity topics in the media for accuracy and validity. Examples include genetically modified organisms (GMOs) used in foods, the meaning of the word ‘organic,’ how to decipher labels on food packaging, spotlighting a new fitness trend, or uncovering the truths behind popular diet claims. Students summarize their findings and present them in a creative format. A free technology polling program can be used to interactively survey those watching the presentation and simultaneously provide feedback. Students are encouraged to include local and national nutrition and physical activity data for youth or adults obtained from the California Healthy Kids Survey, California Department of Public Health or local county health department, Robert Wood Johnson Foundation’s County Health Rankings, or the CDC’s Youth Risk Behavior Survey in their research. Multiple content areas can also be integrated. For example, students research, write, and summarize findings and give a presentation on 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 (9–12.1.1.N, 9–12.1.2.N, 9–12.1.10.N, Essential Concepts; 9–12.2.3.N, Analyzing Influences; 9–12.3.4.N, Accessing Valid Information; this activity aligns with the California Common Core Standards for English Language Arts/Literacy [CA CCSS for ELA/Literacy], CA CCSS for ELA/Literacy, W.9–12.1, SL.9–12.4–6).

Opportunities to support teens when they are making healthy choices surrounding nutrition and physical activity are always encouraged. This can be demonstrated by using supportive language, informing students that eating is one of life’s greatest pleasures, and that consumption of all foods can be balanced for an overall healthy lifestyle. Reframing nutrition vernacular away from “don’t” and “you shouldn’t” can be more effective with teens who have a strong sense of independence. For example, it is alright to eat sweets once in a while in balance with healthy foods and physical activity.

Cultural considerations of students’ eating customs and nutrition choices should always be handled with sensitivity and inclusion. In addition, sensitivity to students’ food decisions that are based on moral and ethical reasons should be validated and respected. Some students may be vegetarian or vegan by choice and should be included in discussions about proper nutrition in accordance with their dietary restrictions. Students can reference the Healthy Vegetarian Eating resource available at the Dietary Guidelines for Americans website. This topic can be a rich opportunity for evidence-based discussions about how people make conscious and subconscious decisions about the food they eat. Food allergies and how they affect food choices is another topic for discussion, as is researching foods that provide similar nutrients to foods to which people are allergic. Students can also learn about mindfulness and how to eat in a more peaceful environment by focusing on what they are eating—without technological devices or distractions—and encouraging family members to do the same (9–12.4.1.N, Interpersonal Communication).

An example of an activity encouraging nutrition and physical activity is to have students work in pairs to assess their personal nutrition needs and physical activity levels, then identify two individual nutrition goals and two physical activity goals they want to achieve by the end of the semester through daily practices. The goals should start out small and obtainable. Students are encouraged to continue to log their food consumption, beverage consumption, and physical activity, or journal their reflections on their own or by using a technology app. Every month, students share their progress with the teacher or one another by summarizing how they are progressing toward their goals (9–12.6.1-.3.N; Goal Setting; 9–12.7.2.N, 9–12.7.5.N; Practicing Health-Enhancing Behaviors; this activity aligns with the CA CCSS for ELA/Literacy, W.9–12.10).

Guidelines for physical activity can be found at USDHHS, 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.

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 through which students learn to be physically active by demonstrating knowledge, motor, and social skills. *Physical fitness* is defined as a set of attributes that people have or achieve related to their ability to perform physical activity. It can be further defined as a state of well-being with a low risk of premature health problems and the energy to participate in a variety of physical activities (Caspersen, Powell, and Christenson 1985).

Physical activity is essential to adolescent growth and development. Some students at this age are very physically active via participation of school-sponsored sports, organized community sports, or activities such as dance, martial arts, or cheerleading. Other students are not as physically active and engage in physical activity periodically, but not consistently or for the recommend amount of time per day (Wolstein, Babey, and Diamant 2015, 18). Some adolescents may spend more time socializing with their friends and/or engaged in technology-related activities (texting and online social media on their electronic devices, playing video games, or watching television) than in physical activity, placing them at an increased risk for obesity-related childhood diseases, such as diabetes (Rosen et al. 2014). 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 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).

State statute requires that all high school students attend at least 400 minutes of physical education each 10 school days, unless otherwise exempted (EC Section 51222[a]). In California, 38 percent of adolescents do not participate in physical education and 19 percent are not meeting the recommended daily amount of 60 minutes of vigorous activity a day (Diamant, Babey, and Wolstein 2011, 1).

Therefore, your work as a health education teacher or an administrator is critical in promoting and incorporating this essential practice within and beyond the school day to help students experience a lifetime of good health. This section provides ideas for integrating physical activity both in and away from school and in your health education instruction.

As high school students continue to experience physical changes related to puberty in the early years and even following puberty, they may feel awkward about their bodies. An empowering message to students is to inform them that physical activity can help them feel in control of their bodies as they experience the physical and emotional stressors that occur with the many physical changes. It is important to emphasize that not everyone has to be an athlete, nor is everyone naturally athletic or able to engage in various physical activities. Some students have limited physical abilities or physical challenges. Some students are motivated by group or team sports and activities versus individual sports and activities. Activities such as dance, fencing, archery, skating, hiking, yoga, tennis, golf, and cycling are just as valuable to one's overall health as sports such as basketball or soccer, and also play a pivotal role in positive mental health. Encouraging students to understand that everyone develops at their own pace will give them the reassurance and confidence they may need. With support, students discover physical activity options that they will, hopefully, adopt for a lifetime of healthy practices and behaviors. In the classroom example below, students learn that health behavior is influenced by internal and external influences.

VIGNETTE

Classroom Example: Analyzing Influences

Purpose of the Lesson: High school students learn how their physical activity behavior is influenced by various factors.

Standards:

- **9–12.2.6.N** Analyze internal and external influences that affect physical activity (Analyzing Influences).
- **9–12.3.6.N** Describe internal and external influences that affect physical activity (Accessing Valid Information).

Lesson Narrative:

Students in Ms. G’s health class are very interested in what they are learning regarding nutrition and physical activity. Through a variety of strategies, they have learned about the importance of personal goal setting and planning for proper nutrition and physical activity. Ms. G would now like students to explore how internal and external influences impact physical activity.

Working in pairs or small groups, Ms. G’s students describe and analyze the positive and negative internal and external influences on physical activity by identifying various examples of each. Students identify positive influences such as individuals who can be role models, peer and family support for exercise, a safe place or local park in which to exercise, group- and school-sponsored sports or activities, physical activity apps, and online information and resources on physical activity. Some of the negative influences identified are a lack of access to a safe place to exercise, lack of peer or family support, low or no self-motivation, or excessive use of technology (social media, texting, or watching videos) in lieu of exercising.

Ms. G’s students write a short summary, write a brief “mock news” report, design a creative piece, or use an electronic mapping app to highlight the positive and negative influences and recommend solutions for some of the barriers identified. Students provide three valid and credible citations to support their findings (this activity also connects to the CA CCSS for ELA/Literacy, W.9–12.1–2, 7–9).

More nutrition and physical activity learning activities can be found below and at the 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 website (California Department of Education 2017). Further teaching strategies for physical activity can be found in the *Physical Education Framework for California Public Schools: Kindergarten Through Grade Twelve* available on the California Department of Education Curriculum Frameworks web page.

SNAPSHOT**Nutrition and Physical Activity Learning Activities**
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Goal Setting: 9–12.6.1.N Assess one’s personal nutrition needs and physical activity level.

Practicing Health-Enhancing Behaviors: 9–12.7.2.N Critique one’s personal diet for overall balance of key nutrients.

Energy Balance

Referencing their food journals, students calculate how many calories they normally expend a day versus how many calories they typically consume and compare their caloric consumption with the daily recommendation. A diagram of a scale balance can be printed as a graphic support for the activity. Using the metaphor of a car, students learn that their bodies need fuel (energy) to run. The body converts calories obtained from food and beverages into energy. Three types of nutrients provide calories: carbohydrates, protein, and fat.

Students learn there are three ways the body uses energy: basal metabolism, physical activity, and thermic effect of food by researching these terms online with guidance from the teacher. Students discover that ideally the scale is balanced between food consumed and energy expended. Focus is then directed to physical activity. Students research the caloric expenditure of their various activities. An extension of this activity can be a healthy cooking demonstration to sample healthy foods or student research on the physiological and neurophysiological effects of foods high in sugar. See Drexel University’s *Eat Right Now: Understanding Energy Balance* for a detailed lesson plan for grade levels nine through twelve (see the body image section of this chapter to support students for whom this may be a triggering activity).

Essential Concepts: 9–12.1.5.N Describe the relationship between poor eating habits and chronic diseases such as heart disease, obesity, cancer, diabetes, hypertension, and osteoporosis.

Essential Concepts: 9–12.1.8.N Describe the prevalence, causes, and long-term consequences of unhealthy eating.

Health Promotion: 9–12.8.2.N Educate family and peers about choosing healthy foods.

Chronic Disease Epidemiology

Students choose a chronic disease to research such as heart disease, various cancers, diabetes, hypertension, or osteoporosis. Their written investigation will include a description of the causes of their disease, the prevalence, the relationship between poor nutrition and an increased risk for the disease, and recommendations for healthy alternatives that decrease one's risk for illness. Their research could include investigating medical costs for individuals and society related to preventable chronic diseases. Students will create a radio advertisement promoting healthy food choices to help prevent their chronic disease to share with the class.

Analyzing Influences: 9–12.2.1.N Evaluate internal and external influences that affect food choices.

Analyzing Influences: 9–12.2.2.N Assess personal barriers to healthy eating and physical activity.

Goal Setting: 9–12.6.2.N Develop practical solutions for removing barriers to healthy eating and physical activity.

Snack Smarts

Students first journal their snacking for three days using a notepad or electronic journaling app. They record the reason they ate the snack (e.g., hunger, boredom, convenience, their schedule) and then determine whether the reason would be considered an internal or external influence. They note if the influence supported healthy eating and what barriers might have prevented healthier choices. Students discuss their journals and learn that many people snack due to boredom and tend to oversnack while watching television or distracted by technology.

The teacher will share pictures of the nutrition labels for common snack foods so that students can compare the caloric intake and recommended portion sizes. They can then determine which of the foods have the lowest fat and/or calorie content or the highest nutritional value. They can identify healthier alternatives to their favorite snacks, such as eating bean or carrot chips that are high in fiber in place of potato chips. Students reimagine one of their own favorite snacks and come up with ways to make it healthier, for example, by replacing potato chips with kale chips. Students will use a goal-

setting process to develop a practical solution for removing a personal barrier to healthier snacking. Whenever possible, incorporate fresh produce grown by the students themselves to increase their motivation to eat it. An optional activity is to distribute sample healthy snack foods for tasting. The National Institute of Health’s “Read It Before You Eat It Nutrition Facts” label guide may be used as a resource.

Essential Concepts: 9–12.1.3.N Explain the importance of variety and moderation in food selection and consumption.

Essential Concepts: 9–12.1.4.N Describe dietary guidelines, food groups, nutrients, and serving sizes for healthy eating habits.

Practicing Health-Enhancing Behaviors: 9–12.7.1.N Select healthy foods and beverages in a variety of settings.

Health Promotion: 9–12.8.2.N Educate family and peers about choosing healthy foods.

Think Before You Drink

Teens often consume large amounts of sugary soda or sweetened beverages, which leads to a high consumption of empty calories. To begin the activity, a student volunteer can demonstrate how many teaspoons of sugar are in a typical can of soda or sweetened coffee drink by actually pouring teaspoons of sugar into a clear measuring cup. Students research the sugar, calorie, fat, and caffeine content of the beverages they typically consume. Students then research the importance of water for hydration, cell movement, and body development.

Students collectively compile a list of beverages, including healthier beverages, and their related nutrition content to display on the whiteboard and/or using a shared electronic writing program. The collective document is printed as a resource for future reference and to share with family members and peers. Students then prepare a healthy alternative to soda or energy drinks, such as a fruit-infused water, an herbal tea, or a smoothie. As they enjoy together, they review the health benefits of replacing a soda or energy drink with this alternative.

Essential Concepts: 9–12.1.3.N Explain the importance of variety and moderation in food selection and consumption.

Essential Concepts: 9–12.1.4.N Describe dietary guidelines, food groups, nutrients, and serving sizes for healthy eating habits.

Essential Concepts: 9–12.1.7.N Describe nutrition practices that are important for the health of a pregnant woman and her baby.

Interpersonal Communication: 9–12.4.1.N Analyze positive strategies to communicate healthy eating and physical activity needs at home, at school, and in the community.

Decision Making: 9–12.5.1.N Demonstrate how nutritional needs are affected by age, gender, activity level, pregnancy, and health status.

Registered Dietitians Recommendations: Case Studies

Using brief case studies of various populations with different activity levels (e.g., someone who is pregnant, a physically active teen, an elderly man, someone with diabetes, a student who uses a wheelchair, or a woman who does not exercise), students work in pairs to research and provide recommended nutritional needs and meal plans for varied individuals. Search online at the National Center for Case Study Teaching in Science for sample case studies that include a recommended solution or outcome to share with students.

Interpersonal Communication: 9–12.4.1.N Analyze positive strategies to communicate healthy eating and physical activity needs at home, at school, and in the community.

Practicing Health-Enhancing Behaviors: 9–12.7.5.N Participate in school and community activities that promote fitness and health.

Health Promotion: 9–12.8.2.N Educate family and peers about choosing healthy foods.

Breakfast Educators

The California Healthy Kids Survey reports that 40 percent of high school students do not eat breakfast (WestEd 2018, 36). Students in upper grade levels provide peer education (supervised by their teacher) to first period classes and during lunch to educate students in lower grade levels on the importance of breakfast. Students research and create short classroom presentations or fun

games to present on the importance of a healthy breakfast. Interesting facts, such as the multiple names of sweeteners used in cereals (e.g., corn syrup, molasses, agave nectar, and brown sugar) are shared.

Breakfast educators teach on the importance of finding time-effective and easy-to-prepare options for making breakfast ahead of time. Examples may include chia pudding, overnight oats, breakfast burritos with whole grain tortillas, and unsweetened yogurt with fresh fruit and nuts. Students are encouraged to research other quick, healthful options.

Questions can be asked and answered in an interactive or game format. Healthy breakfast snack ideas or snacks themselves can be shared. The breakfast educators also use other platforms, such as the school's announcement system, video monitors, sports events, website, or social media, to deliver nutrition information. The criteria for a healthy and nutritious breakfast are established or vetted by the teacher. Students provide information of why their researched breakfast items are healthy. Students are encouraged to search for common breakfasts in other cultures or countries and nontraditional breakfast items.

Analyzing Influences: 9–12.2.1.N Evaluate internal and external influences that affect food choices.

Analyzing Influences: 9–12.2.5.N Analyze the impact of various influences, including the environment, on eating habits and attitudes toward weight management.

Accessing Valid Information: 9–12.3.5.N Describe community programs and services that help people gain access to affordable, healthy foods.

Food Deserts

Students learn what a food desert (an urban area where it is difficult to find and access fresh, affordable, healthy foods) is through their own research. Students write a short report to share what they have learned about causes and possible solutions. This activity can be an interdisciplinary activity with a connection to history–social science, as students learn about how land use decisions are made at the local level and how those decisions impact the availability of healthy foods (this activity also connects to the CA CCSS for ELA/Literacy W.9–12.7–9, SL.9–12.4).

Essential Concepts: 9–12.1.13.N Describe the amounts and types of physical activity recommended for teenagers' overall health and for the maintenance of a healthy body weight.

Goal Setting: 9–12.6.3.N Create a personal nutrition and physical activity plan based on current guidelines.

60 Minutes Every Day

Using information from the CDC website on physical activity, students discuss the benefits of exercise such as maintaining a healthy body, controlling weight, improving mental health and mood, strengthening bones and muscles, and reducing the risk of cardiovascular disease, type 2 diabetes, and some cancers. They rank the benefits to them personally. Referring again to the CDC site, the students discuss the amounts and types of physical activity recommended for teenagers, noting what health benefits are provided by each type of activity. Students will then create a physical activity plan to show how they will achieve 60 minutes of daily activity. The chart should include the type of activity (aerobic, muscle strengthening, and/or bone strengthening), the activity they will be doing, how many minutes they will do it, and the benefit of the activity.

Accessing Valid Information: 9–12.3.3.N Describe how to use nutrition information on food labels to compare products.

Health Promotion: 9–12.8.1.N Advocate enhanced nutritional options in the school and community.

What Should We Choose?

Students review the nutritional value for one of the foods offered in the school cafeteria, student store, or snack bar that has a nutrition label. In pairs, students compare their two food items. They then present to the class a description of how they determined which food is healthier and a suggestion on how the school might improve the nutritional value for one or both foods.

Accessing Valid Information: 9–12.3.2.N Evaluate the accuracy of claims about food and dietary supplements.

Too Good to Be True?

Students will work in pairs to explore an advertisement for a current food or dietary supplements. They will determine if the claims for the product are, or are not, accurate, looking for factors such as who is promoting the product, if there is research to back up the claims, and does the product’s advertisement use techniques such as guaranteeing results or making claims in the fine print.

Interpersonal Communication: 9–12.4.1.2 Practice how to refuse less-nutritious foods in social settings.

Practicing Positive Refusal Skills

Students will brainstorm ideas on how to respond to six different situations where they might need to refuse less-nutritious foods. Examples might include being offered unhealthy choices by a grandparent, deciding what to order when sharing a meal with friends, spending the night at a friend’s house, or attending a sporting event. For example, students might say “no thank you” to the grandparent. If the grandparent offers again, they might accept the food and then just eat a little of it or have polite reasons to share why they do not want to eat the offering. When sharing a meal with friends, they might suggest a more nutritious option to go with the less-nutritious food, such as eating a salad and splitting a pizza or politely declining a sugary beverage from a friend. Students may also find creative solutions, such as patronizing a restaurant that can modify foods based on personal lifestyle preferences or food allergies. Once the students have brainstormed their lists for each situation, they will take turns practicing their refusal skills. Each number on a dice will be assigned a different scenario. When a student rolls the dice, they will practice responding to the corresponding scenario.

Practicing Health-Enhancing Behaviors: 9–12.7.5.N Participate in school and community activities that promote fitness and health.

Yoga Stretch Break

Chair yoga is a great way to stretch and take a 5- to 10-minute break during long class periods. Students explain why activity breaks are important to learning and wellness.

Partnering with Your School

Students participate in school activities that promote health, nutrition, and physical activity by creating a school-wide health campaign (see the [Classroom Example](#) in the Nutrition and Physical Activity section of the “Grade Levels Seven and Eight” chapter). Students advocate and educate peers by convening a student health council that is governed under the student council, or serving as a student representative to the school board or parent-teacher association. Students may also lead an effort to ensure the student store and school vending machines comply with state nutrition policy guidelines (9–12.7.5.N, Practicing Health-Enhancing Behaviors; 9–12.8.1-2.N, Health Promotion).

Partnering with Your Community

Service learning is another meaningful way high school students learn about nutrition and apply what they have learned in class. Service learning goes beyond the basic tenets of volunteerism by providing greater accountability and civic responsibility, clearly articulated program goals and outcomes, and performance evaluation. As part of the evaluation process, students engage in critical reflection of what was learned via written self-reflection reports and presentations with the ultimate goal of an enriched learning experience for the student as well as a strengthened community (National Commission on Service-Learning n.d.).

Students analyze the internal and external influences that affect food choices and the personal barriers to healthy eating, describe community programs and services that help people gain access to affordable healthy foods, and advocate enhanced nutritional options in the school and community by partnering with various nutrition-based nonprofits or grant-funded programs such as First 5 California, Meals on Wheels, a local community garden, or a food bank. As an extension of this activity, students determine the mission of the agencies and how their mission impacts the nutritional needs of the populations they serve. Teachers and administrators can search Dietary Guidelines for Americans, Healthy Eating Patterns for resources, and the California School-Based Health Alliance website for additional California nonprofit agencies (9–12.2.1.N, Analyzing Influences; 9–12.3.5.N, Accessing Valid Information; 9–12.8.1.N, Health Promotion; this activity aligns with the CA CCSS for ELA/Literacy, W.9–12.1, and the California English Language Development Standards [ELD Standards] ELD Standard PI.9–12.9–12a).

Advocacy can be an empowering experience for teens. Students research safe walking and play spaces and learn how much open space a community might need, then compare their findings to resources in their local community. Students design a free, safe, and accessible skate park in their community and share their plans with city officials, or advocate safer walking and play spaces in their community. Or students advocate nutrition and healthy food choices for all populations. Students learn various levels of advocacy strategies, such as self-reflective advocacy essays or writing letters to community leaders and elected officials. For student-led advocacy resources, search Lessons in Advocacy for Future Health Professionals by Health Occupations Students of America (9–12.8.1.N, Health Promotion).

Partnering with the Family

Parent engagement and support improves adolescent learning, development, and health (CDC 2018). Create a welcoming, inclusive climate for parents, guardians, and caretakers. Host a family health fair that includes health screenings provided by trained professionals. Survey parents, guardians, or caretakers, or host a town hall meeting to solicit their input on the health and nutrition topics or issues they would like to see included in the school's curriculum.

Students participate in school and community activities that promote fitness and health and educate family and peers about choosing healthy foods by disseminating health tips through newsletters and handouts, the school's website, and social media sites (9–12.7.5.N, Practicing Health-Enhancing Behaviors; 9–12.8.1-2.N, Health Promotion).

Growth, Development, and Sexual Health (G)

The California Healthy Youth Act (EC sections 51930–51939) took effect in January 2016 and was updated in 2017 and 2019 to include human trafficking. The law requires school districts to provide all students with 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.

The California Healthy Youth Act lists many required topics, including information on the safety and effectiveness of all FDA-approved contraceptive methods, HIV and other sexually transmitted infections (STIs), gender identity, sexual orientation, healthy relationships, local health resources, and pupils' rights to access sexual health and reproductive health care. The California Healthy Youth Act also requires that instruction on pregnancy includes an objective discussion of all legally available pregnancy outcomes. Students must also learn about the Safe Surrender Law—the law on surrendering physical custody of a minor child 72 hours of age or younger, pursuant to Section 1255.7 of the California *Health and Safety Code* and Section 271.5 of the California *Penal Code*.

The California Healthy Youth Act requires that districts notify parents and guardians of the instruction and provide them with opportunities to view the curriculum and other instructional materials. Districts must allow parents and caretakers to excuse their student from instruction if they so choose, using a passive consent (“opt-out”) process in which parents and guardians must request in writing that their student be excused from the instruction. Districts may not require active consent (“opt-in”) by requiring that students return a permission slip in order to receive the instruction. However, LGBTQ+ content is not considered comprehensive sexual health education, nor HIV prevention education, and thus may not be opted out of as a stand-alone topic. Because California law protects students against discrimination on the basis of gender or sexual orientation, schools may not facilitate the selective opt-out of LGBTQ+-related content in the context of comprehensive sexual health and HIV prevention education. General instruction or programming relating to LGBTQ+ people and issues is not subject to parental opt-out (EC 51932[b]).

Comprehensive sexual health instruction must meet each of the required components of the California Healthy Youth Act. Instruction in all grade levels 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 physical and developmental disabilities and students who are English learners. Students must receive sexual health and HIV prevention instruction from trained instructors. When planning lessons, please visit the California Department of Education Comprehensive Sexual Health and HIV Instruction web page, and the California Healthy Youth Act web page for up-to-date information.

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.

Instruction and materials on sexual health content must affirmatively recognize 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 not be separated or segregated by any gender or other demographic characteristic. 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 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 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 it.

It is important for educators to know their district's protocol, resources, and procedures for implementing comprehensive sexual health instruction to 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 information that is current and medically accurate. Additional collaboration with district-level curriculum specialists, credentialed school nurses, school counselor, your school or district Title IX coordinator, or qualified community-based organizations and agencies can assist in providing medically accurate information that is objective, inclusive, and age-appropriate.

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 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. The district 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. For further information, please visit the California Department of Education Comprehensive Sexual Health and HIV/AIDS Instruction web page, and the California Healthy Youth Act under the California Legislative Information web page.

High school students, particularly in the early years, continue to experience many developmental changes. Students at this age are typically enjoying increased social independence that may include dating or being in an exclusive relationship. Students are forming bonds with their peers that tend to be more intensive and rewarding. Intellectually, students in upper grade levels may be nearing adulthood yet may still exhibit impulsive or risky behavior, limited planning skills, and a lack of understanding of how their actions can lead to long-term consequences (Parent Toolkit 2020).

Teaching sexual health education can be interesting for many teachers, but may also be a subject of trepidation. Schools and districts should 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 all students (Sexuality Information and Education Council of the United States [SIECUS] 2018). For information about teacher trainings in the California Healthy Youth Act, please visit the California Department of Education web page, Comprehensive Sexual Health and HIV Instruction, and the Teacher Training tab web page for up-to-date information.

Adolescents are developing the attitudes, knowledge, and skills needed to become sexually healthy adults. According to SIECUS, “Young people have the right to sexual health information, education, and skills to help ensure their health and well-being throughout their lives (2018). High-quality comprehensive sexuality education is science-based, medically accurate and complete, and age, developmentally, and culturally appropriate” (SIECUS 2018). The percentage of teens engaging in sexual activity has decreased since 1988, and contraception use has continued to increase since the 1990s leading to the lowest unintended adolescent pregnancy rate in years (Kappeler 2015). In California, 32 percent of students in grade levels nine through twelve report ever having sexual intercourse, approximately 10 percent lower than the national average (CDC n.d.). Despite this promising news, 1 in 8 adolescent women will become pregnant before the age of twenty, which also impacts their lives and their partner’s (Kappeler 2015). Youth between the ages of fifteen and twenty-four account for close to half of the STIs diagnosed nationwide each year (CDC 2017c). Approximately 20 percent of teens between the ages of fifteen and nineteen in California are diagnosed with an STI each year (CDC n.d.). Health education teachers serve as a resource for students by keeping abreast of current, medically accurate sexual health research and inclusive terminology and abbreviations, such as LGBTQ+ and STI.

Health education teachers also serve as resources for other important topics, such as vaccinations. Health education teachers are encouraged to consult the CDC for vaccine guidelines for various infectious diseases, including human papillomavirus (HPV), hepatitis A, and hepatitis B. Health education teachers and administrators play a pivotal role in supporting students to learn and adopt positive sexual health behaviors and healthy relationship practices, and create an inclusive and safe, school climate.

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).

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 free from violence, is proven to have a positive influence on academic performance and retention, pregnancy prevention, and STI and HIV prevention. Standards-based comprehensive sexual health education can also support a reduction in sexual risk-taking behaviors once students do become sexually active (Davis and Niebes-Davis 2010). Positive health practices that are established during adolescence, such as delaying sexual activity, safer sex precautions, and developing a healthy body image, can have a lifetime of positive implications that impact one's sexual health and overall well-being.

Building on growth, development, and sexual health content provided in earlier grade levels, instruction in high school should include opportunities for students to learn and analyze important concepts and theory and apply skill-based instructional activities in a safe, open, inclusive, supportive, unbiased, and judgment-free environment.

Integration with the CA CCSS for ELA/Literacy and CA ELD Standards occurs when students are extensively discussing, reading, and researching about growth, development, and sexual health topics for deep learning. 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 their research findings. Writing research papers, making scholarly presentations, and using digital sources and technology to publish students' writing are encouraged in any subject matter but can be particularly beneficial in comprehensive sexual health. By engaging in these activities, students explore sexual health topics including STI/HIV prevention, growth and development, reproduction, and healthy relationships (Standard 1: Essential Concepts). Research and writing can be approached in a wide array of scholarly approaches, including analyzing and summarizing issues of the CDC's Morbidity and Mortality Weekly report that pertain to adolescent sexual health. Students may write papers on current event topics related to growth, development, and sexual health. Another

creative writing assignment is for students to write a monthly column for the school newspaper specific to growth, development, and sexual health. The column can be formatted as a “Dear Abby” or *Loveline* approach where students research responses to questions submitted by other students (Standard 1: Essential Concepts, 9–12.8.3.G, Health Promotion; the activities above connect to the CA CCSS for ELA/Literacy, W.9–12.7–9, SL.9–12.4–6).

Case studies are also effective tools for illustrating sexual health topics, such as assessing situations that could lead to pressure for sexual activity and to STIs, HIV, or unintended pregnancy (9–12.2.1.G, 9–12.2.4.G, Analyzing Influences). They can also be used to examine differences in growth and development and physical appearance, gender and gender stereotypes, and sexual orientation (9–12.1.10.G, Essential Concepts). Case studies can be read aloud and then discussed as a whole group or in small groups. Students can apply problem-solving and decision-making models to brainstorm outcomes, solutions, and recommendations for case studies on an array of sexual health issues (Standard 5: Decision Making). Case studies can be adapted from online resources such as 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, researched and written by the students and reviewed by their teacher, can also be effective in applying Standard 4: Interpersonal Communication (9–12.4.1–3.G, Interpersonal Communication). These activities provide an engaging way for students to analyze how interpersonal communication affects relationships, use effective verbal and nonverbal communication skills, and demonstrate effective communication skills. The health education teacher can partner with the theater arts program in their school or community for a collaborative effort that can be showcased for the entire school. As a variation to this approach, students can work in pairs to practice assertiveness training, negotiation, or refusal skills. Students are provided with short vignette dialogues and prompts for this activity. Vignette topics should be conveyed objectively and may include pregnancy options and the decision to parent, have an abortion, or choose adoption.

Under the California Healthy Youth Act, students are encouraged to speak to parents, guardians, and other trusted adults regarding human sexuality and can role-play asking difficult questions in class. Another option is using a fact-versus-myth discovery approach, during which students explain and summarize 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. Teachers are encouraged to reference the California Healthy Youth Act for required sexual health and healthy relationship topics, as well as the district's approved sexual health curriculum for content ideas (9–12.1.2.G, 9–12.1.5.G, Essential Concepts).

Students develop as global citizens by watching documentaries such as *No Woman, No Cry* (2010) that show how women in different countries struggle with access to care and maternal health issues, including women in the United States; *Half the Sky: Turning Oppression into Opportunity for Women Worldwide* (2012); the HIV documentary written for teens, *It's Not Over* (2014); or *Let's Talk About Sex* (2009). Students research state and national policies related to sexual health locally and globally. Thoughtful discussion follows viewing the documentaries and students write reflection papers after the discussion (9–12.1.7.G., Essential Concepts; 9–12.2.G, Analyzing Influences).

An instructional approach that covers many of the standards under Standard 1: Essential Concepts and Standard 2: Analyzing Influences is to invite a panel of sexual health experts to address student questions. The panel members must be vetted to meet both statutory and district requirements. Students first research valid and reliable resources online or at the school library on an area of growth, development, and sexual health. Resources may be websites, texts, novels, or stories that elicit questions. Using a secure box, students anonymously submit their questions to their health education teacher, a sexual health educator, or panel of sexual health experts. 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 education student who is comfortable speaking about issues and is well-versed in sexual health. Anonymous questions submitted by students are pre-screened for appropriateness. Personal disclosure is strongly discouraged. The facilitator, often the students' teacher, reads the questions out loud for the expert or panel to answer. As a culminating activity, students write a 3-2-1 reflection essay (three things the student learned, two things the student found interesting, and one question the student has) following the panel presentation.

Students learn about, and are able to describe, the short- and long-term effects of HIV/AIDS and STIs and evaluate how growth, development, relationships, and sexual behaviors are affected by internal and external influences. Students are able to identify local resources that provide reproductive and sexual health services. Guest speakers from the local public health department, sexual health clinic, or nonprofit organizations such as Planned Parenthood may have well-informed sexual health educators and age-appropriate materials on conception or pregnancy/STI/HIV prevention (9–12.3.2.G, Accessing Valid Information). Speakers may be bilingual and represent students’ ethnicities and cultures. All guest speakers must be vetted and meet statutory requirements and local educational agency policy.

Seeing and touching samples of various contraceptives can be an impactful learning experience for students. Evidence-informed comprehensive sexual health curricula such as *Be Real. Be Ready. Smart Sexuality Education* from San Francisco Unified School District and *3Rs: Rights, Respect, Responsibility* from Advocates for Youth are available for free online. Contact the school’s teacher librarian or media specialist to access or obtain related materials, including materials in multiple languages. The credentialed school nurse or school counselor may also be a resource for instructional materials and a guest speaker. Additional standards-based learning activities that also support the California Healthy Youth Act provisions can be found below.

SNAPSHOT

Growth, Development, and Sexual Health Learning Activities

Essential Concepts: 9–12.1.7.G Describe the short- and long-term effects of HIV, AIDS, and other STDs.

Essential Concepts: 9–12.1.8.G Analyze STD rates among teens.

Decision Making: 9–12.5.4.G Evaluate the risks and consequences associated with sexual activities, including HIV, other STDs, and pregnancy.

STI Reflection

Human papillomavirus (HPV) is the most common STI. According to the CDC, 79 million Americans, most in their late teens and early adulthood, have HPV,

which is associated with cervical cancer (2018). The CDC recommends HPV vaccination for girls, boys, and young adults.

Students complete a series of questions regarding STIs/HIV including:

- Various STIs include ...
- The best way to avoid getting an STI is ...
- Some common symptoms of an STI are (note to educator: an important point to make is that some STIs commonly have no symptoms) ...
- Discussing STI status with current and future partners is important because ...
- If I thought my friend or partner had an STI, I would ...
- I would be tested for an STI at ...
- Getting tested before and after having sex with a new partner is important because ...
- If I tested positive for an STI, I would ...
- It is important for an infected partner to tell their partner(s) because ...

Students discuss their reflections in small groups. Students then choose an STI as a topic for a written research summary, and create and deliver a presentation using an electronic or other creative format. The presentation includes information on the short- and long-term effects of the infection, rates of infection among teens, prevention, symptoms, and treatment.

Accessing Valid Information: 9–12.3.1.G Analyze the validity of health information, products, and services related to reproductive and sexual health.

Accessing Valid Information: 9–12.3.2.G Identify local resources concerning reproductive and sexual health, including all FDA-approved contraceptives, HIV/STD testing, and medical care.

Where Do I Go to Get Tested? Where Do I Go for Contraceptives?

Working in groups, students research local community resources where teens can go to get tested for STI/HIV and pregnancy, and to obtain contraceptives. Alternatives at little to no cost, such as public health clinics, should be

mentioned. Students investigate the programs that help pay for these preventive medical services, such as Family PACT or Medi-Cal. They also research California laws regarding minors' access to reproductive health care, including the right to excuse themselves from campus to obtain confidential medical services without parental permission or notification and the right to confidentiality in insurance under the Confidential Health Information Act. Students strategize on creative and concise ways to disseminate the information.

Essential Concepts: 9–12.1.7.G Describe the short- and long-term effects of HIV, AIDS, and other STDs.

Accessing Valid Information: 9–12.3.2.G Identify local resources concerning reproductive and sexual health, including all FDA-approved contraceptives, HIV/STD testing, and medical care.

STI Presentation

Small groups of students will research an assigned STI as well as a list of local community resources where teens can go to get tested for an STI/HIV. Students also investigate California laws regarding minors' access to reproductive health care and the costs of these preventive medical services. They then create and present to the class a song, poem, talk show, slideshow presentation, or animation. The presentation must include at least 10 facts, such as the causes of their assigned infection (virus or bacteria), treatment, prevention or risk reduction (abstinence, condom use, limiting partners), and where a teen might get testing or treatment. Students are encouraged to present in a way that is informative as well as interesting and creative.

Essential Concepts: 9–12.1.12.G Evaluate the safety and effectiveness (including success and failure rates) of FDA-approved contraceptives in preventing HIV, other STDs, and pregnancy.

Contraception Evaluators

Note for this activity: *The educator must research and reference reliable, medically accurate information on each contraceptive method prior to implementation of the activity, per the California Healthy Youth Act.*

The students participate in a station activity on a variety of contraceptive methods. At each station, they complete a worksheet covering how the

method works, how it is used, possible side effects, and the safety and effectiveness in preventing pregnancy, STIs (referred to as STDs in the health education standards), and HIV. The teacher reviews the worksheet for any misinformation and assigns students to groups of four. Each student has a small whiteboard or sign with one of the four major types of contraceptives written on it (behavioral, hormonal, long-acting reversible contraceptives [LARC], and barrier). The groups will evaluate the contraceptive methods by lining up to various prompts. Prompts might include, “line up from least to most effective in preventing the spread of STIs,” “line up from the least safe to most safe when considering possible side effects,” or “line up according to the method teens are least to most likely to use.” As students show their whiteboards to the class, they can be asked to explain their reasoning so that the teacher can correct any misinformation.

Practicing Health-Enhancing Behaviors: 9–12.7.1.G Describe personal actions that can protect sexual and reproductive health (including one’s ability to deliver a healthy baby in adulthood).

CA CCSS Reading Standards for Literacy in Science and Technical Subjects 6–12: Reading 9–10 #3 Follow precisely a complex multistep procedure when carrying out experiments, taking measurements, or performing technical tasks, attending to special cases or exceptions defined in the text.

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. After the demonstration, students individually practice 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.

Health Promotion: 9–12.8.3.G Support others in making positive and healthful choices about sexual behavior.

Sexting

Sexting is defined as the sending of sexually explicit messages or images by mobile device (Merriam-Webster 2018). Students can learn the possible negative, legal, and lasting consequences of sexting by researching and analyzing current events related to sexting and then discussing the outcomes (see Burlingame (California) School District’s Middle School Sexual Health Education website for video and other sexting resources for teens at <https://www.cde.ca.gov/ci/he/cf/ch6.asp#link1>). With their peers as the intended audience, students create an informational flyer highlighting one or more of the consequences of sexting.

Analyzing Influences: 9–12.2.4.G Assess situations that could lead to pressure for sexual activity and to the risk of HIV, other STDs, and pregnancy.

What are Risky Situations?

Teachers should remind students that the blame for sexual assault and nonconsensual sexual activity lies solely with the perpetrator, and that the purpose of this activity is to empower students to evaluate, avoid, and mitigate risky situations—not shame victims for situations they may find themselves in.

After leading a discussion and providing definitions and information on sexual risk including STIs and HIV, and unplanned pregnancy, teachers ask students to brainstorm a list of situations that might lead to nonconsensual sexual activity. Students discuss why they feel those situations could place them at risk for unwanted sexual activity, and/or what influences might affect their decision making in those situations. They also suggest ways to lessen the risk for each situation or share activities that may lead to productive and satisfying lives, such as working at a job, developing supportive relationships with peers, engaging in nonthreatening social activities, participating in sports or other extracurricular activities, or volunteering for causes they are interested in. Students may discuss why engaging in these activities will give them advantages, both in their immediate circumstances and their futures. They may also suggest ways to get started in these activities or share stories about the impact these activities have had in their lives. For example, students might share about steps they took to get a job.

Goal Setting: 9–12.6.2.G Identify short- and long-term goals related to abstinence and maintaining reproductive and sexual health, including the use of FDA-approved condoms and other contraceptives for pregnancy and STD prevention.

Protecting Myself

Students will write a goal for a teen hoping to maintain their sexual health. Delayed sexual activity (abstinence) is also considered. The goal should include action steps such as using condoms correctly and consistently if sexually active; having a conversation with their partner about boundaries, including discussing and modeling affirmative consent (e.g., Yes Means Yes law) and the related California laws around consent; identifying their closest healthcare providers, including school nurses and school counselors; and knowing California laws regarding minor consent and confidential medical release, such as the Yes Means Yes law. The health benefits of maintaining this goal should be clearly shown.

Essential Concepts: 9–12.1.11.G Evaluate the benefits to mother, father, and child when teenagers wait until adulthood to become parents.

Goal Setting: 9–12.5.6.G Use a decision-making process to evaluate the social, emotional, physical, and economic effects of teen pregnancy on the child, the teen parent, the family, and society.

Students explore the lifelong economic, legal and lifestyle impacts of pregnancy, childbirth, and raising a child. Suggested topics for reflection and discussion include:

- A medical overview of pregnancy and childbirth, including conception health and maternal and infant health.
- A discussion of the financial costs of pregnancy and childbirth with and without health insurance, the cost of health insurance for self and dependents, cost and availability of various health insurance options
- A legal overview of parental responsibilities of raising a child (including obligations to provide child support in or out of marriage and after marriage or family dissolution), a discussion of Family Court, the impact of divorce on parents and children, and the role of Child Protective Services

- Financial costs and considerations of raising a child from birth to age eighteen, including food, clothing, healthcare, childcare, education, recreation, and leisure
- A brief exploration of extra and long-term costs and family life impacts of giving birth and raising a child with special needs, to include a brief introduction to the educational obligations of raising and schooling a child with special needs (IDEA and Section 504 of the Rehabilitation Act of 1973)
- An exploration of the obligations and possible sacrifices that parents encounter when having a child as a teen, including restrictions, alterations, or delays of life goals (including plans for travel, higher education, choice of work or professions, social, lifestyle, and other life options)

Protecting Myself

Students will write a goal for a teen hoping to maintain their sexual health. Delayed sexual activity (abstinence) is also considered. The goal should include action steps such as using condoms correctly and consistently if sexually active; having a conversation with their partner about boundaries, including discussing and modeling affirmative consent (e.g., Yes Means Yes law) and the related California laws around consent; identifying their closest healthcare providers, including school nurses and school counselors; and knowing California laws regarding consent and confidential medical release, such as the Yes Means Yes law. The health benefits of maintaining this goal should be clearly shown.

Ninth- through twelfth-grade students continue to explore and develop their individuality and identity. As such, students may have various gender identities and sexual orientations. *Sexual orientation* refers to a person's romantic and sexual attraction. *Gender identity* refers to one's internal, deeply-held sense of being male, female, neither of these, both, or other gender(s) and may not necessarily correspond with an individual's sex assigned at birth.

There are an infinite number of ways an individual can express their individuality and sense of self. Students may not conform to the social norms of binary gender identities of male and female (e.g., gender nonbinary, gender nonconforming, androgynous, genderqueer, gender fluid), and it is important to be as sensitive and responsive to students' needs as possible. Be mindful of students' identified gender pronouns and be aware not to make assumptions based on appearance.

Teachers should affirmatively acknowledge the existence of relationships that are not heterosexual by actively using examples of same-sex couples in class discussions and using gender-neutral language when referencing gender identity and relationships to create an inclusive and safe environment. It also is important that educators are mindful that some students are not comfortable discussing their gender identity or sexual orientation, and ensure a student's gender identity or sexual orientation is never revealed or discussed with anyone without the student's consent. This is especially pertinent when educators communicate with other students, teachers, or students' families.

Common Gender Pronouns and Gender-Neutral Language

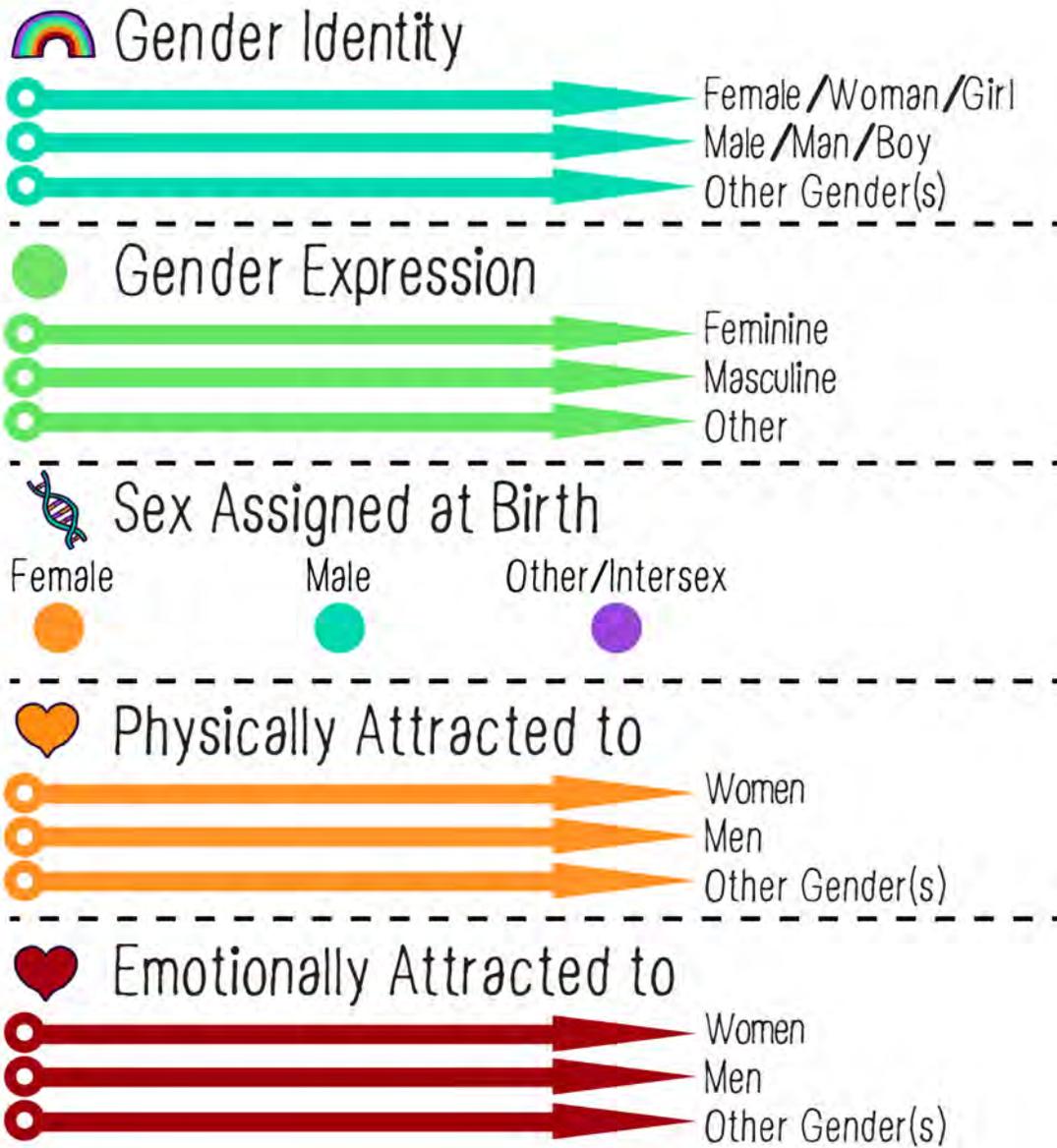
Male/Masculine	Female/Feminine	Gender Neutral
He	She	They (Singular)
His	Hers	Their (Singular)
Him	Her	Them (Singular)
Boyfriend	Girlfriend	Partner/Significant Other

Common Sexual Orientations

Sexual Orientation	General Attraction
Heterosexual	Different sex or gender
Gay or Lesbian	Same sex or gender
Bisexual	Both different and same sex or gender
Asexual	No sexual attraction
Pansexual	All sexes and genders
Polysexual	Many sexes and genders, but not all
Queer	Not heterosexual

Gender and sexuality are often fluid and do not always fit neatly into these categories. This can be challenging for some to grasp, including educators and students. The image below provides a visual representation that may be helpful for students' understanding.

Gender and Sexuality Continuum



Long Description of Gender and Sexuality Continuum is available at <https://www.cde.ca.gov/ci/he/cf/ch6longdescriptions.asp#chapter6link1>.

Source: Trans Student Educational Resources, graphic adapted with permission (2019).

Invite a guest speaker from a local LGBTQ+ center to provide support and information regarding gender and sexuality. It is beneficial to have representatives from different organizations and diverse cultures and ethnicities. This diversity may help students who are struggling with or

exploring their identity, or acknowledging attractions that may differ from their peers. It can also help other students understand that differences in sexual attraction and gender expression are normal and respected (9–12.5.5.G, Decision Making; 9–12.1.10.G, Essential Concepts).

Talking about these differences can be related to discussion about prejudice and discrimination. Students can come to understand that although some people may hold different personal beliefs than they do, which may make respecting differences challenging for them, discrimination is not acceptable. As students discuss bullying and sexual harassment in ninth through twelfth grades, they learn to take a stand against discrimination and object appropriately to teasing of peers and community members that is based on perceived personal characteristics and sexual orientation (9–12.8.3.M, Health Promotion). For example, if a student is teased for being “gay,” it is considered harassment and discrimination regardless of the student’s sexual orientation. Students can organize a Diversity Day that brings awareness to these differences and celebrates diversity of all kinds on campus. Many high school campuses have a Genders-Sexualities Alliance (GSA) or LGBTQ+ club that can provide support for students as well as resources for students wanting more information. If a student club does not exist, teachers can consider leading an effort to begin one with students. Resources to support these efforts can be found at GLSEN.

High school offers an opportunity for students to develop skills in preparation for their adult lives. While teens may view themselves as young adults, they still need a safe environment to further explore their sense of identity, interest in relationships, and overall perspective of the world. It is important to note that while students seek autonomy and independence, they also seek belonging, acceptance, and purpose. There is increased pressure to be in a relationship and fit within expected social norms, especially regarding gender and physical appearance. This increased need for acceptance and pressure to fit in may also increase students’ vulnerability and risk for dating violence, sexual assault, and sex trafficking. Ninth through twelfth grade is a critical time to provide more comprehensive and advanced learning in these areas.

It is important to establish a safe learning environment, one in which students feel comfortable and supported by peers and teachers when discussing sensitive topics. Prior to discussing these areas of instruction, develop classroom guidelines that promote a mutually respectful, nonjudgmental, and confidential

space for students to honestly share experiences and opinions. Students should agree to the classroom guidelines and keeping other students' personal information confidential and within the classroom. Students should be informed that teachers and other school personnel are mandated reporters of child abuse and will need to break confidentiality if anyone discloses information that indicates harm to self or others.¹

Students are aware of the different forms of dating abuse from learning in earlier grade levels, as discussed in chapter five, “Grade Levels Seven and Eight.” It is relevant and beneficial to revisit this topic, as many youths are impacted by dating violence, whether through personal experience or someone they know; instruction in these topics is also required by the California Healthy Youth Act. One in three teens will experience teen dating violence, and many do not report or even recognize their experience as abuse (Liz Claiborne Inc. and Family Violence Prevention Fund 2009; CDC 2019a).

Students can research domestic violence and teen dating violence to learn more about its prevalence and impact and resources for support for themselves or others. It is important for students to understand that relationship abuse or intimate partner violence impacts people of all genders and sexual orientations, and is about one person having power and control over another. It is not limited to physical violence. 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. Through further discussion and research, students can assess characteristics of harmful or abusive relationships (9–12.7.5.S), including the six forms of relationship abuse shown in the table below.

1 Teachers must follow mandated reporting laws. 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.

Forms and Examples of Abuse

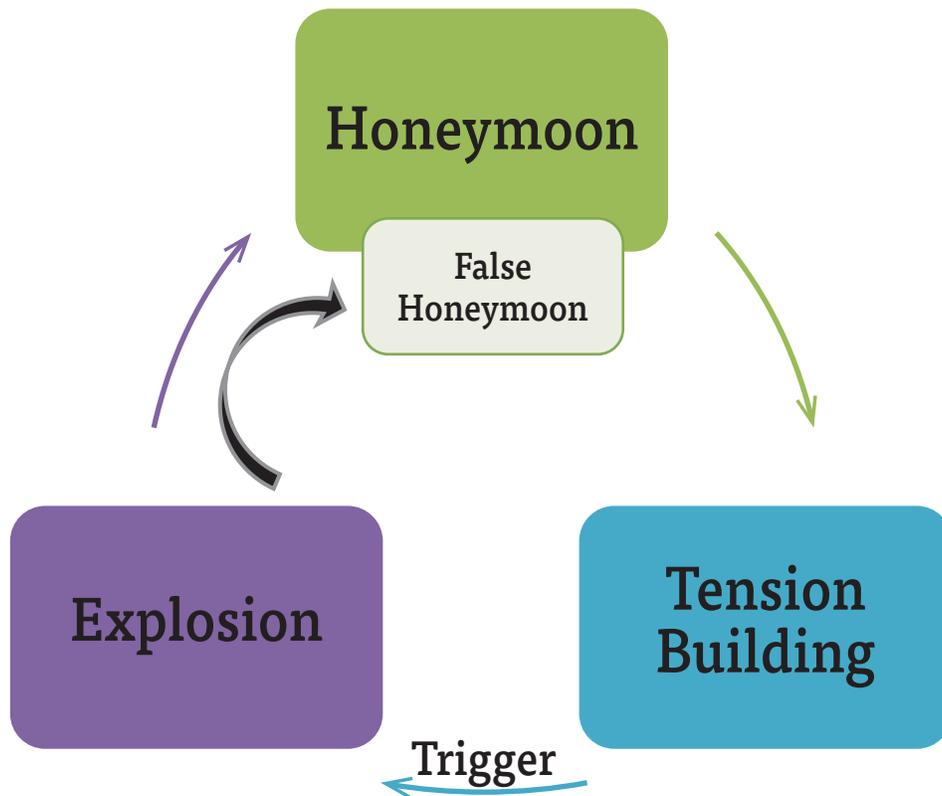
Forms of Abuse	Examples of Abuse
Physical	Hitting, slapping, kicking, biting, pushing, shoving, pulling hair, blocking or preventing partner from moving or leaving, punching a wall, and strangulation
Emotional	Put-downs, name-calling, humiliation, isolation from friends and family, threatening to “out” someone who identifies as LGBTQ+, and stalking behavior
Sexual	Forced sexual acts, pressure to have sex, any unwanted sexual activity, withholding affection or sex as a punishment, reproductive coercion, unwanted viewing/making pornography, unwanted sexting, including demanding/sending unwanted sexual pictures
Financial	Destroying personal belongings, stealing, forcing partner to pay for things all the time, forcing or manipulating partner to “earn” money, including exchanging sex for money or gifts
Spiritual	Using spiritual beliefs to justify abuse, forcing others to adhere to rigid gender roles, forcing partner to do things against their beliefs, mocking beliefs or cultural practices, not allowing partner to do things they enjoy or to better themselves, including interfering with their education
Technological	Cyberbullying, stalking, sending explicit photographs, sharing explicit photographs and/or video with others or posting online, possession or distribution of child pornography, demanding email or social media passwords, taking photographs of someone without their knowledge

Source: Adapted from WEAVE (2019c).

An advanced discussion about relationship violence is appropriate for ninth-through twelfth-graders as dating relationships become more prevalent. Students are more independent, which allows for more time with a partner and the potential for students to view their relationship as increasingly exclusive, committed, and intimate. As students revisit the different forms of abuse, they also learn about the cycle of abuse. See the figure below for a visual representation of the cycle of abuse.

The cycle begins the same way that most other relationships begin, with romance, attraction, and emotional connection. This part of the cycle is called the *honeymoon* phase. In an unhealthy or abusive relationship, the next phase is called *tension building*, which victims of abuse often describe as feeling as if they are walking on eggshells. As tension builds, there is ultimately an *explosion* or abusive incident when abuse occurs during the third phase. Because relationship violence occurs in a cycle, the relationship reenters the honeymoon phase after an explosion or abusive incident. This is often referred to as a *false honeymoon* phase, during which the perpetrator will apologize, may shower the victim with gifts or praise, and give a false sense of hope that the abuse was an isolated incident and will never happen again. Students understand that this false-honeymoon part of the cycle can keep individuals in an abusive relationship. The abusive relationship cycles through the phases repeatedly and usually escalates in severity and frequency of abuse.

Cycle of Abuse



Long Description of Cycle of Abuse is available at <https://www.cde.ca.gov/ci/he/cf/ch6longdescriptions.asp#chapter6link2>.

Source: Adapted from WEAVE and the "Cycle of Abuse" developed by Walker (2019a; 1979).

Teachers provide scenarios that students analyze to determine whether it is an example of a healthy or unhealthy relationship. Students put the scenarios into three categories: (1) Healthy, (2) Concerning/Unhealthy, and (3) Abusive. Students explain their rationale for putting the scenarios into a particular category. These insights can prompt discussion about what students value and tolerate in relationships, and can even challenge their current beliefs about what is healthy or unhealthy.

Example scenarios

- My partner says they do not like any of my family or friends and does not want me spending time with any of them.
- My partner respects my boundaries, stops if they see I am uncomfortable, or asks for my consent prior and during any sexual activity.

- My partner demands my social media passwords and/or monitors my activity through social media.
- My partner threatens to hurt themselves if I break up with them.
- My partner and I discuss our future goals and encourage each other to succeed.
- I have to tell my partner everything I am doing and who I am with, or my partner gets upset.
- My partner shows up unexpectedly while I am out with friends.
- My partner and I argue all the time.
- My partner is jealous when I talk to people my partner thinks I am interested in.
- My partner pressures me to have sex.
- My partner stops me when I try to leave their house after an argument.
- My partner and I talk openly and honestly about STIs and/or pregnancy prevention.
- My partner and I both have friends that we can hang out with, without each other.
- I try to listen and understand before I get upset with my partner.
- My partner sometimes makes fun of me in front of our friends.
- My partner keeps asking me to send nude pictures of myself, even though I do not want to.
- My partner “likes” all of my posts on social media.
- My partner gets upset when I do not respond to text messages right away.
- My partner took a video of us having sex without me knowing.
- My partner pays my cellphone bills and, in exchange, asks me to hook up with their friends.
- My partner asks if I am OK with different levels of physical affection.

As students determine what is healthy and unhealthy in a relationship, it is beneficial to further discuss characteristics of healthy relationships, dating, committed relationships, and marriage (9–12.1.3.G, Essential Concepts). Working in small groups, students identify characteristics of a healthy relationship and

agree on a few examples to present to the class for discussion. Some examples that should be discussed are equality, communication, honesty, trust, respect, support, and compromise (9–12.4.1.G, Interpersonal Communication; 9–12.1.3.M, Essential Concepts; refer to the “[Grade Levels Seven and Eight](#)” chapter for a handout on healthy relationships).

Students can write a private letter, which is not meant to be sent or turned in but rather used as a form of self-expression and reflection, to someone they know who is in an abusive relationship or who has exhibited abusive behavior. Some students may not have been impacted by relationship violence or be ready to acknowledge that they have been affected. In this case, students can write the letter from the perspective of what they would say if they ever become involved in an abusive relationship or know someone who is in the future. Remind students to be cautious regarding victim-blaming language and instead focus on care, compassion, and concern for safety. This activity allows students to express and process their honest thoughts and feelings about relationship violence and how they may have been impacted. It may also help students articulate how they would stand up to violence or abuse. It is important to acknowledge that there may be students in the classroom who have engaged in abusive behaviors. Calling attention to this fact can challenge students to evaluate their own actions and behaviors within a relationship. Students may want to take this opportunity to write a letter of apology or make a personal commitment to change, with a reminder that this is a personal and private letter and should not be sent. Encourage students to turn this self-reflection activity into action and take a stand against relationship violence and abuse (9–12.8.1.G, Health Promotion).

Some students may choose to share their letter and/or seek support after the exercise. Teachers must report suspected abuse as required by state statutes and should also offer the student additional support and resources. Others may not actively seek support, but may show signs of being triggered by this exercise. Teachers, as well as other educators, should pay attention to cues that may indicate a student needs additional support, such as withdrawal, sadness, anger, or any shift from normal behavior. They should provide all students with information on local domestic violence agencies and school support systems, such as counseling and guidance offices.

Students may benefit from more anonymous online resources, such as the Love is Respect website of the National Domestic Violence Hotline. Students may also benefit from making a connection with helpful people and resources in the community. Inform students that many services available at domestic violence agencies, youth service agencies, and suicide prevention hotlines and organizations are confidential and do not require parental consent to access (e.g., counseling and support hotlines). Invite a local domestic violence agency to present information about dating violence and locally available resources and services. Information about domestic violence organizations can be an important resource for students who are exposed to abusive adult relationships. These agencies are usually experienced in providing presentations to youth and can help facilitate discussion about the issue. They can also provide safety planning information and counseling services for students who are in an unhealthy or dangerous situation (9–12.5.3.G, 9–12.5.1.S, Decision Making).

It is important for students to examine how culture, media, and peers influence an individual's view of self and others (9–12.2.2.G, 9–12.2.5.G, Analyzing Influences). Students may compare themselves to peers and people portrayed in the media. Media plays a significant role in developing students' attitudes about gender, body image, and relationships. By high school, students have already been exposed to various media influences through music, television and movies, video games, advertisements, and social media. While media may be moving towards including more diversity, there are still strong messages regarding gender roles, norms, attractiveness, and relationship dynamics. Women in the media tend to be thin and hypersexualized; men may be muscular and sexualized as well. Screening a documentary, such as *Miss Representation* (2011) or *The Mask You Live In* (2015) can help facilitate a discussion about the impact of mass media and gender socialization on self-image and relationships with others. Ask students to question the examples of gender and sexuality they see in media and to critically evaluate those examples.

Bullying and harassment may occur if students do not conform, or are perceived as not conforming, to social norms to look or act a certain way. Sexual harassment is also a form of bullying and can often be found on high school campuses. While young men can be the subject of such abuse, women and transgender youth are disproportionately victims of sexual harassment.

Examples of Sexual Harassment

Verbal	Visual	Physical
<ul style="list-style-type: none"> ▪ “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 ▪ Sexually based rumors and gossip ▪ Asking someone to go out repeatedly ▪ Unwanted communication 	<ul style="list-style-type: none"> ▪ 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 	<ul style="list-style-type: none"> ▪ Any unwanted touching, grabbing, pinching, hugging, or kissing ▪ Intentionally bumping into someone’s body or rubbing up against them ▪ Blocking someone’s path

Source: WEAVE, Inc. (2019b).

Schools have anti-bullying and sexual harassment policies that teachers should discuss with students and then guide students in addressing these problems. Students can research and describe California laws regarding bullying, sexual violence, and sexual harassment (9–12.1.8.S, Essential Concepts; 9–12.5.2.S, Decision Making). Students need multiple opportunities to learn and practice skills to appropriately intervene when witnessing violence, bullying, or sexual harassment. With sufficient practice, students can be empowered to report dangerous situations, seek adult support, or stand up for someone being bullied, harassed, assaulted, or abused if it is safe to do so (9–12.1.8.M, Essential Concepts). This is called bystander intervention.

Sexual harassment is sometimes the precursor to sexual assault, as violence that is normalized can often escalate. *Rape culture* is the normalization, desensitization, and acceptance of sexual violence, and is an important concept to discuss with students in ninth through twelfth grades. Examples of rape culture include the objectification of women and feminine-presenting people, glamorization of sexual violence in music and film, minimizing sexual violence or blaming the victim of sexual assault, and misogyny. Unrealistic expectations of masculinity may also be problematic if it promotes harmful and rigid gender stereotypes that could contribute to rape culture. Students may not relate to this as a social issue if they believe that rape culture does not exist or if they think they do not participate in or perpetuate it. Students need teacher guidance to think critically about how they may or may not contribute to rape culture. Possible responses to sexual violence that reflect rape culture are listed below.

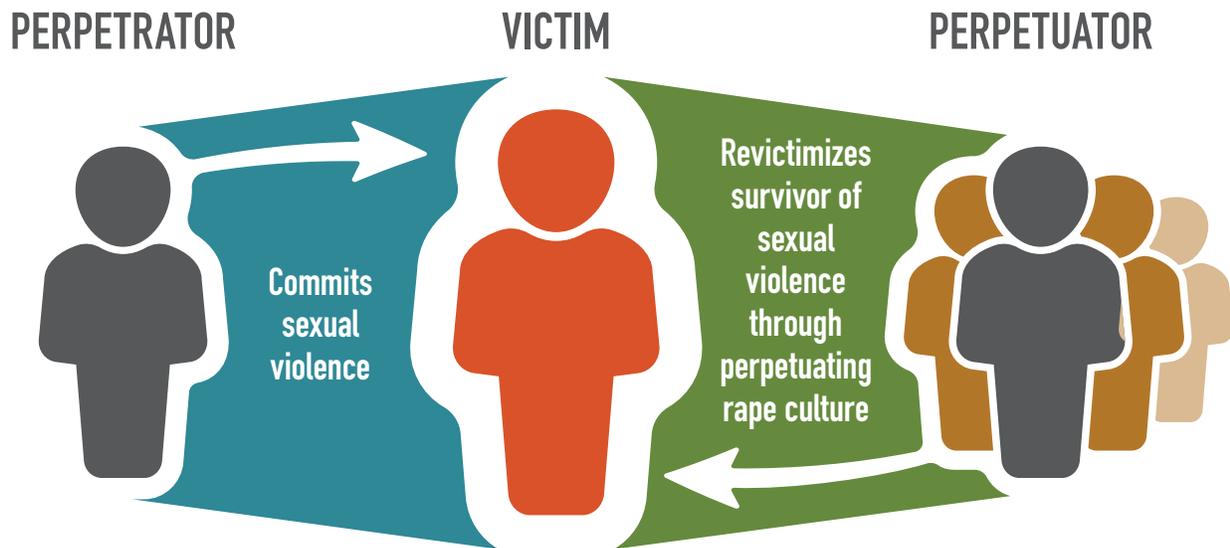
Comments that Reflect Rape Culture

- They should not have worn that.
- They should not have had so much to drink.
- It does not impact me.
- Real men cannot be raped.
- Laughing at rape jokes does not mean I am going to rape anyone.
- Women need to empower themselves to say no.
- They should not put themselves in risky situations.
- What about false accusations?
- I do not condone sexual violence, but I do not want to get involved.
- They have had sex before—they are in a relationship.

Much of rape culture has to do with victim blaming, lack of bystander intervention, and an overall lack of empathy, as illustrated in these examples. Exploring this further will help students understand the basic concept of rape culture and examine ways they may unknowingly perpetuate the problem. Students should be encouraged to make a commitment to stop perpetuating rape culture and work toward promoting positive change at school, within the community, and beyond. The figures below may provide a visual representation

for students to gain a better understanding of how victims of sexual violence may also be revictimized by those who perpetuate rape culture.

Rape Culture and Sexual Violence

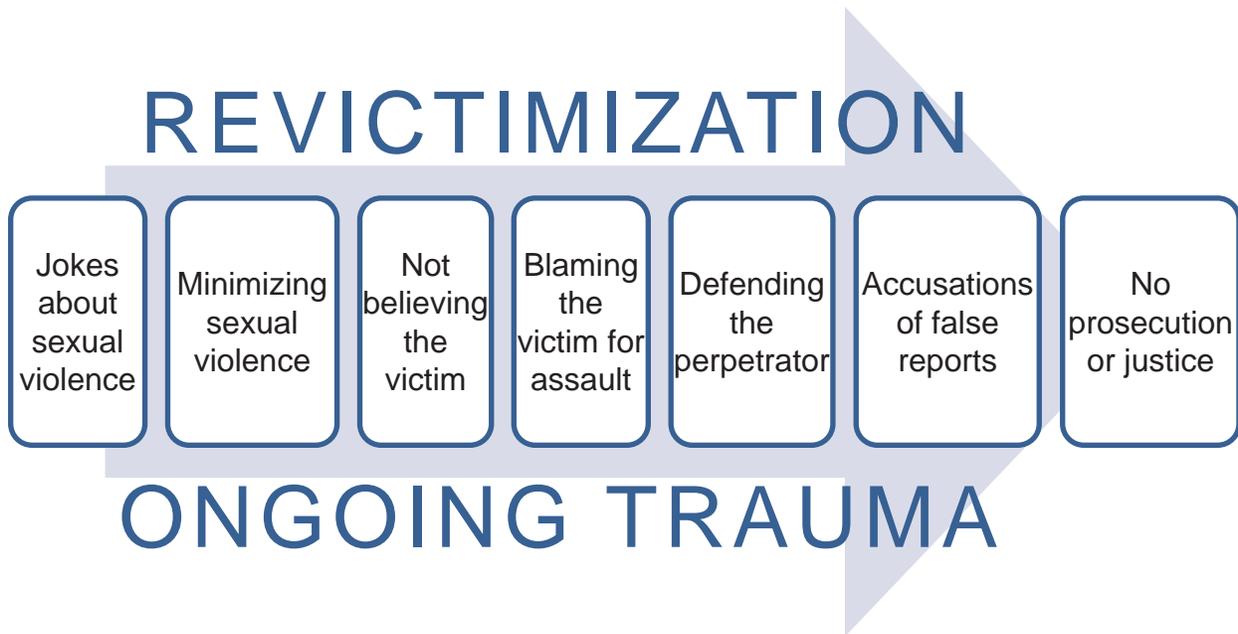


Long Description of Rape Culture and Sexual Violence is available at <https://www.cde.ca.gov/ci/he/cf/ch6longdescriptions.asp#chapter6link3>.

Source: WEAVE (2019e).

This image represents the impact of individual actions by perpetrators of sexual violence and those who also contribute to rape culture by perpetuating normalization and acceptance of sexual violence. The image does not represent equal weight of the trauma endured by the individual—rather, it is meant to demonstrate that both can be traumatic, which victims/survivors may experience differently. For example, it can be triggering and re-traumatizing for a student who has been sexually assaulted and then overhears rape jokes. This not only is traumatic in the moment, but it can also hinder the healing process. The following image provides examples of how a victim of sexual violence may be revictimized over time and is not necessarily linear.

Revictimization and Ongoing Trauma



Long Description of Revictimization and Ongoing Trauma is available at <https://www.cde.ca.gov/ci/he/cf/ch6longdescriptions.asp#chapter6link4>.

Source: WEAVE (2019e).

Students may also better understand the issue of sexual violence and victim blaming through expanding their knowledge about sexual assault and consent. According to the National Intimate Partner and Sexual Violence Survey, 30 percent of female rape victims were first victimized as a minor between the ages of eleven and seventeen, making middle school and high school critical times to discuss culture change and strategies for preventing victim blaming (Black et al. 2011, 25). It is important to address affirmative consent, the right to refuse sexual contact, and laws related to sexual behavior and the involvement of minors (9–12.1.9.G, Essential Concepts). Students learn in earlier grade levels the definition of sexual assault and consent and revisit this topic in ninth through twelfth grades. Examples of sexual assault include rape, attempted rape, unwanted sexual touching, and unwanted sexual acts such as oral sex. It is important to remind students that sexual assault is not limited to heterosexual relationships and is inclusive of same-sex relationships and other gender dynamics.

Definitions of Sexual Assault and Affirmative Consent

Sexual Assault	Consent
Any unwanted sexual contact or sexual activity, whether through force, emotional manipulation, or coercion	Affirmative, continuous, conscious, and voluntary agreement to engage in sexual activity

Source: Adapted from California Penal Code Section 261 and WEAVE (2020).

Using these definitions, students are able to analyze and conclude that consent cannot occur if someone is unconscious or under the influence of alcohol or drugs. Students in their teenage years may be more likely to use alcohol and other drugs than in younger years, and they should be aware of the relationship between these substances and sexual activity. Because alcohol and other drugs can lower inhibitions, they are common facilitators of sexual activity, including nonconsensual sexual activity (9–12.1.9.A, Essential Concepts). The potential for nonconsensual sexual activity increases if both individuals are under the influence of alcohol or drugs. Use of alcohol and other drugs may also increase the risk of perpetrating sexual violence. Many teens 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. Addressing this misunderstanding in the classroom and having students analyze sexual behavior and influences can help them avoid potentially dangerous situations (9–12.5.1.S, Decision Making).

Students must understand that compliance or the absence of refusal is not affirmative consent. Individuals who are faced with unwanted sexual activity may react in different ways and may not resist the assault. This is a normal trauma response and important to discuss with teenagers, as some may blame themselves for what is perceived as compliance, silence, or lack of resistance. Other students may feel pressured to engage in sexual activity based on actual or perceived social norms, which should be analyzed and assessed (9–12.2.3.G, Analyzing Influences). Students should also learn and discuss the idea that respecting consent and refusal also means accepting that individual's right without pressure, shame, or debate. Challenging the concept of entitlement to sexual activity promotes primary prevention efforts.

This is an appropriate time to ensure that students know how to access local sexual assault response services, including access to emergency contraception and counseling, and their rights to obtain these services. Because there is pressure from both social norms and individuals to engage in sexual activity, it is important for students to determine their own personal boundaries and practice affirmative consent and refusal skills (9–12.7.6.M, Practicing Health-Enhancing Behaviors). Knowing their personal boundaries can also help students evaluate and avoid risky or potentially dangerous situations and empower students to report sexual assault and molestation (9–12.4.2.S, Interpersonal Communication; 9–12.5.1.S, Decision Making).

Students are led in a discussion that explores and identifies the physical response to feelings and emotions. From this discussion, students can learn how to be aware of the physical sensations in their body when trust and respect are present compared to when a boundary is being crossed. Students are guided in discussions about the right to refuse sexual contact, including in dating relationships, long-term relationships, and marriage. Students can advocate for violence prevention and work to create a school and community where sexual assault is not tolerated (9–12.8.1.S, Health Promotion). This also means supporting peers in making positive and healthful choices about sexual behavior (9–12.8.3.G, Health Promotion) and protecting their rights to personal boundaries and affirmative consent. Students can research support resources, such as the local rape crisis center, law enforcement agencies, and local and national organizations including hotlines and support centers, and distribute the information to other students. As an engaging and entertaining activity, students can participate in a poetry slam, visual art, film, music, or theater to explore issues of sexual violence through a creative voice.

As students approach adulthood, they may become involved with an older romantic interest who may already be a legal adult. Referencing earlier discussions about healthy relationships can encourage students to analyze unequal power dynamics in an adult-minor relationship and relationships with large age differences. Students who are in an autonomous stage of development yet still growing in maturity may have a skewed perspective of adult intent with a minor. For example, students may believe their adult partner understands them like no one else or recognizes that they are mature for their age. This can be a red flag for sexual assault, molestation, and, potentially, sex trafficking.

It is important for educators to build an awareness of sex trafficking and its impacts on youth. Sex trafficking is a growing social problem, and youth are especially at risk of being victimized. In California, the average age that a child is first brought into commercial sexual exploitation, or sex trafficking, is twelve to fourteen for females and eleven to thirteen for males (California Against Slavery Research and Education n.d.). Young people are vulnerable to this type of exploitation, and some high school students may currently be, or have already been, commercially sexually exploited. Students can use compare-and-contrast concepts, which they learned in language arts and English language development classes, to describe similarities and differences between sex trafficking and other forms of sexual violence and abuse previously discussed. One example of how to approach sex trafficking prevention education is provided in the classroom example below.

VIGNETTE

Classroom Example: Sex Trafficking

Purpose of Lesson: High school students are at risk of sex trafficking and preventive education in school is critical in protecting youth. Students can also play a role in creating change through awareness, advocacy, and promotion of healthy relationship behaviors.

Standards:

- **9–12.2.4.G** Assess situations that could lead to pressure for sexual activity and to the risk of HIV, other STDs, and pregnancy (Analyzing Influences).
- **9–12.3.4.G** Evaluate laws related to sexual involvement with minors (Accessing Valid Information).
- **9–12.1.2.S** Recognize potentially harmful or abusive relationships, including dangerous dating situations (Essential Concepts).
- **9–12.3.1.M** Access school and community resources to help with mental, emotional, and social health concerns (Accessing Valid Information).

Lesson Narrative:

At the beginning of the year, Mr. H informs students about his role as a mandated reporter. Before starting this lesson, students are reminded of classroom agreements to ensure everyone feels safe and accepted. Mr. H 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. Mr. H provides students with a list of local resources as he explains that talking about violence and abuse can be difficult and may cause some to have an emotional reaction. He tells students to be aware of how the material might be affecting them and to seek support if needed.

Mr. H begins the lesson by asking students to respond to statements regarding their current knowledge and opinions about sex trafficking. Mr. H asks the students if they agree or disagree with the following statements:

- Slavery still exists today
- They know what human trafficking and sex trafficking are
- Sex trafficking is a problem in their area
- Students can be sex trafficked
- Sex trafficking can be prevented
- Sex trafficking can be eradicated

After the exercise, Mr. H explains that sex trafficking is a type of human trafficking and a form of modern-day slavery. Students draw from learning in social science classes to describe what slavery is. A student explains their understanding of slavery and says, “Slavery is when someone is owned by another person or whose freedom is restricted.” Mr. H acknowledges that this definition is also fitting for human trafficking.

Mr. H adds that anyone under the age of eighteen who is engaged in commercial sex acts is considered a victim of trafficking, not a criminal. Students ask what commercial sex is, and Mr. H explains that it is any sexual act that is exchanged for something of value. This can include an exchange of sexual acts for money, food, clothing, shelter, drugs, or other “gifts.” Forms of sex trafficking include involvement in prostitution, pornography, escort services, and strip clubs.

Mr. H recognizes that some students may have unknowingly been trafficked, are being groomed by a trafficker, have been approached by a recruiter, or could be in the future. He explains this to the class and shares examples of these scenarios. Mr. H references earlier learning about healthy and unhealthy relationships, and explains how traffickers often exploit their victims by first pretending to be a romantic partner. This happens through a process called *grooming*, in which a trafficker identifies a vulnerability, gains the victim’s trust, and then exploits them for the purpose of commercial sex and monetary gain.

“Who doesn’t want to feel wanted, loved, and accepted? Traffickers know that, and use it to their advantage,” says Mr. H.

Because traffickers, or their recruiters, are often looking for victims with a vulnerability to exploit, they may pose as romantic partners, friends, or offer false employment opportunities like modeling or acting. It is common for peers to recruit for traffickers and offer a lifestyle of easy money and expensive possessions. This lifestyle may be appealing to some youth, but Mr. H reminds students that traffickers are looking to exploit and profit from victims, not help them.

Regardless of willing participation, minors engaged in this activity are considered victims. Sex trafficking is illegal, no matter the age of the victim. Traffickers maintain power and control over victims using coercion and violence, and often threaten or harm youth who seek to exit that lifestyle and its associated abuse.

Mr. H gathers background information about current popular social media apps, as he understands that traffickers often use social media to find, groom, and exploit victims. Mr. H discusses these apps with students, asking questions about the purpose of each app, level of privacy, and level of perceived safety. There are apps in which the purpose is to connect with a stranger, some to anonymously share personal information and possible vulnerabilities before making connections, and others to casually hook up with or meet people in person. Mr. H explains that traffickers can hide behind the anonymity of these apps and other social media platforms to gain the trust of a potential victim. A trafficker may ask to meet a youth or request incriminating photos or videos that the trafficker will later use to blackmail the potential victim. While many traffickers begin as strangers to the victim, some youth are exploited by peers or family. Gang involvement can also put youth at risk, as gangs often view women and girls as property and see potential profit in exploiting them.

Students explore the relationship between sex trafficking and dating violence, sexual assault, and child abuse. Through group discussion, students are able to identify overlapping components of each of these issues and recognize that not all sex trafficking victims experience all forms of violence. Students discuss how sex trafficking can look like an unhealthy relationship. Referring to the different forms of dating or relationship violence, students make the connection that sex trafficking can fall under all six forms of abuse—physical, emotional, sexual, spiritual, financial, and technological.

Victims are often forced or manipulated into participating in commercial sex, and because minors cannot consent to these acts, this is considered to be

repeated sexual assault. While high school students may see themselves as adults and not identify as children, they can still recognize how adults may exploit minors in a way that meets the definition for child sexual abuse. By understanding the difference between healthy and unhealthy relationships, students can guard themselves against potential traffickers.

Mr. H provides a visual for students to conceptualize the intersections of sexual violence, noting that a student may be sex trafficked by their partner, which constitutes dating violence, repeated sexual assault, and child abuse because they are a minor. Mr. H explains that while the graphic illustrates intersections of sexual violence, not all forms of violence and abuse must be present to constitute sex trafficking.

The figure below illustrates the intersections of sexual violence.*



** This does not apply to all instances of Commercial Sexual Exploitation of Children (CSEC) or sex trafficking, 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/ch6longdescriptions.asp#chapter6link5>.

Source: WEAVE (2019d).

Because some students in Mr. H's class may be impacted by sex trafficking in some way, he provides supportive resources and encourages students to reach out to trusted adults. Mr. H recognizes that while some students may recognize parents, guardians, and caretakers as trusted adults, others may not. Mr. H identifies other potential trusted adults, such as teachers, school support staff, religious leaders, coaches, law enforcement personnel, and staff of community organizations. Some students may have experienced abuse by adults that others identify as safe. Mr. H is empathetic and supportive if a student expresses discomfort and makes note of this possible red flag. He also reports any suspicion of child abuse, including commercial sexual exploitation of children or sex trafficking, as required by mandated reporting laws.

Mr. H assigns a research project in which students analyze why sex trafficking exists and possible ways to address this global problem that also may occur in their community. Students research the prevalence of sex trafficking and are alarmed at how widespread it is. In analyzing its existence, some students relate the problem to the overt hypersexualization and objectification of women portrayed in the media, in addition to pornography and sex industry. Students discover that research demonstrates a link between pornography and sex trafficking. They further evaluate the relationship between pornography and sex trafficking by discussing how pornography may create more demand from the buyers of sex. Pornography may normalize sexual violence and its viewers may become desensitized to its impact, not understanding that many individuals featured in the photographs or videos are actually being trafficked as minors or otherwise forced or manipulated into participation. It is not uncommon for pornography to reflect rape culture, and it can sometimes be a form of sex trafficking. Students can also relate this concept to economic studies of supply and demand. If there is no demand for the purchasing of sexual acts, there would be no need for the supply of sex trafficking victims. In analyzing this concept, many students conclude that some people who participate in the sex industry may be coercive or coerced, and this may promote sex trafficking.

The students decide that they would like to organize a schoolwide awareness event in which expert speakers, including survivors of sex trafficking, present at an assembly and offer smaller group discussions on campus after the assembly. The students express an understanding that human trafficking is a human rights issue and work toward creating a violence prevention club to address issues such as interpersonal violence, harassment, and sex trafficking at their school.

Mr. H commends the students for their ideas and efforts, and encourages students to get in touch with local agencies that provide services for victims of sex trafficking. Students research additional agencies that they can support in their advocacy efforts and can use as resources. Mr. H also identifies himself as a supportive person and reminds students of the support services available on campus and in the community.

When discussing these sensitive issues, it is important to remember that some students may have experienced relationship violence, sexual abuse, or sex trafficking. In some cases, sexual abuse or sexual assault may be perpetrated by an adult. If a student discloses abuse, it is important to practice active listening, be nonjudgmental, and respond with empathy, in addition to following mandated reporting laws and district protocols. Teachers have a unique opportunity to provide prevention education as well as observe behavior and possible warning signs of a student who may be in an abusive relationship, experiencing child sexual abuse, or being trafficked for commercial sexual exploitation. More information about sex trafficking can be found in the appendix.

The table below summarizes warning signs that can indicate a person is in an unhealthy or abusive relationship, or a victim of sex trafficking. It is important to note that 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

Students encourage, advocate for, and support others by planning a schoolwide awareness event on December 1 for World AIDS Day, Walk a Mile in Her Shoes, or Denim Day (9–12.8.1-3.G, Health Promotion), or a Take Back the Night event (9–12.8.2.G, Health Promotion). Partner with GSA Network (transgender and queer youth uniting for racial and gender justice) to create an LGBTQ+ student-run club (9–12.1.10.G, Essential Concepts).

Partnering with Your Community

Students identify local resources for reproductive and sexual health, and evaluate laws related to sexual involvement with minors by inviting the local Planned Parenthood, California Department of Public Health, California Department of Education, school-based health center, or other verified medically accurate organizations to provide a professional development presentation on the California Healthy Youth Act for teachers, administrators, school board members, and parents, guardians, and caretakers. Using valid and reliable web resources, students create a local resource guide of medical, health, and clinical providers, including those who provide services to the LGBTQ+ population, for reproductive and sexual health services that includes how to locate accurate sources of information on reproductive health in their community (9–12.1.9.G, Essential Concepts; 9–12.3.2.G, 9–12.3.4.G, Accessing Valid Information).

Partnering with the Family

Approximately 40 percent of youth still learn about growth, development, and sexual health from their parents (Kaiser Family Foundation 2003, 55). In accordance with the California Healthy Youth Act, encourage students to engage in an open dialogue with their parents, guardians, or other trusted adults about human sexuality. Students should be made aware that it is important to have someone that they feel comfortable speaking with when needed, and that someone at school such as a school counselor or credentialed school nurse can be a resource. A creative way to begin the conversation with parents, guardians, or caretakers may be for students to ask their parents, guardians, or caretakers: *When did you first start dating? When did you have your first boyfriend, girlfriend, or partner? How did you learn about sexual health?*

Under the California Healthy Youth Act, parents and guardians must be notified that their student will receive comprehensive sexual health and be allowed to view the materials prior to instruction. Consider creating a California Healthy Youth Act community by hosting an education materials review night or encouraging administrators to share sexual health materials on the school district's website. Parents and guardians may have their student excused from comprehensive sexual health education and HIV prevention education only by submitting a request in writing to the school. However, general instruction or programming relating to LGBTQ+ people and issues is not subject to parental opt-out (EC

51932[b]). California law protects students against discrimination on the basis of gender or sexual orientation, schools may not facilitate the selective opt-out of LGBTQ+-related content in the context of comprehensive sexual health and HIV prevention education.

Injury Prevention and Safety (S)

High school students are potentially engaging in various activities that make them more prone to injuries and accidents, such as driving and organized sports and activities. Some teens are involved in romantic relationships, making them more at risk of bullying, abuse, harassment, or violence. Others are at risk of gang involvement. Most high school students use some form of technology and spend time online, making them susceptible to electronic aggression, such as cyberbullying, cyber harassment, and cyberstalking (Stopbullying.gov 2019). According to the California Healthy Kids Survey, approximately 18 percent of students across all grades experienced cyberbullying in the past 12 months (WestEd 2018, 36).

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 twenty-four years of age in the United States (2017a). Motor vehicle crash injuries are one of the leading causes of death for young people between the ages of ten to twenty-four (Heron 2019). As high school students transition to adulthood and may have perceptions of invincibility, school-based injury and violence prevention strategies are of paramount importance in this phase of a young person's education, before students enter adulthood. High school health education teachers and administrators can play a key role in supporting students to learn and apply the skills necessary for injury prevention and safety in person and online. To increase their awareness of potential injury, students research how to recognize and prevent sports-related health issues such as sudden cardiac arrest and traumatic brain injury (e.g., concussions). Resources related to sudden cardiac arrest can be found on the California Department of Education Eric Paredes Sudden Cardiac Arrest Prevention Act web page and through the Eric Paredes Save A Life Foundation. The California Interscholastic Federation provides resources related to concussions and sudden cardiac arrest, including information sheets for students who participate in school athletics.

This content area includes the important topic of violence. Violence is a serious public health issue in our country. Applying a standards-based curriculum focused

on violence prevention skills and competencies can support the overall goal of preventing youth violence. According to the CDC, youth violence refers to harmful behaviors among children and adolescents that lead to injury or death (2019b). Various behaviors, such as bullying, physical abuse such as hitting or slapping, sexual harassment and violence, electronic aggression, and gang and gun violence, all fall under the scope of youth violence. A young person can be a victim, offender, or a witness to the violence—or all of these. Those who survive violence often have lasting emotional trauma associated with the violence (CDC 2019b).

In addition to statutory reporting mandates, all California school districts have mandated abuse and violence reporting policies and procedures in place. If you suspect or know a student is experiencing abuse, neglect, or violence, immediately file the necessary mandated report and follow any school or district protocols for reporting abuse. 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. Schools that create an environment that does not tolerate aggression and bullying may have fewer incidences of violence (Lösel and Farrington 2012). School-based violence prevention programs that have proven to be ineffective include using scare tactics, peer-based education, and brief information-based health education (Telljohann et al. 2015). Effective standards-based safety instruction for students 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; Pearlman 2013; Telljohann et al. 2015). Evidence-based instructional strategies provide the foundation for the instructional suggestions found in this chapter.

Building on the safety, violence, and injury prevention content and applied practice students learned in prior grades, students now further their knowledge and skills in this area by learning ways to prevent and reduce one’s 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. Health education teachers are encouraged to assess the unique climate and culture of their classes and

communities, instead of implementing a “one size fits all” approach to the complex and multifaceted challenges of violence prevention.

Provide students with opportunities to demonstrate negotiation skills for avoiding dangerous and risky situations, and problem-solve and role-play various scenarios by applying a decision-making process. One strategy may be to ask students to identify a recent conflict or violent exchange they viewed in an online video, 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, what did they do? Who, if anyone, helped? Students demonstrate conflict resolution skills and explain how the conflict could have been avoided or positively resolved (9–12.4.1.S, Interpersonal Communication; 9–12.5.1.S, Decision Making; 9–12.7.2.S, Practicing Health-Enhancing Behaviors; see the [Five-Step Decision-Making Model](#)).

Working in pairs or small groups, students demonstrate effective negotiation skills for avoiding dangerous or risky situations by creating scenarios pertaining to violence or injury. The student-created scenario is then given to another pair or group of students to brainstorm solutions by applying a decision-making process. Students share their solutions with the class and then discuss the positive experiences and challenges with each scenario. If students need ideas for their scenarios, the teacher can suggest examples, such as a student learns that another student has 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 their brother has just joined a gang. Students can also role-play student-created scenarios with an emphasis on integrating a decision-making process. The role-play is followed by a group discussion on the effectiveness and safeness of the actions taken (9–12.4.1.S, Interpersonal Communication; 9–12.5.1.S, Decision Making; 9–12.7.2.S, 9–12.7.4.S, Practicing Health-Enhancing Behaviors).

Obtaining one’s driver’s license is a celebrated milestone for many teens. It is also important for students to understand the risks and responsibilities that come with their newfound privilege. When students apply for a California driver’s license or identification card, they are asked if they want to join the organ and tissue registry. To support students’ decision-making, the Donate Life California High School Education program provides free resources for classroom use that inform students about organ and tissue donation.

Students analyze injury risks associated with driving by researching county- and state-level statistics on automobile crashes. Students can investigate issues that are of interest to them, such as the risks associated with distracted driving, which includes texting while driving or using alcohol, tobacco, or other drugs while driving. They also research pertinent laws and what could occur if someone is in violation of these laws. Students can write a proposed traffic safety bill or letter to their district representative on a concern related to traffic safety. Students research the Healthy People 2020 or 2030 site to investigate various motor vehicle safety objectives—for example, their county’s seat belt usage rate. Students can investigate the barriers that prevent people from wearing a seat belt. Students can role-play scenarios in which they refuse a ride with someone under the influence of alcohol or other drugs.

Parental influence and graduated driver’s licensing laws can have a positive impact on reducing teen automobile crashes (NJM Insurance 2019). Having ample practice time driving with parents, guardians, caretakers, older relatives, or trusted adults beyond receipt of a driver’s license, along with experienced, safe drivers serving as positive role models (for example, not using electronic devices while driving themselves) is key to improving teen driver safety. In pairs, students reflect on their own driving experience and personal driver safety. If they are not yet driving, students reflect on their anticipation of driving and their driver safety plan. Students write a driver safety plan to share with their parents, guardians, caretakers, or friends who are driving. Instruction on defensive driving is another strategy for lowering risk.

Working in pairs or small groups, students first try to identify defensive driving tips from memory, experience, or creativity. Students share their tips by “exponential think, pair, and share,” until one collective list is written. Students then research online defensive driving tips and supplement them with their own ideas. Distracted driving, including using electronic devices while driving, is one of the most pressing issues related to driver safety (CDC n.d.). After researching statistics, policies, and educational material, including public service announcements (PSAs) associated with distracted driving, students write a prevention plan to avoid distracted driving and present their content in class using creative platforms. Students then plan, implement, and evaluate a driver safety campaign for their high school to promote safe driving practices. Student and parent resources in English and Spanish on driving and highway safety can be found online by searching Share the Keys, the Teen Drivers section of the California Department of Motor Vehicles website, and the

National Highway Traffic Safety Administration for education materials (9–12.1.6.S, Essential Concepts; 9–12.2.3.S, Analyzing Influences; 9–12.7.1.S, Practicing Health-Enhancing Behaviors; 9–12.8.1.S, 9–12.8.3.S, Health Promotion; this activity also connects to the CA CCSS for ELA/Literacy [W.9–12.7–9, SL.9–12.4–6]).

In a national survey, 20 percent of high school students reported gang violence in their schools (US Department of Justice n.d.). According to the California Healthy Kids Survey, close to 5 percent of ninth- and eleventh-grade students considered themselves to be members of a gang (WestEd 2018). Encouragingly, the majority of students (approximately 93 percent) in the same survey reported feeling safe at school (WestEd 2018). Youth tend to join gangs for enjoyment, respect, protection, a sense of belonging, financial reasons, or peer influence (US Department of Justice n.d.).

Research varies on the effectiveness of school-based gang prevention programs. However, school connectedness and education partnerships among health agencies do seem to play an important role in lowered health-risk behaviors including violence and, in turn, support academic achievement (Bradley and Green 2013). This complex public health issue requires a comprehensive curriculum approach. See the [“Grade Levels Four Through Six”](#) chapter for instructional methods on teaching content related to gang activity including discussion points, scenario-based responsible decision-making, and setting goals to prevent gang involvement.

Students also learn more about this complex, multifaceted issue through partnership presentations and educational resources from local law enforcement and nonprofit organizations. For example, Orange County California’s Gang Reduction Intervention Partnership is a shared collaborative between the District Attorney’s Office, Park Police, and the Sheriff’s Department. School workshops include risk factors, prevention, and intervention strategies for students, educators, and parents, guardians, and caretakers. The Oakland Unified School District in Alameda County provides gang prevention training for parents, guardians, caretakers, and school staff. Schools can apply for funding with the California Gang Reduction, Intervention, and Prevention (CalGRIP) grant. Most California police departments have a division of gang violence prevention to contact for presentations (9–12.1.7.S, Essential Concepts; 9–12.2.4.S, Analyzing Influences; 9–12.3.1.S, Accessing Valid Information; 9–12.5.3–4.S, Decision Making; 9–12.7.4.S, Practicing Health-Enhancing Behaviors; 9–12.8.1.S, Health Promotion).

In the classroom example below, students serve as ambassadors for positive health practices and injury prevention.

VIGNETTE

Classroom Example: Sport and Physical Activity Injury-Prevention Ambassadors

Purpose of the Lesson: High school health students lead a peer-based program that empowers team captains to lead their teams to victory and also prevent injuries.

Standards:

- **9–12.1.1.S** Discuss ways to reduce the risk of injuries that occur during athletic and social activities (Essential Concepts).
- **9–12.3.1.S** Analyze sources of information and services concerning safety and violence prevention (Accessing Valid Information).
- **9–12.7.1.S** Practice injury prevention during athletic, social, and motor vehicle-related activities (Practicing Health-Enhancing Behaviors).
- **9–12.8.2.S.** Encourage peers to use safety equipment during physical activity (Health Promotion).
- **9–12.2.1.S.** Practice health literacy by reviewing warning signs of a potential heart condition and encourage students to advocate for themselves (Analyzing Health Influences).

Lesson Narrative:

Mr. L's health education students have been learning an array of injury prevention and safety content throughout the semester. They are now ready to apply what they have learned by embarking on a peer education effort. Mr. L's students have come up with the innovative idea to enlist the team captains for all sports and cheer teams as injury-prevention ambassadors for an injury-prevention campaign. Activities that do not have a captain will elect an ambassador.

Mr. L's students provide ambassadors with evidence-based, reliable, and valid sport injury-prevention materials such as tip sheets and talking points specific to their sport. These resources are researched and summarized by Mr. L's students. Mr. L reviews all content and materials. The coach and physical education teacher also review any pertinent materials.

The ambassadors share materials with their respective teams and advocate for accident reduction in sports and physical activities. Posters profiling the team captains and ambassadors and their personal quotes are displayed in various locations around the school such as the locker rooms, gym, hallways, and school cafeteria. They are also displayed on online resources such as the school's website and social media sites. Mr. L's students create and distribute surveys to evaluate the program and discover if students' knowledge of the campaign and sports injury prevention had increased.

Because prompt initiation of cardiopulmonary resuscitation (CPR) by trained bystanders can double survival rates, learning this safety skill has the potential to impact every student's life and the lives of members of their community. 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 and demonstrating hands-only (chest compressions-only) CPR. In districts that require students to complete a health education course to graduate from high school, student must receive CPR instruction prior to high school graduation. Districts are encouraged to provide training to all students even if the district is not required to by statute. Contact local chapters of such organizations as the American Red Cross or the American Heart Association and your local emergency medical service providers who may be able to provide CPR training at low or no cost. A credentialed school nurse or other school staff member may also be able to provide CPR training if they are certified to teach CPR (9–12.1.10.S, Essential Concepts; 9–12.7.3.S, Practicing Health-Enhancing Behaviors).

While CPR is an important skill for all students to learn, there are other emergency care procedures that students should learn, including what to do in the case of a drug overdose at a social event (9–12.1.10.S, Essential Concepts). Prompt response by trained bystanders can also save a life in the event of a drug overdose (Wheeler et al. 2015, 634). Students can research and role-play effective drug overdose prevention, recognition, and response techniques as a complement to CPR training. The American Heart Association has a protocol for responding to suspected opiate overdoses. Drug overdose recognition and response information is also available from community-based organizations, such as the Harm Reduction Coalition and DanceSafe. Students can also research

and debate the pros and cons of the Good Samaritan Law in California (*Health and Safety Code Section 11376.5*), which protects someone who provides medical assistance when responding to an overdose, as well as protecting the person who experiences a drug-related overdose. Additional standards-based learning activities can be found in Table 9.

SNAPSHOT

Injury Prevention and Safety Teaching Learning Activities

Essential Concepts: 9–12.1.1.S Discuss ways to reduce the risk of injuries that can occur during athletic and social activities.

Essential Concepts: 9–12.1.12.S Identify ways to prevent situations that might harm vision, hearing, or dental health.

Accessing Valid Information: 9–12.3.1.S Analyze sources of information and services concerning safety and violence prevention.

National Safety Month

June is national safety month. An opportune time to plan awareness events is before summer break or graduation. Students write research summaries and provide peer-based presentations or schoolwide awareness and social media events on ways to reduce the risk of injuries and safety issues, such as responding to an active shooter, sports injuries including concussions, or cyber harassment. See the National Safety Council’s website for resources.

Essential Concepts: 9–12.1.1.S Discuss ways to reduce the risk of injuries that can occur during athletic and social activities.

Essential Concepts: 9–12.1.12.S Identify ways to prevent situations that might harm vision, hearing, or dental health.

Accessing Valid Information: 9–12.3.1.S Analyze sources of information and services concerning safety and violence prevention.

Health Promotion: 9–12.8.1.S Identify and support changes in the home, at school, and in the community that promote safety.

Safety Evaluators

Students learn the process of data collection by surveying fellow students during lunch or in other classes on a variety of safety issues. The survey data is analyzed; displayed using charts, tables, and graphs; and written about in a collective report or eText to be distributed to the entire student body. The data collected on the surveys can be compared with state or national data. Ideas for survey items can be found in the California Healthy Kids Survey, CDC’s Youth Risk Behavior Surveillance System, or Robert Wood Johnson’s County Health Rankings. Students can also take a Safety Snapshot Survey on the National Safety Council’s website that shows their top personal and environmental risks for accidents and injuries.

Analyzing Influences: 9–12.2.1.S Analyze internal and external influences on personal, family, and community safety.

Photovoice

Students explore external and internal influences related to violence including media, family, friends, culture, and their own values and beliefs by creating photos for display using software or a poster format. Students write a one-sentence caption describing each photo in their display. Ideally, the students showcase 8–10 photos. Students present their photovoice project to their peers. For more information and resources, search the term photovoice online.

Essential Concepts: 9–12.1.5.S Describe rules and laws intended to prevent injuries.

Essential Concepts: 9–12.1.8.S Describe California laws regarding bullying, sexual violence, and sexual harassment.

Health Promotion: 9–12.8.1.S Identify and support changes in the home, at school, and in the community that promote safety.

Text Ed

Students research, plan, implement, and evaluate an anti-cyber harassment and cyberbullying campaign that is delivered via free text messaging and social media platforms. Students write content based on information found on valid and reliable websites and include California laws and school policies.

Essential Concepts: 9–12.1.3.S Analyze emergency preparedness plans for the home, the school, and the community.

Health Promotion: 9–12.8.1.S identify and support changes in the home, at school, and in the community that promote safety.

Safety Assessors

Working in pairs, students assess the safety of their campus environment by recording or listing safety hazards they observe on campus. Students 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 or plant manager describing the issues and offering possible solutions. The letters are shared with the principal or plant manager who is invited to come speak to the class regarding campus safety concerns.

Analyzing Influences: 9–12.2.2.S Analyze the influence of alcohol and other drug use on personal, family, and community safety.

Decision Making: 9–12.5.1.S Apply a decision-making process to avoid potentially dangerous situations.

I Choose Refuse

Substances such as alcohol or other drugs are often involved in dangerous situations. Applying a decision-making approach (reference the [decision-making model](#) in this chapter) to case studies or scenarios, students practice assertive refusal skills for various scenarios, such as when someone who is drinking asks the student to get in the car they are driving or a friend joins a gang and pressures the student to join.

Health Promotion: 9–12.8.1.S Identify and support changes in the home, at school, and in the community that promote safety.

Safety PSA

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

Decision Making: 9–12.5.1.S Apply a decision-making process to avoid potentially dangerous situations.

Avoiding Trouble

Using a decision-making approach (reference the decision-making model in this chapter) to case studies, students will decide how to avoid potentially dangerous situations. Situations might include being pressured to play drinking games at a party, being dared to try a skateboard trick without protective gear, swimming at night, or being pressured to join a gang.

Analyzing Influences: 9–12.2.3.S Explain how one’s behavior when traveling as a passenger in a vehicle influences the behavior of others.

Health Promotion: 9–12.8.3.S Encourage actions to promote safe driving procedures.

Safe Driving

Students analyze a scenario about a crash. In this scenario, the driver and two friends were taking home another friend who had been drinking. The drinking student refused to put on her seat belt and was sitting backwards in the front passenger seat. She kept blasting the music from the radio. The two friends in the back seat were trying to get her to turn the music down and to sit down. The driver decided to speed, hoping to scare her into getting seated. The driver lost control of the car on a corner and crashed, killing a passenger in the back seat. Students respond in writing to questions about what might have influenced each person’s behavior. The class discusses their responses and then brainstorms other ways that passengers might distract a driver. They also brainstorm ideas on ways that a passenger can positively influence others, such as helping with directions or answering the phone if someone calls. Students then create a short song or rap to promote safe driving procedures.

Essential Concepts: 9–12.1.10.S Describe procedures for emergency care and lifesaving, including CPR, first aid, and control of bleeding.

Analyzing Influences: 9–12.2.1.S Analyze internal and external influences on personal, family, and community safety.

Practicing Health-Enhancing Behaviors: 9–12.7.4.S Demonstrate first aid and CPR procedures.

Practice health literacy by reviewing warning signs and risk factors of a potential heart condition and encourage students to advocate for themselves.

Sudden cardiac arrest occurs from a heart condition that is often undiagnosed because youths do not necessarily recognize the warning signs of a potential heart condition, or they do not want to feel different or feel left behind because they cannot keep up. They often do not want to jeopardize their ability to participate in activities if they complain about not feeling well. Teach students to recognize warning signs and speak up about a potential health problem they are experiencing.

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, unprescribed medication, performance-enhancing supplements, or excessive energy drinks.

Saving a Life

Working in teams of two, students will respond to various scenarios dealing with basic first aid and life-saving emergencies. One student in the pair will describe what should be done as the other partner demonstrates proper procedures for the situation. Partners will then switch roles. First-aid situations might include a friend getting cut on a piece of glass at the beach, or touching a hot lawn mower and burning your hand. Life-threatening situations might include a child they are babysitting who chokes on a piece of candy. A scenario such as a coach or player collapsing at a practice or game could include playing out the Cardiac Chain of Survival, which is now part of coach training as outlined in the Eric Paredes Sudden Cardiac Arrest Prevention Act.

Essential Concepts: 9–12.1.3.S Analyze emergency preparedness plans for the home, school, and community.

Getting Out Safely

Students will draw a floor plan of their home, marking primary and secondary exit routes to be used during an emergency. They will designate a meeting place for their family members outside of the home. As homework, they will discuss their exit plan with a family member, check the batteries in smoke detectors, and discuss who will be responsible for younger siblings and/or pets. Ideally, they will practice evacuating with their family.

Partnering with Your School

Students encourage their peers to be safe by creating a schoolwide student safety club for school-based advocacy and awareness. The goal of the student safety club is to promote student safety and well-being (Standard 8: Health Promotion).

Partnering with Your Community

Students analyze information and services concerning safety and violence prevention by developing a collective list of activities they are interested in, or careers they may aspire to, and draft invitation letters to contacts at local agencies. Examples of invited guest speakers include an emergency physician, someone from the cybercrime unit of a police department, an environmental health specialist, health inspector, an emergency room nurse, or someone from the local news station who can speak about how the media covers accidents or injuries. Speakers can be invited to address individual classes or larger student groups. Students write career aspiration papers based on the speaker's content (9–12.3.1-2.S, Accessing Valid Information). Students analyze community resources for disaster preparedness and identify and support changes in the community. Students are encouraged to obtain their first aid/CPR, lifeguard, or babysitting safety certifications, and also provided with information about local sources for certification. Students investigate service learning and volunteer opportunities with nonprofits specializing in injury and disaster preparedness, such as the American Red Cross (9–12.3.2.S, Accessing Valid Information; 9–12.8.1.S, Health Promotion).

Partnering with the Family

Working with their family members, guardians, or caretakers, students identify and support changes in the home related to possible safety issues.² Using select items or sections from the *Healthy Housing Manual*, students assess the health and safety of their home and environment (CDC and US Department of Housing and Urban Development 2006). From this assessment, students and their families, guardians, or caretakers can create a personal or family safety plan (9–12.8.1.S, Health Promotion).

Alcohol, Tobacco, and Other Drugs (A)

Most students will be exposed to or offered alcohol, tobacco, or other drugs (ATOD) at some point in high school (National Institute on Drug Abuse 2014a). The California Healthy Kids Survey indicates that 48 percent of eleventh-graders reported experimenting with ATOD at some point in their life (WestEd 2018, 24). Additionally, the CDC reports that opioid use and deaths due to overdose from opioids are increasing in the US (2019g). Prescription medications, including opioids, are some of the most commonly misused drugs by teens, after tobacco, alcohol, and marijuana (CDC 2019g).

Promoting an ATOD-free lifestyle for youths is as rewarding as it is challenging. High school continues to be an important time for students to learn the benefits that can occur from responsible decision-making. Though it may seem like a time when independence prevails as high school students have greater responsibilities and transition to adulthood, positive influences, positive practices, skills, and resources are still valued in establishing a lifetime of good health. The complex issue of substance use and prevention requires a comprehensive community approach involving schools that play a critical role in awareness and prevention efforts (SAMHSA 2017).

Prevention efforts implemented by health education teachers and administrators in California high schools are working, as evidenced by students delaying initiation or usage of ATOD (WestEd 2018, xiii). Encouraging results show that overall and frequent/heavy ATOD use is declining, particularly among eleventh-graders; students also indicated that drugs were less readily available and reported

² Note that teachers should be prepared to provide an alternative assignment based on their students' living situations.

greater negative perceptions of the harm associated with alcohol and tobacco use (WestEd 2018). However, 23 percent of eleventh grade students report using alcohol, 17 percent use marijuana, 22 percent use other drugs, 4 percent were current tobacco smokers, and close to 14 percent of California twelfth-graders were either smoking tobacco or vaping, making high school a necessary and opportune time for prevention efforts (WestEd 2018, 27, 32; Barrington-Trimis et al. 2016, 4).

Substance use costs our nation hundreds of billions of dollars annually (National Institute on Drug Abuse 2017). Research confirms a correlation between underage substance use and misuse and poor academic performance, academic failure beginning in late elementary grade levels, low school attendance and lack of school commitment, and low high school completion rates (CDC 2019h). Adolescents at high risk for engaging in substances tend to exhibit more rebellious, antisocial tendencies, and a multitude of behavioral high-risk factors. Young people report many reasons for using ATOD that include to have fun, relax, forget troubles, feel better, look cool, and to deal with the stress and pressures of school (National Institute on Drug Abuse 2014b).

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 (2019d). 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 (2019d).

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

Building on the foundational ATOD competencies students practiced in prior grade levels, evidence- and theory-based instruction continues in hopes of preparing high school students with the knowledge, skills, attitudes, and behaviors to choose and maintain a drug-free life and to reduce drug-related harms. Other content areas should be integrated into instructional strategies when appropriate. Such content areas include 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 to ATOD. In addition, students can research the costs to individuals of medical care, lost productivity, and legal consequences of ATOD use to analyze the benefits of an ATOD-free lifestyle. The National Institute on Drug Abuse offers ATOD prevention principles for prevention programs at the community level that can be adapted for school-based programs. Teachers may utilize this resource when implementing ATOD prevention programs and curriculum.

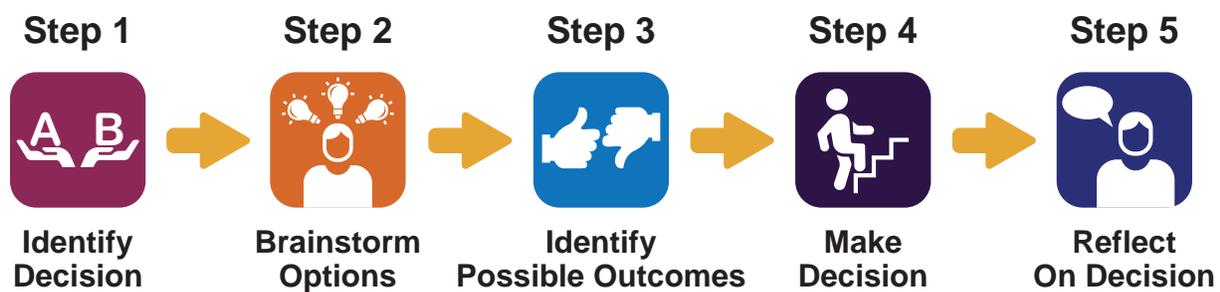
It is important to note that to be effective, ATOD prevention education must be delivered comprehensively with multiple instructional strategies (Stigler, Neusel, and Perry 2011). The most effective approaches are those that have multiple touch points—implementing just one strategy has not been proven effective (Stigler, Neusel, and Perry 2011). Role-playing and case studies approaches are effective for learning about ATOD, as they engage the interest of high school students and elicit skill application. Students can determine various solutions to different scenarios involving ATOD. Responsible decision-making skills can be applied. For example, students practice assertive refusal skills in a scenario where they are offered a cigarette, pressured to use ATOD, offered a ride home from someone who has been drinking, or being offered an unidentified prescription drug taken from a friend's parent's medicine cabinet. Students can also role-play what they would do if they were at a party where everyone was drinking and using other drugs or a person was unconscious from using unknown substances. Interwoven in the role-playing are ways students can use assertive refusal skills versus passive or aggressive communication. Students are encouraged to share the skills with friends, parents, guardians, or caretakers, and family. It is important to include solutions such as contacting a parent, guardian, caretaker, or trusted adult (Standards 4: Interpersonal Communication and 5: Decision Making).

Evidence has shown that students in middle grade levels are at the greatest risk for first time and continued use of ATOD (National Institute on Drug Abuse 2014a). However, continuing to educate students about the danger of ATOD abuse through high school is an important endeavor. One evidence-based comprehensive curriculum provides motivational, continual instruction using a variety of engaging methods. Some of the strategies are utilized in this evidence-based approach include the following (Sussman n.d.; 9–12.2.2.A, Analyzing Influences; 9–12.3.2.A, Accessing Valid Information):

- Exploration of stereotypes
- Identifying myths versus facts of ATOD usage
- Psychodrama and talk show skits
- Researching local treatment centers and support groups
- Healthy ways to cope with stress
- Completion of life goals along with a personal commitment contract regarding ATOD usage

Students read online vignettes or watch videos of actual high school students who struggled with refusing ATOD or felt pressured by their peers. They may also view videos of students who engaged in binge drinking or smoking marijuana and later regretted it. Online vignettes can be paired with reflection writing assignments. Search online for free ATOD video vignettes resources, such as SAMHSA's *Talk About Alcohol with Your Teen* (2011; 9–12.1.1.A, Essential Concepts; 9–12.5.1.A, Decision Making). Educators can search National Institute on Drug Abuse curriculum for evidence-based resources. Students may also complete online training certification in overdose recognition and response that the teacher has vetted.

Five-Step Decision-Making Model for Grade Levels Nine Through Twelve



Long Description for Five-Step Decision-Making Model for Grade Levels Nine Through Twelve is available at <https://www.cde.ca.gov/ci/he/cf/ch6longdescriptions.asp#chapter6link6>.

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

ATOD use is a complex personal and public health issue that is influenced by many internal and external factors. Mapping out various risk factors by using an electronic program, students identify individual risks for ATOD, which may include interpersonal risks (with influences such as peers), environmental

risks (such as a liquor stores selling alcohol to minors or a student ordering an electronic smoking devices [ESD] online), community risks (such as the pervasive use of alcohol in the media), or public policy (such as the laws that are in place in one's community). Students analyze the influence of alcohol and other drug use on personal, family, and community safety. They identify community resources and analyze sources of information as they research a specific risk factor and then deliver an oral presentation on ways to decrease its impact (9–12.1.1.A, 9–12.1.4.A, 9–12.1.8.A, Essential Concepts; 9–12.2.2.A, Analyzing Influences; 9–12.3.1-2.A, Accessing Valid Information; this activity also connects to the CA CCSS for ELA/Literacy, W.9–12.7–9, SL.9–12.4–6).

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 to share with their peers. A teacher-led discussion on harm reduction focuses on how effective, sustained behavior change occurs incrementally over time and meets each individual where they are in the behavior-change process. Students explore specific risks and harms associated with ATOD use, what causes the risk and harms, and what can be done to reduce the risk and harms of various ATOD substances (see Harm Reduction International's "What Is Harm Reduction?" for principles and goals of harm reduction [2019]). The use of designated drivers to prevent drunk driving is an example of harm reduction.

Harm reduction has also been used to reduce the risk of drug-related injuries, such as overdose or assault, as well as infectious diseases, such as HIV and hepatitis C. According to the California Viral Hepatitis Coordinating Committee and California Department of Public Health, hepatitis C rates increased 40 percent among males between the ages of fifteen and nineteen from 2007–2015, likely due to increases in injection drug use, making harm reduction strategies for young people critical (2018, 9). Harm reduction strategies include safe injection education and supplies through syringe exchange programs and pharmacies; medication-assisted treatment for alcohol and opioid use disorders, such as naltrexone, buprenorphine, and methadone; and the distribution of

naloxone to laypersons to reverse opioid overdose. Harm reduction has also included strategies such as testing drugs to determine what they contain—for example, testing ecstasy to determine if it is contaminated with fentanyl or methamphetamine. More information is available from the Harm Reduction Coalition, DanceSafe, Drug Policy Alliance, and Students for a Sensible Drug Policy. Additional teaching activities can be found in below.

SNAPSHOT

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

Essential Concepts: 9–12.1.10.A Clarify myths regarding the scope of alcohol, tobacco, and other drug use among adolescents.

Fact or Fiction

Using fact or fiction stickers that are made in advance, students post what they think is fact or fiction about alcohol, tobacco use, or popular drugs (such as marijuana or inhalants) in response to various statements or statistics posted around the room or displayed on large paper or poster board. Teachers correct any incorrect facts or misconceptions. As a group, students discuss the facts. Students then individually write a reflection document listing items such as, *I was surprised to learn ...*, *I did know that ...*, and *In the future, I will ...*

Decision Making: 9–12.5.2.A Explain healthy alternatives to alcohol, tobacco, and other drug use.

Health Promotion: 9–12.8.1.A Participate in activities in the school and community that help other individuals make positive choices regarding the use of alcohol, tobacco, and other drugs.

Photovoice

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

Essential Concepts: 9–12.1.2.A Explain the impact of alcohol, tobacco, and other drug use on brain chemistry, brain function, and behavior.

Blood Alcohol Content

Students calculate their blood alcohol content (BAC) for their weight for different amounts of alcohol, measured by ounces, in various alcoholic drinks. Students research the BAC that can lead to an arrest for driving under the influence and how long it would take after drinking to no longer be impaired by alcohol.

Essential Concepts: 9–12.1.1.A Describe the health benefits of abstaining from or discontinuing use of alcohol, tobacco, and other drugs.

Essential Concepts: 9–12.1.10.A Clarify myths regarding the scope of alcohol, tobacco, and other drug use among adolescents.

Health Promotion: 9–12.8.1.A Participate in activities in the school and community that help other individuals make positive choices regarding the use of alcohol, tobacco, and other drugs.

ATOD Journalists

Working with the school newspaper staff and/or independently to create a class magazine, students are assigned to research drug categories (hallucinogens, sedatives, or narcotics). Working in small groups, students research various aspects of the drug including the clinical and street names, short- and long-term effects on the body, 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 featured monthly in the student newspaper showing two friends who, despite many temptations, choose an ATOD-free lifestyle. Each month their story unfolds in the cartoon strip.

Analyzing Influences: 9–12.2.3.A Describe financial, political, social, and legal influences on the use of alcohol, tobacco, and other drugs.

A High Price to Pay

Students calculate the cost of tobacco products such as cigarettes, electronic smoking devices, or chewing tobacco. Then they calculate the cost for 5, 10, and 20 years along with the higher cost smokers have to pay for medical treatment and insurance. Through their research, students learn that smoking places one at risk for certain cancers, heart disease, stroke, emphysema, and chronic obstructive pulmonary disorder among other diseases and conditions. Students research the costs to society for medical care and related societal costs such as loss of job productivity and the effects of second-hand smoke. Students realize that while the social costs related to tobacco use are measurable, the loss of life and quality of life due to smoking are immeasurable.

Health Promotion: 9–12.8.2.A Present a persuasive solution to the problem of alcohol, tobacco, and other drug use among teens.

My Solution

Students write a persuasive letter to the editor or provide a persuasive argument on a controversial ATOD topic of their choice, such as whether performance-enhancing drugs should be legal, whether professional athletes have a responsibility to their fans concerning the use of alcohol and other drugs, whether alcohol use or advertising should be banned from films or other popular media, or whether items such as electronic smoking devices (ESD) and the benefits of banning the sale of tobacco products to those born after a certain year. Prior to the activity, students will research valid and reliable resources finding evidence for or against their chosen topic. The letter must include at least three reasons backed by evidence to support their opinion.

Essential Concepts: 9–12.1.5.A Describe the use and abuse of prescription and nonprescription medicines and illegal substances.

Health Promotion: 9–12.8.1.A Participate in activities in the school and community that help individuals make positive choices regarding the use of alcohol, tobacco, and other drug use.

Staying Safe

Using a free digital program, students write and create a children’s book on the how to use over-the-counter- or prescription drugs safely. Having students present to local elementary school students or featuring the children’s book on the school’s website can further develop this activity (this activity also supports CA CCSS for ELA/Literacy standards in writing for different audiences).

Essential Concepts: 9–12.1.4.A Identify the social and legal implications of using and abusing alcohol, tobacco, and other drugs.

Analyzing Influences: 9–12.2.3.A Describe financial, political, social, and legal influences on the use of alcohol, tobacco, and other drugs.

CA CCSS Reading Standards for Literacy in Science and Technical Subjects 6–12: Reading 9–10 #2 Determine the central ideas or conclusions of a text; trace the text’s explanation or depiction of a complex process, phenomenon, or concept; provide an accurate summary of the text.

Changing Problems

Students read information from the CDC’s site or from a written article on heroin, opioids, and the opioid epidemic, taking notes on the history of this crisis. Students work as a class to create a timeline of the major events that have possibly contributed to the epidemic, such as the increase in the number of prescriptions written for opioid pain medicines, the lower cost of heroin, and heroin’s increased availability. Students then write a short story about an addict’s journey that explains some of the consequences of the addict’s use as well as the influences on their decisions to use (e.g., financial, social, legal).

Interpersonal Communication: 9–12.4.2.A Use effective refusal and negotiation skills to avoid riding in a car or engaging in other risky behaviors with someone who has been using alcohol or other drugs.

What Would You Do?

Students work in groups of three for this activity. Students A and B role-play the first scenario while student C uses a communication rubric to evaluate how well student A uses effective refusal and negotiation skills. Student B will be persistent and student A will need to try at least two different techniques to refuse or negotiate. After each scenario, the students brainstorm other ideas on how the situation might have been handled. The students then rotate roles for the next scenarios.

- You and your friends drink occasionally. You ALWAYS have a designated driver. It is Alex's turn to drive but you notice that he has a drink in his hand. Alex says, "I'm only having one drink. Don't sweat it." What would you do?
- You are having dinner at your best friend's house. You noticed that your friend's parents have had several glasses of wine with dinner. After dinner, they offer to drive you home. What do you do?
- Your best friend convinces you to go to a party by telling you that the person you have a crush on will be there. Once you get there, you can tell that there has been a lot of drinking and drug use. Your crush has noticed that you have arrived. It is really loud and your crush suggests that you take a walk so the two of you can be alone. Your crush does not appear to have been drinking but might be under the influence of something besides alcohol. You really like this person. What do you do?

Accessing Valid Information: 9–12.3.1.A Access information, products, and services related to the use of alcohol, tobacco, and other drugs.

Who is Telling the Truth?

Students individually compare two internet sites. One site that promotes the use of electronic smoking devices as a method to stop smoking and the other site disputes that claim. Using a rubric for determining the validity and reliability of the sites, students determine which site is more accurate. Students share their websites and discoveries in small groups. The California Tobacco Control Program is a recommended resource.

Partnering with Your School

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 (9–12.1.1.A, 9–12.1.10.A, Essential Concepts; 9–12.8.1–2.A, Health Promotion). As part of your school-wide ATOD health campaign, encourage the teacher librarian to acquire and showcase 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 Behaviors and More* by KidsPeace and Anna Radev (2007) and *On the Rocks: Teens and Alcohol* by David Aretha (2006). Students are encouraged to convene a reading or book club focused on health-related issues (9–12.8.1–2.A, Health Promotion).

Partnering with Your Community

Students access information, products, and services related to ATOD by researching the mission and background of Alcoholics Anonymous, Marijuana Anonymous, Cocaine Anonymous, or Narcotics Anonymous and locate these self-help groups in their community. Students can learn what local agencies, such as the county public health office and local harm reduction programs, do to serve those with ATOD issues in the community (9–12.3.1.A, Accessing Valid Information).

Partnering with the Family

Students participate in activities in the school and community that help other individuals make positive choices regarding the use of ATOD by sharing health education information on ATOD obtained in class with their family members, guardians, and caretakers. Students can begin to dialogue with their parents, guardians, or caretakers on their views on ATOD and the rules or expectations they have for them regarding ATOD (9–12.8.1.A, Health Promotion).

Mental, Emotional, and Social Health (M)

Adolescence can be a challenging time for some students. Many high school students are experiencing physical, emotional, hormonal, sexual, social, and intellectual changes that may seem overwhelming. For some teens, these changes may lead to one or more mental health disorders (American Psychological

Association 2014; TeensHealth n.d). Mental health conditions are considered by some as the most pervasive chronic disease (US Department of Health and Human Services, Office of Disease Prevention and Health Promotion 2019). Building self-awareness through standards-based instruction on mental, emotional, and social health can foster academic success and emotional well-being for a lifetime. 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 youth with estimates that up to 20 percent of teens 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). 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). Over \$250 billion is spent annually on childhood mental health conditions, including anxiety disorders, attention deficit hyperactivity disorder (ADHD), autism spectrum disorders, trauma- and stress-related 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, and the third-leading cause of death among California youth (Heron 2019, 11; Kidsdata 2019). According to the California Healthy Kids Survey, approximately 30 percent of ninth- and eleventh-graders reported feeling sad or hopeless almost every day for two weeks or more in the past 12 months, which caused them to discontinue a normal activity (WestEd 2018, 37). Importantly, 16 percent of high school students surveyed shared that they seriously considered attempting suicide in the last 12 months (WestEd 2018, 37). California's largest school district, Los Angeles Unified School District, reported more than 5,000 incidents of suicidal behavior in 2015, with 30 percent of high school students reporting prolonged feelings of hopelessness and sadness lasting more than two weeks, and 8.4 percent of high school students in the district attempting suicide (Los Angeles Unified School District 2016, 9, 7). To address this pervasive issue, the American Academy of Pediatrics

is now recommending depression screenings for all youth ages twelve and over (Zuckerbrot et al. 2018).

The following 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 or 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 Health and Human Services, Office of Population Affairs 2019; WestEd 2018; World Health Organization 2019)

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 (CASEL 2019). Health education teachers, credentialed school nurses, school counselors, 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 the entire chapter.

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 policy must address suicide awareness and prevention training for teachers. The Model Youth Suicide Prevention Policy and other resources are available on the California Department of Education 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.

A Safe Zone is a safe, confidential, inclusionary, and welcoming space where all people can bring their authentic selves and feel welcomed (Safe Zone Project n.d.). To create Safe Zones in the school, as well as in the classroom, health education teachers, credentialed school nurses, and school administrators identify teachers, administrators, and school counselors who can serve as Safe Zone gatekeepers for students who are suffering from a mental health challenge or issue. Safe Zones can be designated by a decal or sticker on classroom or office doors, inside classrooms, and any health service area such as the school-based health center or school nurse office. The intent is not for all teachers to be designated as official Safe Zone gatekeepers, only those who have a particular interest or experience in mental health or a particularly good rapport with students. GLSEN has developed a Safe Spaces Kit for teachers and other school staff that is available online at no cost.³

3 As of October 2019, digital copies are free and printed versions are available for purchase.

Students can honor teachers who serve as Safe Zone gatekeepers by creating a Safe Zone poster to hang in the classroom.

Building on mental, emotional, and social health content learned in prior grades, students continue to apply standards-based competencies for positive mental health practices and recognition of mental health issues. Working in small groups, students first analyze the differences between mental distress, a mental health problem, and a mental disorder or mental illness by brainstorming and then researching words and terms associated with each mental health state in a group setting. Findings are shared with the entire class and clarified, if necessary, by the teacher. Thoughtful discussions that contextualize mental health for students focus on how mental illness is viewed in society and how stigma, stereotypes, and discrimination affect those with mental illness. Helping behaviors, such as listening, communication, showing compassion, empathy, and relationship building, serve to provide students with a better understanding of the social determinants of mental health and the role that students and teachers play in promoting mental health wellness and recovery.

After learning the definitions for common mental health conditions, students research and identify various signs and symptoms, along with the prevalence of mental health conditions experienced by adolescents. Some examples include eating disorders, ADHD, substance abuse and addiction, anxiety disorders, and depression. Findings are shared with the class. Working in small groups, students research and identify ways to change the public's negative attitudes toward mental illness, including education and awareness, legislation and public policy, open dialogue, and research. Activities to include appropriate language may include *Mental Health Matters: 8 Stigmatizing Phrases to Stop Using* (GoodTherapy 2015). Students support the needs and rights of others regarding mental and social health by learning why changing negative attitudes toward those with a mental health illness, and being aware of the stereotypes and stigma surrounding mental health issues, is critical for removing barriers associated with access to care. Students evaluate the benefits of professional services for this complex and pervasive public health issue (Teen Mental Health 2017, 51; 9–12.2.1.M, Analyzing Influences; 9–12.3.2.M, Accessing Valid Information; 9–12.7.4.M, Practicing Health-Enhancing Behaviors; 9–12.8.1.M, Health Promotion).

Role-playing and case studies are effective approaches for learning mental health content as they engage the interest of high school students and elicit active

learning and skill application. Videos of teens experiencing a mental health issue also work well, such as the video, *It's Real: College Students and Mental Health*, produced by the American Foundation for Suicide Prevention (2017), which features actual students and is designed to raise awareness about mental health issues commonly experienced by students. The resource may be used as part of a school's educational program to encourage seeking help. 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 by using *What If? ...* scenarios such as the following:

- Your friend seems really sad and has missed a lot of school
- Your friend seems to be losing interest in activities they once enjoyed
- Your friend is no longer being social with you and your other friends

Students analyze the internal and external issues related to seeking mental health assistance and why those with mental disorders often do not seek help, so outreach from concerned friends and teachers is important in caring for others. Students discuss suicide prevention strategies by researching how to recognize and support someone who may have a mental health problem or may be at risk for suicide and create a tip sheet to educate other students (9–12.1.10.M, Essential Concepts; 9–12.2.1.M, Analyzing Influences; 9–12.4.1-2.M, Interpersonal Communication; 9–12.5.3.M, Decision Making; 9–12.7.3.M, Practicing Health-Enhancing Behaviors).

Working in small groups, students collect data using a questionnaire on public perceptions of mental health. Students develop the questionnaire by modifying questionnaires from online resources. The questionnaire is distributed to adult family members and adult friends. Students then analyze, chart, graph, and summarize the data, sharing their results with the class by creating a poster or presentation. Students analyze and compare the various research outcomes, noting any similarities or differences in their findings. This process encourages respect for individual differences and backgrounds (9–12.1.5.M, Essential Concepts; 9–12.7.4.M, Practicing Health-Enhancing Behaviors).

High school students experience stress from a wide array of internal and external pressures. This becomes an important time to teach stress management. One instructional strategy for stress management is monitoring stress and assessing

and comparing various coping mechanisms for managing stress with a weekly check-in activity (9–12.1.9.M, Essential Concepts; 9–12.5.1-3.M, Decisions Making; 9–12.7.1.M, Practicing Health-Enhancing Behaviors).

Sitting in a circle, students discuss how their week is going. Students can begin with sharing how stressed they are feeling on a scale of 1 to 10, 10 being very stressed and 1 being not stressed at all. Students should be reminded that this classroom is a safe place, but they do not have to discuss their feelings if it would be uncomfortable. If it seems as though students do not feel comfortable at first, begin the activity by recounting an event that happened in the past (e.g., the first day of high school) and building each week from there. Students are encouraged to provide more than one-word responses. Students learn coping mechanisms for stress management from their research, peers, and health education teacher and are encouraged to identify goals for handling stress in healthy ways such as meditation, mindfulness, taking a break from social media or technology, abdominal or deep breathing, muscle relaxation, talking about your problems or worries to a trusted adult, decreasing negative self-talk, breaking seemingly large tasks into small tasks, listening to music, going to the movies, drawing, reflective journaling or writing, starting a new hobby, physical activity such as dancing or hiking, spending time with pets or animals, or focusing on others such as volunteering for a beach clean-up effort or at an assisted living home (9–12.7.1-2.M, Practicing Health-Enhancing Behaviors).

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 students means also being there for oneself. Consider connecting with other positive, student-centered educators and administrators for peer support.

An important aspect of emotional and social health is self-discovery (9–12.1.1–5.M, Essential Concepts). Students embark upon an activity where 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.

Example 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 ...

An important standard at the high school level is for students to identify the signs of various eating disorders including anorexia (eating too little), bulimia, (eating and then vomiting), and anorexia athletica (over-exercising on a limited caloric intake) (9–12.1.6.M, Essential Concepts). Close to 60 percent of teens engage in dieting, fasting, self-induced vomiting, or taking diet pills or laxatives; furthermore, female teens who are overweight are more likely than female teens who are the recommended weight to engage in extreme dieting (Neumark-Sztainer 2005; Wertheim, Paxton, and Blaney 2009). The National Eating Disorders Association estimates between 0.9 and 5.2 percent of teens have an eating disorder (2012). Male teens are also at an increased risk of body image concerns with the media’s focus to be muscular, fit, and, in many cases, thin (Evans et al. 2017, National Eating Disorders Association 2018). Eating disorders are often unknown and unreported and are one of the most difficult disorders to cure (American Psychological Association 2011; Merikangas et. al 2011).

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. 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 a thin physique. In addition, different cultural, racial, or ethnic groups may value different body types as ideal or healthy. Some people are naturally thin while others may have a taller, larger, or more muscular body type.

Students at this age are inundated with media images and marketing regarding body image and society's overemphasis on the importance of being thin, overly muscular, or athletic. Some students may be experiencing changes related to puberty as their body grows and develops, making them self-conscious about their body. Teens who participate in weight-conscious activities, such as ballet, gymnastics, or wrestling can be particularly vulnerable to external influences and pressure. Students discover more information on eating disorders (for example, anorexia nervosa, bulimia nervosa, or binge-eating disorder), disordered eating (periodic or episodic engagement in an eating disorder), issues with malnutrition, and the importance of maintaining a healthy weight (9–12.1.11–12.N, Essential Concepts; 9–12.3.1–2.N, Accessing Valid Information).

Eating Disorders Awareness Week is typically around the end of February and the first week in March. Students plan and implement a variety of events such as a film screening. Two examples of documentaries that could be screened are *All of Me* (2016), which features teens and adults who were challenged by eating disorders and highlights their emotional recovery, and *Dying to be Thin* (Public Broadcasting System [PBS], NOVA 2004), which examines the increase in eating disorders. As a culminating activity, the screening can be followed by a question-and-answer session with an expert panel. Students can develop and implement a student-led social media campaign to raise awareness of eating disorders and supportive community resources. Case-study analysis and reports on books featuring young adults with eating disorders can also be effective, such as *Thin* by Lauren Greenfield (2006), *Perfect: Anorexia and Me* by Emily Halban (2008), *Wasted: A Memoir of Anorexia and Bulimia* by Marya Hornbacher (1998) or *Man Up to Eating Disorders* by Andrew Walen (2014). After viewing the documentaries and reading the books, students write a self-reflection summary on what they were surprised to discover and whether they feel pressured by peers, media, or family to look a

certain way (these instructional strategies also align to CA CCSS for ELA/Literacy for reading informational text).

Students research various popular diets, healthy ways to maintain a healthy weight through choosing nutritious foods and beverages, and how to lose or gain weight safely. Examples of healthier ways to maintain a healthy weight, or lose or gain weight, include the following:

- Engaging in physical activity
- Avoiding skipping meals
- Eating recommended portions of fruits and vegetables
- Drinking plenty of water
- Eating a variety of proteins and whole grains
- Being aware of meal portion sizes
- Limiting foods high in sugar and unhealthy fats

Students learn that responsible decision-making is essential to safe diet practices. Students research examples of tactics advertisers use to market supplements for losing or gaining weight and diets that restrict calories or certain foods. By accessing school and community resources, students learn that information they may be receiving on dieting from the media, peers, or online may be inaccurate or promote eating disorders. They also evaluate the benefits of accessing professional services to address eating disorders. With additional instruction, students learn that if they or someone they know is suffering from an eating disorder, it is important to contact a trusted adult such as their health education teacher, other teachers, the credentialed school nurse, or school counselor for help (9–12.3.1-2.N, Accessing Valid Information). Additional learning activities are found below.

SNAPSHOT**Mental, Emotional, and Social Health Learning Activities**

Decision Making: 9–12.5.2.M Compare various coping mechanisms for managing stress.

Goal Setting: 9–12.6.2.M Set a goal to reduce life stressors in a health-enhancing way.

Practicing Health-Enhancing Behaviors: 9–12.7.2.M Practice effective coping mechanisms and strategies for managing stress.

Positive Coping

Students journal the various stressors they encounter for three days, where the stressor occurred (home, at school, or with friends or family members), and how they coped with the stress. On the fourth day, students reflect and identify if they positively or negatively coped with each stressor. Negative coping mechanisms might include eating unhealthy foods, playing more video games to tune out their stress, having unhealthy outbursts of anger, using substances, or sleeping to avoid the stressor. The teacher can lead the class through some common stress management techniques, such as deep breathing, guided imagery, and mindfulness.

Students can then be given the opportunity to participate in a station activity where they choose which stations they would like to explore. Stations can include ways to prevent stress, such as guiding students as they set priorities by writing out a schedule or by allowing them time to organize their backpacks. Other stations can provide ways to manage stress, such as allowing students to write letters of gratitude, do basic yoga movements, or create small posters giving themselves positive affirmations. They will then use a decision-making process to compare three of the prevention and/or coping strategies they have experienced. After determining what might be most beneficial to their health, they can use a goal-setting process to set a goal for preventing or managing their life stressors.

Accessing Valid Information: 9–12.3.1.M Access school and community resources to help with mental, emotional, and social health concerns.

Accessing Valid Information: 9–12.3.2.M Evaluate the benefits of professional services for people with mental, emotional, or social health conditions.

Interpersonal Communication: 9–12.4.1.M Seek help from trusted adults for oneself or a friend with an emotional or social health problem.

Decision Making: 9–12.5.3.M Analyze situations when it is important to seek help with stress, loss, an unrealistic body image, and depression.

Friend Card

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

Practicing Health-Enhancing Behaviors: 9–12.7.2.M Practice effective coping mechanisms and strategies for managing stress.

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 high school students face as an option for students who are not comfortable revealing their personal challenges.

Practicing Health-Enhancing Behaviors: 9–12.7.2.M Practice effective coping mechanisms and strategies for managing stress.

Erase Away Stress

Students collectively write their stressors on a whiteboard in class. Examples include a difficult class; getting along with parents, guardians, or caretakers; or making the soccer team are listed. On another whiteboard in class, students

list what 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. As an extension of this activity, 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: 9–12.1.4.M Describe qualities that contribute to a positive self-image.

What is My Personality?

Age-appropriate personality assessments can serve as teaching tools by which students self-discover their unique personality traits and how to best rely on their strengths. Consider facilitating discussions on how students of different personalities can work best together and importance of maintaining a positive self-image. Collaborate with the school guidance and career counselors to obtain personality assessments.

Essential Concepts: 9–12.1.11.M Identify loss and grief.

Interpersonal Communication: 9–12.4.2.M Discuss healthy ways to respond when you or someone you know is grieving.

Reflection on Loss

Students write a reflective essay on what they may have experienced with the loss of a pet, family member, or friend. Students identify in the essay how they coped with the loss, what helped them recover from it, and what coping mechanisms they would recommend for a friend dealing with loss-related grief (this activity also connects to the CA CCSS for ELA/Literacy, W.9–12.7–9). Other activities, such as planting a memorial garden or tree; creating a memorial scrapbook or ornament; or an activity in which students decorate a tissue box to insert notes in remembrance of those they have lost, can be incorporated. Teachers should be prepared to connect students to supportive resources, as this may be a triggering activity for some.

Essential Concepts: 9–12.1.11.M Identify loss and grief.

Interpersonal Communication: 9–12.4.2.M Discuss healthy ways to respond when you or someone you know is grieving.

The Stages of Grief and Loss

After reading about the stages of grief and loss, the teacher will analyze a poem dealing with these topics with the students. “Brooding Grief” by D. H. Lawrence might be a good example to use. In a whole-class discussion, the teacher guides students as they cite specific evidence from the text identifying each of the stages of grief. The students then choose a song or poem to analyze that identifies at least two of the stages of grief or loss. Students can use the sentence frame below:

I believe this quote from _____ (include the name of the piece you chose) illustrates _____ (include the stage of grieving) because _____ (begin your analysis).

Students can share their examples and then brainstorm statements or comments that are healthy ways to support someone who is grieving. Teachers can have students practice offering words of support orally or in writing.

Partnering with Your School

To promote a positive and respectful environment, students can become a school advocate for social and emotional health by promoting a positive and respectful school environment. They can model behavior outlined in the *Framework for Social and Emotional Learning* core competencies of social- and self-awareness and self-management of inappropriate actions (e.g., bullying) towards peers and community members that is based on perceived personal characteristics or sexual orientation (CASEL 2019; 9–12.8.2–3.M, Health Promotion). Students create a schoolwide campaign to promote any of the issues covered in this section, such as lessening the stigma linked to mental health issues (see the Nutrition and Physical Activity Classroom Example in the “[Grade Levels Seven and Eight](#)” chapter for more information). Students, teachers, and administrators should partner to bring greater awareness of the school’s required suicide prevention policy along with the tools and resources available for suicide outreach and prevention. See the American Foundation for Suicide Prevention for school-based programs and student training resources.

Students can also create a school club focused on stress management where they not only promote stress prevention at school but also plan and enjoy activities together, such as hiking, going to a movie, or watching a school athletic team compete. Consider involving school counselors and school psychologists in the club. Request funding from the school district or school for the activities or strategies provided in this chapter. The National Alliance on Mental Illness has free evidence-based high school lesson plans for educating teens on a variety of challenging mental health disorders such as schizophrenia and bipolar disorder. Resources for role-play, story vignettes for those suffering from mental disorders, videos, and presentations are provided. Free mental health high school curriculum can also be found on the websites for *Walk in Our Shoes* and *Teen Mental Health* (9–12.7.4.M, Practicing Health-Enhancing Behaviors; 9–12.8.1-2.M, Health Promotion).

Partnering with Your Community

Students create a resource directory of mental health services in the community for distribution at places where youth congregate. Invite speakers from mental health organizations, including age-group peers who have struggled with mental health issues, to speak at a forum held at the school and open to the community (9–12.8.1-2.M, Health Promotion).

Partnering with the Family

Networking with parents, guardians, caretakers, family members, and friends of students plays an important role in developing an environment that fosters a student's resiliency and a teacher's bond with the student. To support the needs of others and promote a positive and respectful environment, invite parents, guardians, caretakers, and family members to a presentation on youth mental health issues, such as *Walk in Our Shoes*. Mental health notices and resources should be visible in class and readily available for student, parent, guardian, and caretaker access. *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; 9–12.8.1-2.M, Health Promotion).

Personal and Community Health (P)

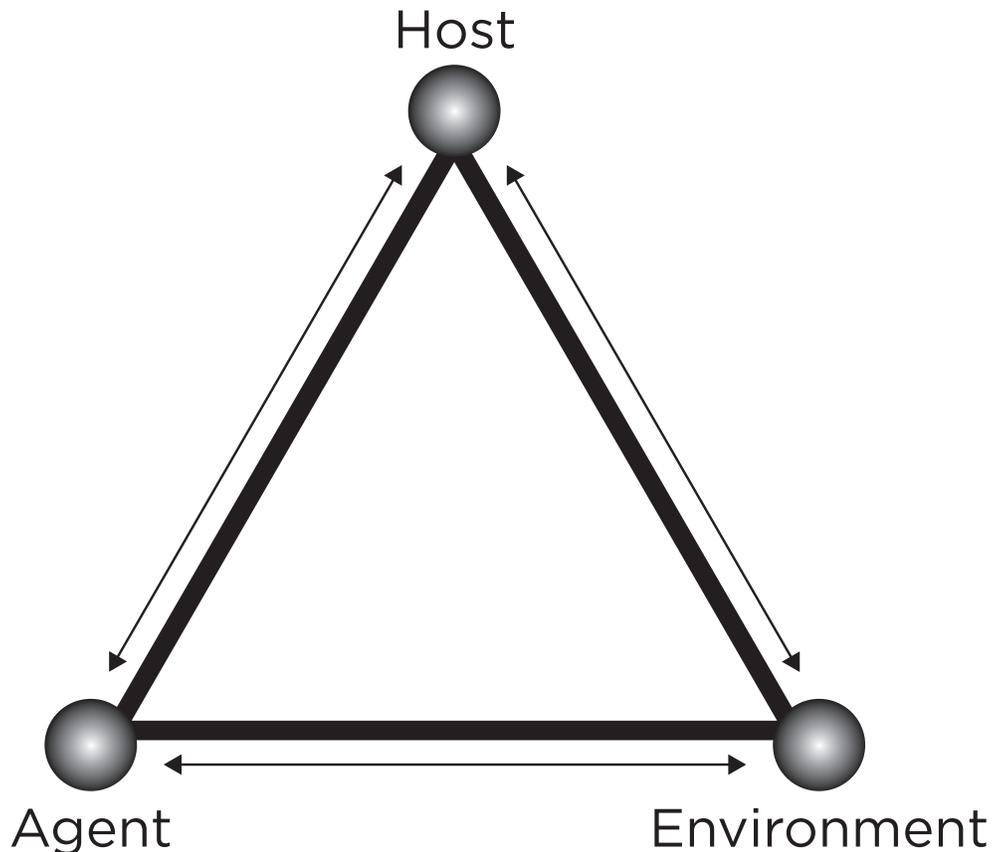
Health policies and local environmental health conditions have an impact on individuals' health. Students this age are more aware of their community beyond home and school, making high school an important time to analyze health issues that are challenging their greater community, including environmental concerns. Health education teachers are in an influential position to empower their students to value and respect their personal health, and to positively impact students' current and future health practices. High school provides opportunities to implement standards-based instructional strategies that will lead to more advanced personal health competencies.

Chronic diseases have replaced infectious diseases as the top causes of morbidity and mortality when compared to a century ago (Johnson et al. 2014, 16). Despite marked progress with improved medical care for youth, youth health issues such as obesity, asthma, diabetes, ADHD and autism spectrum disorders continue to be important health considerations in California and across the United States. Many students still experience access-to-care challenges along with myriad health disparities in their everyday life that negatively impact academic performance and success (CDC 2014b).

High school students engage in meaningful experiences by conducting community health assessments, one of the foundations of applied public health practice, to discover the top health issues of their community. Data obtained from the community health assessments can be coupled with “windshield” survey data (observational data collected by students observing their own neighborhood while they walk, take the bus, or drive with friends or family members around their community). For example, students chart the number of parks, fast-food establishments, stores selling fresh fruit and vegetables, and liquor or convenience stores. They also observe any health hazards such as pollution in their community or unsafe housing, streets, cycling or pedestrian paths. Students write a report to synthesize their findings and research evidence-based solutions for the challenges they observed and present their findings creatively (Standard 1: Essential Concepts; this activity also connects to the CA CCSS for ELA/Literacy, W.9–12.7–9, SL.9–12.4–6).

Students investigate the causes and symptoms of communicable and noncommunicable diseases by becoming infectious disease investigators. The field of epidemiology (study of causes and patterns of disease) introduces students not only to a very interesting future career to consider, but also terms such as *host* (the who), *agent* (the what), *fomite* (an object that a virus or bacteria can live on), and *environment* (the where). Students learn the epidemiological terms by labeling an epidemiology triangle.

Working in pairs or small groups, students label their epidemiology triangle to indicate the host, agent, environment, and fomite (if applicable) of an infectious disease they have researched. Various infectious and foodborne illnesses can be assigned to each student team to avoid duplication. Students investigate ways to avoid exposure to communicable diseases and use a decision-making process to identify if and how they need to change their health behaviors. Depending on the technology available, students can locate and print photos to illustrate their epidemiology triangle. The triangles are shared and posted in class. Students can also research the most common infectious diseases affecting young people in their age group in their community and around the world through resources such as the website of the local health department or the California Department of Public Health, Center for Infectious Diseases (9–12.1.5.P, Essential Concepts; 9–12.5.1-4-5.P, Decision Making).

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

Long Description for The Epidemiological Triangle is available at <https://www.cde.ca.gov/ci/he/cf/ch6longdescriptions.asp#chapter6link7>.

Source: CDC (2012).

Aside from promoting health-enhancing behaviors in students' lives, an important outcome of health education is behavior change. Teachers lead a discussion on harm reduction and how effective, sustained behavior change occurs incrementally over time and meets each individual where they are in the behavior-change process (Harm Reduction International 2019). Harm reduction applies a practice, program, and policy approach. Students then research the recommended guidelines for personal health practices and decide on one personal behavior change they would like to accomplish in a semester. Such decisions or goals can include proper toothbrushing and flossing, getting adequate rest and sleep, washing hands regularly, wearing protective gear for eyes (sunglasses, goggles,

etc.), and taking preventative measures to reduce sun exposure damage, and minimizing exposure to loud noises such as amplified music from headphones or earbuds to prevent permanent hearing loss.

Students write a behavior-change plan in which they list at least three ways they will measure their success with this behavior change and the supports they have for making this change (e.g., friends, family) in addition to any barriers to achieving the goal. Students also identify and record in their behavior-change plan how they plan to reward themselves in a healthy way following the change (9–12.5.1.P, Decision Making; 9–12.6.1-2.P, Goal Setting; 9–12.8.1.P, Health Promotion).

High school students have a deeper understanding that their decisions have subsequent positive or negative outcomes. However, they are still challenged by feelings of invincibility, making teaching health consequences important. As students move closer to young adulthood, they are also making personal health decisions for themselves and are becoming more aware of behavior changes they can make to maintain their well-being (Parent Toolkit 2020). Students analyze the barriers to adopting positive personal health practices by creating a decision tree that illustrates real-life examples of health decisions they have made and the impact of those decisions. Examples may include working late at a job or partying all night with friends, which lead 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, which leads to dehydration. Students analyze the influences of culture, media, and technology on their health decisions and the consequences of their decisions (Standard 2: Analyzing Influences, 9–12.7.1.P, Practicing Health-Enhancing Behaviors). They share with one another what they may do differently if the same situation occurs again.

Working in teams, students analyze how environmental conditions affect personal and community health by assessing their community's environmental health concerns. Students summarize their findings in a report and include recommended strategies and goals for solutions, including policy or advocacy outreach ideas. One example is students researching and observing a higher level of air pollution in an identified area of the community. Students link their findings to a related health issue, such as asthma or toxicity levels in affected communities, and provide recommend prevention or remediation strategies including community mobilization and working with advocacy groups such as the Coalition

for Clean Air in California (9–12.1.12-14.P, Essential Concepts; 9–12.2.3.P, Analyzing Influences; 9–12.6.1.P, Goal Setting; this activity also connects to the CA CCSS for ELA/Literacy, W.9–12.7-9.). The classroom example below expands on this activity.

VIGNETTE

Classroom Example: Why is That in Our Community?

Purpose of the Lesson: Students investigate an environmental health issue on campus that leads them to a study of environmental health topics in their local community. Using data they collected on campus about water quality and environmental issues in their community, they analyze the results and describe the impact of air, water, and soil pollution, as well as waste management, on personal and community health. In the process, they learn about several agencies that promote health and protect the environment, and discover how they can keep informed about local environmental issues.

Standards:

- **9–12.1.12.P** Identify global environmental issues (Essential Concepts).
- **9–12.1.13.P** Describe the impact of air and water pollution on health (Essential Concepts).
- **9–12.2.3.P** Analyze how environmental conditions affect personal and community health (Analyzing Influences).
- **9–12.2.4.P** Discuss ways to stay informed about environmental issues (Analyzing Influences).
- **9–12.3.4.P** Identify government and community agencies that promote health and protect the environment (Accessing Valid Information).
- **9–12.8.2.P** Encourage societal and environmental conditions that benefit health (Health Promotion).
- **Environmental Principles and Concepts (EP&C, from California Education and the Environment Initiative [2019]) 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 IV:** The exchange of matter between natural systems and human societies affects the long-term functioning of both.

- **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 Standard HS-ESS3-4.** Evaluate or refine a technological solution that reduces impacts of human activities on natural systems.

Supplies:

- Access to campus locations where they can investigate water issues on campus and opportunities to obtain data from CalEnviroScreen, the California Communities Environmental Health Screening Tool available from the California Environmental Protection Agency Office of Environmental Health Hazard Assessment

Lesson Narrative:

Students in Ms. K's class are learning about the effects of environmental conditions on their personal and community health. After a facilitated class discussion, several students comment on the bad taste and odor of the water that they drink from some of the school's drinking fountains. Several students wondered out loud how safe the water is in their whole community. They asked Ms. K. if they could work on a project to investigate water quality in their community.

Ms. K tells them that she is familiar with an online environmental health screening tool, CalEnviroScreen. She explains that CalEnviroScreen is a screening tool that evaluates the burden of pollution from multiple sources in communities, and it allows the students to study pollution levels in the community and how the pollution levels may be affecting environmental health. Ms. K tells students that CalEnviroScreen enables them to compare different communities in California based on potential exposures to pollutants, adverse environmental conditions, socioeconomic factors, and the prevalence of certain health conditions. She mentions that CalEnviroScreen presents data for areas called "census tracts," which they can use to compare results in different parts of their community or make comparisons to other communities.

Ms. K divides students into teams and assigns each team to compare one census tract in their community to two others—a census tract in a neighboring community and a census tract in an area of their choosing in another part of California. The teams' task is to compare the CalEnviroScreen data related to four environmental topics that are known to affect human health:

1. Water (using data on groundwater threats, impaired water, and drinking water)
2. Toxic chemicals (using data on pesticides, cleanups, and toxic releases)
3. Air pollution (using data on the ozone, particulate matter [PM 2.5], diesel, and traffic)
4. Waste (using data on hazardous waste and solid waste)

They will compare these results against environmental impacts using data for asthma, low birth weight, and cardiovascular disease.

In preparation for their analysis and reporting, Ms. K reviews three California EP&Cs with students by asking them to identify an environmental topic or environmental health problem that relates to each of the EP&Cs. Students identify many examples, including:

- **Principle 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.
Example: Local water quality issues and their potential impacts on the health of individuals and communities.
- **Principle IV:** The exchange of matter between natural systems and human societies affects the long-term functioning of both.
Example: Byproducts of mining, manufacturing, and agricultural activities entering the air, water, and soil.
- **Principle V:** Decisions affecting resources and natural systems are based on a wide range of considerations and decision-making processes.
Example: Environmental health and environmental justice concerns related to water pollution in the local community and how they differentially affect various parts of a community.

Following their research and analysis, student teams are asked to report back to the class, summarizing their comparisons of their three census tracts. They use charts to depict the results about water, toxic chemicals, air pollution, and waste. They use graphs to compare the environmental effects they discovered with the environmental health impacts they analyzed.

Several of the teams mention that they see a pattern that relates to the socioeconomic conditions in the communities they compared. Some of the students mention that they see these issues as directly related to EP&C V, because the places where waste, toxic chemicals, and manufacturing facilities

are located depend on a variety of political, economic, and social factors. Ms. K explains that differential environmental health impacts on communities with varied socioeconomic conditions is a major health topic known as “environmental justice.” Since many of the students express a strong interest in this topic, Ms. K invites a guest speaker from a community-based health organization to provide additional information and answer students’ questions about environmental justice.

Recognizing the potential impacts of the environmental health issues they have been studying, a group of students encourages the class to 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 encouraging their families and other community members to work to promote solutions to local environmental health problems.

Personal health topics provide an opportunity to partner with community experts as guest speakers for classes with administrator approval. Subject matter related to injuries, emergency management, and community health is very specific, so partnering with certified, trained professionals is best. For example, someone from Donate Life California or someone who works in organ donation for a local hospital can come to the class or school to provide a presentation on organ donation. A local dental health professional, such as a pediatric dentist, family general dentist, or hygienist, can visit the class to discuss and demonstrate the importance of oral health, dental hygiene, and sports mouth guards; an environmental health specialist can speak on local hazards, waste, pollution, and conservation efforts; or a school nurse or public health nurse or doctor can cover specific health issues (9–12.1.2.P, Essential Concepts).

Sun safety is a personal health concern for many students in California, which has some of the highest skin cancer rates in the nation (National Cancer Institute 2019). The importance of sun protection can be emphasized by informing students that skin cancer is the most common cancer in the nation (CDC 2019c). Students analyze the social influences that encourage or discourage sun-safety practices. They create infographics displaying skin cancer prevention and screening tips in a creative format that is shared with the class or school using an electronic program or the school’s social media site. A guest speaker from the American Cancer

Society, a dermatologist, or someone from an outdoor sports organization may also speak to the class about the importance of sun safety and skin cancer prevention. The presentation could include a discussion of the influences that encourage or discourage sun-safety practices (9–12.2.5.P, Analyzing Influences). See below for additional learning activities.

SNAPSHOT

Personal and Community Health Learning Activities

Essential Concepts: 9–12.1.10.P Explain how public health policies and government regulations influence health promotion and disease prevention.

Essential Concepts: 9–12.1.12–13.P Identify global environmental issues.

Essential Concepts: 9–12.1.13.P Describe the impact of air and water pollution on health.

Analyzing Influences: 9–12.2.3.P Analyze how environmental conditions affect personal and community health.

Accessing Valid Information: 9–12.3.4.P Identify government and community agencies that promote health and protect the environment.

Global Citizens

Students develop as global citizens by watching documentaries such as: (1) *Sick Around the World* (2008) that compares the US healthcare system to the medical systems of five other countries; (2) *RX for Survival: A Global Health Challenge* (2005) that documents key milestones in public health; (3) *Unnatural Causes: Is Inequality Making Us Sick?* (2008) that examines the racial and socioeconomic disparities in health; (4) *Straight Laced* that features teens speaking about gender and sexuality; and (5) *13th* (2016) a documentary on the intersection of race, justice, and mass incarceration in the United States. Thoughtful teacher-facilitated discussion and students' reflection papers reinforce what the students learn from the documentaries (this activity also connects to the CA CCSS for ELA/Literacy, W.9–12.7–9.).

Essential Concepts: 9–12.1.9.P Identify the importance of medical screenings (including breast, cervical, testicular, and prostate examinations, and other testing) necessary to maintain reproductive health.

Goal Setting: 9–12.6.1.P Develop a plan of preventive health management.

Goal Setting: 9–12.6.2.P Develop a plan of preventive dental health management.

Screening Guidelines

Students research medical screening guidelines and recommendations on preventive care, such as cervical cancer screenings, mammograms, testicular cancer self-checks, and prostate cancer screening for various fictitious people or clients. Using valid and reliable medical websites, students create personalized screening infographics or reminder cards for each fictitious person. An example may be a student has a twenty-five-year-old client. Her personalized screening recommendation is for annual cervical cancer screenings, annual dermatology checks for skin cancer, biannual dental exams, and annual physical check-ups. Students then research and write their own personal screening plan for eighteen, twenty-five, forty, fifty, and sixty years of age that includes healthy eating, exercise, regular medical exams and screenings, and vaccinations.

Essential Concepts: 9–12.1.5.P Investigate the causes and symptoms of communicable and noncommunicable diseases.

Accessing Valid Information: 9–12.3.2.P Access valid information about common diseases.

CA CCSS Reading Standards for Literacy in Science and Technical Subjects 6–12 Reading 9–10 #7: Translate quantitative or technical information expressed in words in a text into visual form (e.g., a table or chart) and translate information expressed visually or mathematically (e.g., in an equation) into words.

Healthy People 2020

Students explore Healthy People 2020, our nation’s health goals and objectives. They will then choose a disease mentioned as part of the objectives and create a short slide presentation. The presentation will include a slide with basic information about the disease such as causes and symptoms, at least one of the charts or tables from the Healthy People site with a written explanation

of the data, and a suggestion on how more progress towards the goal can be achieved. Students will complete a gallery walk to explore the research of the other students.

Decision Making: 9–12.5.5.P Analyze the possible consequences of risky hygienic and health behaviors and fads (e.g., tattooing, body piercing, sun exposure, and sound volume).

Tattoos, Piercings, and Safe Needles

Students are given three scenarios regarding getting a tattoo or body piercing. The scenarios might include an eighteen-year-old considering getting a tattoo at an established tattoo parlor, a teen who is being pressured by a friend into giving tattoos to each other, and a teen who wants a body piercing. Working in pairs, students will investigate the risks and consequences of each scenario. For example, students research the risk of contracting hepatitis C in a licensed tattoo and piercing studio compared to the risk of unregulated settings or doing it themselves. Each student will then follow each step of a decision-making process to work through one of the scenarios.

Students can explore safe-needle education and exchange programs and research advocacy organizations that advocate for safer needle exchange or tattoo practices. Information on safe-needle education and syringe-exchange programs is available from the California Department of Public Health Office of AIDS, the US Centers for Disease Control and Prevention, and the Harm Reduction Coalition.

Health Promotion: 9–12.8.1.P Support personal or consumer health issues that promote community wellness.

Social Media Campaign

Using approved social media websites, students write and create a health campaign to educate fellow students on a wide variety of personal health issues, such as hearing safety and safe use of headphones when listening to music.

Essential Standards: 9–12.1.1.P Discuss the value of actively managing personal health behaviors (e.g., getting adequate sleep, practicing ergonomics, and performing self-examinations).

Analyzing Influence: 9–12.2.7.P Evaluate the need for rest, sleep, and exercise.

Goal Setting: 9–12.6.1.P Develop a plan of preventative health management.

Practicing Health-Enhancing Behaviors: 9–12.7.2.P Execute a plan for maintaining good personal hygiene (including oral hygiene) and getting adequate rest and sleep.

Sleep Plan

Students participate in a personal sleep study by creating a three-day log, recording their sleep schedule, the quality of sleep, and the next day's energy and mood, along with the internal and external influences on their sleep behavior. Students can compare their findings with research-based recommendations and identify the benefits of meeting those recommendations. After evaluating this data, students apply a goal-setting model to create the action steps required to set and accomplish a personal goal to improve the quality and/or quantity of their sleep. Students share their goal with a partner, explaining the value of getting enough sleep, and then work on achieving their goal for one week. After the week, students will check in with their partners to share their progress towards achieving their goal, examining barriers to their success as well as positive influences.

Partnering with Your School

Working with school administrators and parent volunteers, students plan, implement, and evaluate a health resources fair. Students can host various booths on personal and community health subjects covered in this chapter and partner with community health service agencies and health-based nonprofit agencies to be included in the health resources fair. Fellow students, teachers, parents, guardians, caretakers, administrators, parent-teacher volunteer groups, and school board members are invited to attend the informational event (9–12.8.1.P, Health Promotion).

Another activity provides students with the opportunity to analyze their school's safety plan for alignment with the health education standards. Students critically

analyze their school's safety plan and research other school-safety best practices online. Then, they align the plan to the health education standards and provide recommendations for administrators and the school nurse to consider (EP&C I and EP&C II).

Partnering with Your Community

Community Health Promotion in Action: Students apply a decision-making model to a personal health issue they are experiencing by writing their discoveries in a reflective summary. Students then choose one community or environmental health issue of interest to them and apply the model, summarizing any observations. Finally, students share their summaries on a community or environmental health issue by presenting them to a local government or health-based nonprofit agency (9–12.5.1.2.P, 9–12.5.1.3.P, Decision Making).

Another activity that promotes community wellness and encourages student involvement in societal and environmental conditions to benefit the health of their community is for students to research advocacy activities of various local nonprofit chapters such as the American Cancer Society, American Diabetes Association, and The Nature Conservancy of California (see EarthShare California for a list of environmental agencies). Students use those local activities as models to organize smaller school-based events to bring health education awareness to the school (9–12.8.1–2.P, Health Promotion).

Partnering with the Family

To promote their family's and community's health and well-being, students design and create a monthly or quarterly health newsletter or opt-in informational email for parents, guardians, or caretakers on various personal and community health topics studied in class. The journalism teachers and students can share any tips for creating newsletters or informational emails (9–12.8.1.P, 9–12.8.2.P, Health Promotion; this activity also connects to the CA CCSS for ELA/Literacy W.9–12.7–9).

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Access and Equity

CHAPTER 7

California's Diversity

The primary goals of the health education standards are to help all California students develop lifelong healthy behaviors, achieve the highest level of academic potential, and improve health literacy. Achieving these goals requires that all teachers, professional learning staff, administrators, and district leaders share the responsibility of ensuring health education equity for populations of learners who experience health disparities or are particularly vulnerable to academic inequities in health education.

California's children and youth bring to school a wide variety of skills and abilities, interests and experiences, and vast cultural and linguistic resources from their homes and communities. California students represent diverse ethnic and religious backgrounds and live in different familial and socioeconomic circumstances (US Census Bureau 2018). The greater the diversity in classrooms and schools, the richer the health education experience and the more assets upon which teachers may draw to enrich the health education experience for all. At the same time, the more diverse the classroom, the more complex the teacher's role becomes in providing high-quality instruction that is sensitive to the needs of individual students and leverages their particular assets. In such multifaceted settings, the notion of shared responsibility that includes a deeper understanding of the health education standards and its application to real-life situations is critical. Teachers, administrators, specialists, expanded learning leaders, parents, guardians, caretakers,

families, school support staff (such as school counselors, school nurses, and school social workers), community partners (such as school-based health centers), and the broader school community need the support of one another to best serve all students.

With so many languages other than English spoken by California's students, there is a rich tapestry of cultural, linguistic, ethnic, and religious heritages students can share (US Census Bureau 2018). California students have a range of skill acquisition and structural circumstances that impact their lives and learning. Highlighted below are some groups of students for whom it is important to acknowledge both the resources and perspectives they bring to school, as well as the specific learning needs that must be addressed in classrooms for all students to receive vital health education. These groups are identified so that schools and districts make critical shifts to ensure educational access (the opportunity for quality health education for all students) and equity (fair, unbiased, and impartial treatment of all health education students) for all students. The following groups of students are discussed in this chapter:

- Students identified as vulnerable
- Students who are English learners
- Students who are standard English learners
- Ethnically and culturally diverse learners
- Students who are migrants
- Students living in poverty and students experiencing homelessness
- Foster youth
- Students who are advanced learners and gifted learners
- Students who identify as lesbian, gay, bisexual, transgender, or questioning
- Students with visible and nonvisible disabilities
- Students who have experienced trauma

For an expanded discussion on California's diverse student population, including biliterate students and students who are deaf or hard of hearing, see the *English Language Arts/English Language Development Framework for California Public Schools* (California Department of Education 2015).

Though presented separately, these populations are not mutually exclusive; many students' identities intersect with multiple groups. According to the December

2017 California Special Education Management Information System Software, 71 percent of students up to age twenty-two with visible and nonvisible disabilities are in one or more of the Local Control Funding Formula student groups (CASEMIS 2017). It is critical that county office of education leads, administrators, and educators utilize this data to guide their planning and provision of services to their diverse student populations. In particular, teachers must be equipped with resources and training that will enable them to engage and prepare all of their students for college, career, and beyond. Teachers, administrators, and curriculum designers can inform themselves about particular aspects of their students' backgrounds, keeping in mind that these identities may overlap, intersect, and interact. Teachers should take steps to understand their students as individuals and their responsibility for assessing their own classroom climate and culture. Teachers should consider referring and navigating students in need of services to appropriate professionals, including the school nurse, administrators, school counselors, school psychologists, and school social workers, as available. When appropriate, teachers should also refer students to health care services with little to no cost in their community, regardless of their immigration status.

Universal Design for Learning

Universal Design for Learning (UDL) is a research-based framework for providing multiple pathways and supports so that students can take an individualized approach to meeting common learning goals. UDL is a proactive method that reduces the need for follow-up instruction and the need for alternative curriculum. The UDL principles and guidelines support the inclusion of every student in health education. This section provides an overview of UDL and guidance on applying the UDL principles, guidelines, and checkpoints to curriculum design and lesson planning.

Many lessons and curricula are planned to fit the needs of an average student. However, decades of research in cognitive neuroscience proves that all learners are varied and there is no such thing as an “average” student (National Center on Universal Design for Learning 2010). Recent advances in neuroscience provide a different understanding of learner variability and place learners on a continuum based on their individual differences. These differences are predictable and the variability that exists across every student can be anticipated and addressed in the initial design stage of instruction (Meyer, Rose, and Gordon 2014). Instead of

trying to fit student learning abilities into the middle of a bell curve, curriculum designers and teachers can “plan for expected variability across learners and provide curriculum that has corresponding flexibility” at the very beginning of the instructional cycle (Meyer, Rose, and Gordon 2014, 10). At the beginning of the instructional cycle, planning for variances in student abilities, interests, and needs provides flexibility to amplify students’ natural abilities while reducing barriers to access the content being taught. Even so, there will be instances in which students require additional supports to reach instructional goals and teachers are advised to use formative assessment data to plan to differentiate instruction (Tomlinson 2014).

In UDL, teachers provide students opportunities to think strategically, set goals, and reflect on their performance at the beginning of learning. Educators are advised to utilize the UDL Framework to design universally accessible learning environments, including curricula, instructional supports, and the physical and emotional environment (CAST 2018). The UDL Framework is organized around the three principles of UDL, which are: (1) provide multiple means of engagement; (2) provide multiple means of representation; and (3) provide multiple means of action and expression (Meyer, Rose, and Gordon 2014). The principles of UDL emphasize the importance of curriculum designers and teachers providing multiple means of engagement (the why of learning), representation (the what of learning), and action and expression (the how of learning). Through the UDL framework, the needs of all learners are identified and planned for at the point of first teaching.

In addition to the three principles of UDL, CAST provides guidelines and checkpoints that can be used as a guide for planning instruction that addresses learner variability. The UDL Framework lists nine guidelines, and they “emphasize areas of learner variability that could present barriers, or, in a well-designed learning experience, present leverage points and opportunities for optimized engagement with learning.” (Meyer, Rose, and Gordon 2014, 111). Under the guidelines, CAST suggests specific practices for implementation checkpoints. These checkpoints are a good place to begin when applying the practice of UDL but are not the only strategies that could be used in a universally designed learning environment. Visit the CAST website for additional information on how to apply the guidelines and checkpoints when planning instruction and assessment. The guidelines and checkpoints from the 2018 update of the UDL Framework are listed in the table below.

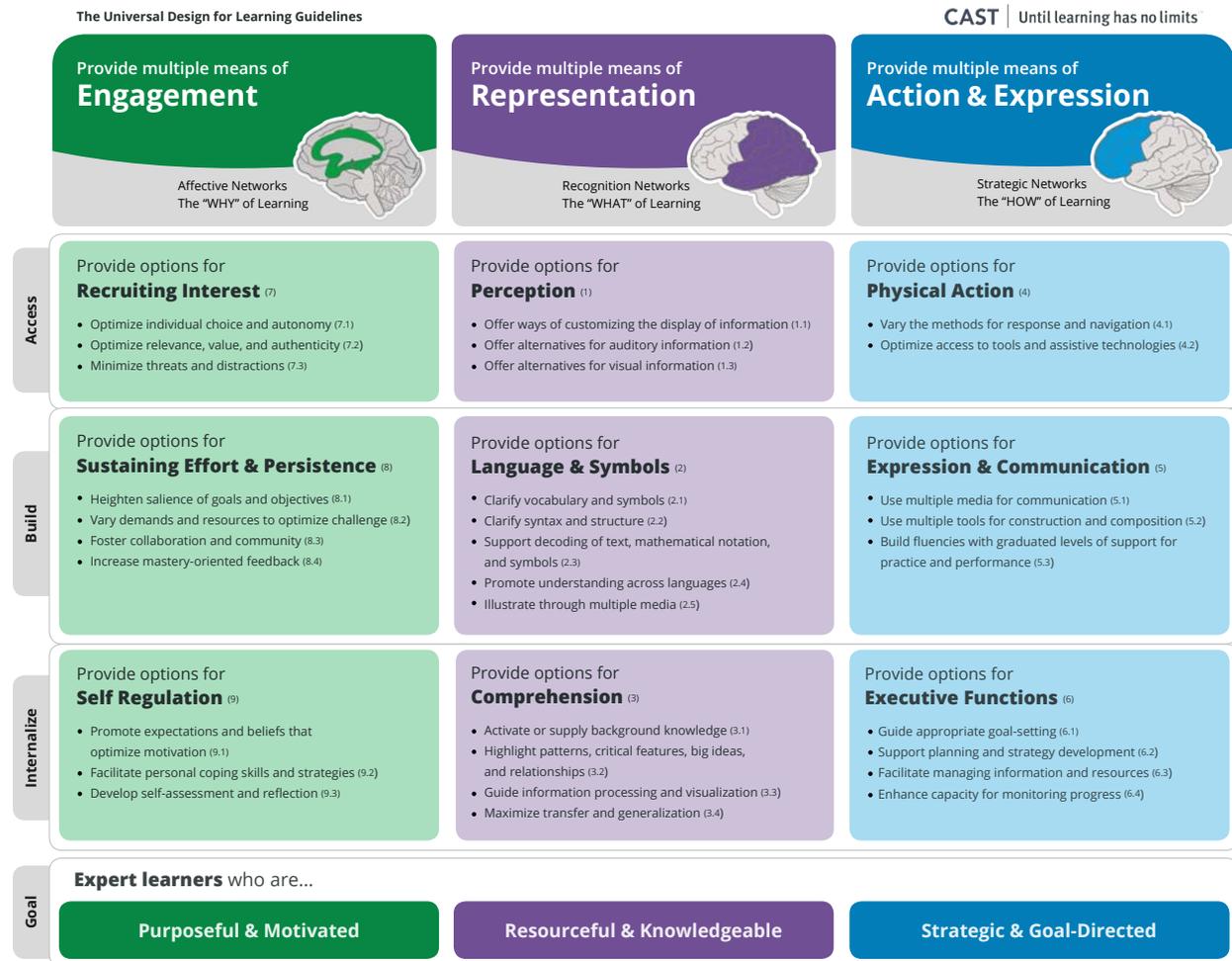
Universal Design for Learning Guidelines and Checkpoints

Principles <i>Provide multiple means of ...</i>	Guidelines and Checkpoints <i>Provide options for ...</i>
I. Engagement Provide multiple ways to engage students' interests and motivation.	<ol style="list-style-type: none"> 1. Recruiting interest (Checkpoints 7.1, 7.2, 7.3) 2. Effort and persistence (Checkpoints 8.1, 8.2, 8.3, 8.4) 3. Self-regulation (Checkpoints 9.1, 9.2, 9.3)
II. Representation Represent information in multiple formats and media.	<ol style="list-style-type: none"> 4. Perception (Checkpoints 1.1, 1.2, 1.3) 5. Language and symbols (Checkpoints 2.1, 2.2, 2.3, 2.4, 2.5) 6. Comprehension (Checkpoints 3.1, 3.2, 3.3, 3.4)
III. Action and Expression Provide multiple pathways for students' actions and expressions.	<ol style="list-style-type: none"> 7. Physical action (Checkpoints 4.1, 4.2) 8. Expression and communication (Checkpoints 5.1, 5.2, 5.3) 9. Executive functions (Checkpoints 6.1, 6.2, 6.3, 6.4)

Source: Adapted from CAST (2019).

The figure below provides an outline of UDL Principles and Guidelines that health education teachers can use to inform their curriculum, instruction, and assessment planning. Specific examples of applying UDL in the health education classroom are provided later in this chapter in the [Accommodations and Modifications for Students with Visible and Nonvisible Disabilities section](#). However, the application of UDL benefits all students, not just those with visible and nonvisible disabilities. More information on UDL principles and guidelines, as well as practical suggestions for classroom teaching and learning, can be found at the National Center on Universal Design for Learning YouTube channel and the CAST website at <https://www.cde.ca.gov/ci/he/cf/ch7.asp#link1>. The 2018 UDL Framework is provided in the figure below.

Universal Design for Learning Framework



udlguidelines.cast.org | © CAST, Inc. 2018 | Suggested Citation: CAST (2018). Universal design for learning guidelines version 2.2 [graphic organizer]. Wakefield, MA: Author.

Long Description of Universal Design for Learning Framework is available at <https://udlguidelines.cast.org/>.

Source: CAST (2019).

Culturally and Linguistically Responsive Teaching

To create truly equitable classrooms, schools, and districts—ones that support all students' achievement—teachers and all school staff should continuously strive for social justice, access, and equity. This requires teachers, support staff (such as school counselors, school nurses, and school social workers), specialists, administrators, and community partners, and school-based health centers to adopt a stance of inquiry toward their practice and to engage in ongoing, collaborative discussions with their colleagues about challenging issues, including race, culture, language, and equity. The National Center for Culturally Responsive Educational Systems highlights the importance of creating a shared responsibility for cultural responsiveness:

Culturally responsive educational systems are grounded in the belief that we live in a society where specific groups of people are afforded privileges that are not accessible to other groups. By privileging some over others, a class structure is created in which the advantaged have more access to high-quality education and later, more job opportunities in high status careers. This leads to socio-economic stratification and the development of majority/minority polarity. We can turn the tide on this institutionalized situation by building systems that are responsive to cultural difference and seek to include rather than exclude difference. Moreover, culturally responsive educational systems create spaces for teacher reflection, inquiry, and mutual support around issues of cultural differences. (National Center for Culturally Responsive Educational Systems 2008, 15)

Culturally and linguistically responsive teaching and equity-focused approaches emphasize validating and valuing students' cultural and linguistic heritage while also ensuring their access to comprehensive health education.

Culturally and Linguistically Responsive Teaching

Culturally and linguistically responsive teaching can be defined as using the cultural knowledge, prior experiences, frames of reference, and performance styles of ethnically diverse students to make learning encounters more relevant and effective. It teaches to and through the strengths of these students. It is culturally validating and affirming. Along with improving academic achievement, these approaches to teaching are committed to helping students of color maintain identity and connections with their ethnic groups and communities. It helps develop a sense of personal efficacy, building positive relationships and shared responsibility while they acquire an ethic of success that is compatible with cultural pride. Infusing the history and culture of the students into the curriculum is important for students to maintain personal perceptions of competence and positive school socialization.

Source: Los Angeles Unified School District (2012, 86).

To ensure access and equity for culturally and linguistically diverse learners, educators must adopt an asset orientation toward all students. This includes the school community's open recognition that students' ethnicities, religious backgrounds, home cultures and experiences, primary languages and home dialects of English (e.g., African American English), family composition, gender expression, and other aspects of students' identities are viewed as *resources*, valuable in their own right and useful for deep learning. To ensure culturally and linguistically responsiveness, the following six daily essential practices are recommended.

Six Daily Essential Practices for Culturally Responsive Teaching

1. **Create a Culturally Sustaining Environment.** Create a positive and welcoming classroom environment that exudes respect for—and promotes the sustainment of—cultural, linguistic, and all types of diversity. For example, when the school year begins, create a class-generated list of norms that encourages respect for diversity, collaboration, support, patience, empathy, and kindness. Establish a classroom culture where terms such as “unique” are used in lieu of disrespectful and shaming terms such as “weird” or “gross” to ensure cultural sensitivity and inclusion (Adapted from LeMoine [1999]; McIntyre and Turner [2013]; Moll et al. [1992]).

2. **Connect with Students as Whole Individuals.** Know each student by name, and take the time each day to greet students so they feel welcome in school. Do not make assumptions about students based on their perceived culture or single students out as “representative” of a culture, but instead spend some time understanding the multiple layers of students’ identities, particularly if their backgrounds differ from your own, including their cultural, linguistic, and disability assets and how individual students interact with their primary languages, home cultures, and various communities.
3. **Promote Pride in Students’ Cultural and Linguistic Heritage.** Use students’ primary languages or home dialects of English, as appropriate, to acknowledge them as valuable assets and to support all learners to engage meaningfully with the curriculum. Initiate open dialogue with students on their cultural experiences and practices with health subject matter and content. Examples may include comparing western medical practices to traditional medical practices, or healthcare in one’s home country to healthcare in the United States. Traditional health beliefs, practices, and values of individuals should be recognized and integrated in teaching practice (Adapted from Gay [2002]; Ladson-Billings [2014]; Paris [2012]).
4. **Prioritize Culturally Relevant Texts and Topics.** Use texts that accurately reflect students’ ethnic, cultural, linguistic, and familial backgrounds, as well as other variables that contribute to their identities, such as gender expression, so that students see themselves as belonging and valued in the school curriculum. It is especially important to deliberately include culturally relevant topics and texts—and to celebrate the contributions of historically marginalized cultures to health education topics—since these contributions are typically left out in school curricula (Adapted from LeMoine [1999]; McIntyre and Turner [2013]).
5. **Address Racial Inequities and Language Status.** Address implicit and explicit racial bias, and if racially-charged topics occur, do not ignore them. Students may benefit from a class meeting or seminar in which they have an opportunity to discuss issues dealing with racial inequities or dynamics as they relate to health education topics. In addition, address language status issues and emphasize that multilingualism and multidialectalism are assets. Establish a classroom climate where students are not discouraged from using their primary languages or home dialects of English (e.g., African American English, Chicana American English) but instead encouraged to add new

language and ideas to their existing repertoires (Adapted from Harris-Wright [1999]; Schwartz [2014]).

6. **Support Students’ Development of Academic English.** Focus on intellectually rich and engaging tasks that allow students to use academic English in authentic and meaningful ways. Make transparent to students how academic English works to make meaning in health education topics. This includes helping students to develop *register awareness* so that they understand how to shift the type of language they use, based on purpose, topic, and audience (for example, a class conversation versus an academic essay). Making the “hidden curriculum” of language visible in respectful and pedagogically sound ways is one way of ensuring the educational civil rights of culturally and linguistically diverse students (Adapted from Christie [1999]; Delpit [2006]; Schleppegrell [2004]; Spycher [2017]).

The following sections provide descriptions of student populations in California who especially benefit from instruction based on UDL and equity-oriented practices, programs, and policies.

Students Identified as Vulnerable

Many of the mentioned student populations may be considered particularly vulnerable to academic inequities, but their vulnerability also puts these students at a higher risk for abuse, exploitation, and other dangerous situations. Due to multiple structural inequalities, students with visible and nonvisible disabilities, in foster care, living in poverty, who identify as LGBTQ+, those experiencing mental health issues, or other populations are especially at high risk for homelessness, unhealthy relationships, sexual or emotional abuse, and sex trafficking. Careful attention should be paid to these and other vulnerable populations who may need additional support in achieving academic goals, developing health enhancing behaviors, and accessing support and resources.

Students Who Are English Learners

Students who are learning English as an additional language, or English learners (sometimes referred to as “ELs”), come to California schools with a range of cultural, linguistic, and educational backgrounds, proficiencies in English,

and experiences with formal schooling and content learning (both formal and informal). Many English learners in California were born in the United States. Some enter the United States in late elementary through high school and may have strong academic backgrounds, similar to their native-English speaking peers in terms of content knowledge, or have studied English in their home countries before emigrating. Other English learners have had disrupted educational experiences, and still others arrive in California schools unaccompanied by their families due to a variety of reasons. English-learner students are a heterogeneous group with one thing in common: they are simultaneously learning English and academic content. This unique need requires all health education teachers of English-learner students (e.g., the elementary grade levels classroom teacher, the secondary health education teacher) to understand English language development in the context of health education. A definition of English learner status in California is provided below:

English Learners Defined

English learners are defined by the California Department of Education as:

... those students for whom there is a report of a primary language other than English on the state-approved Home Language Survey **and** who, on the basis of the state approved oral language (kindergarten through grade level twelve) assessment procedures and literacy (grade levels three through twelve only), have been determined to lack the clearly defined English language skills of listening comprehension, speaking, reading, and writing necessary to succeed in the school's regular instructional programs. (California Department of Education 2019)

Critically, schools and districts should ensure that English-learner students are not deprived of health education learning opportunities, for example, through placement in an English language development (ELD) class instead of a health course. English-learner students have a right to, and a need for, quality health education. It is the responsibility of each teacher to be aware of the cultural and linguistic assets and background experiences of English-learner students, and to meet their specific language learning needs. Using the *California English Language Development Standards* to plan lessons and units, and outline formative assessment practices and evaluation of student work, supports teachers with this responsibility.

With appropriately scaffolded and differentiated instruction from their teachers, effective leadership and programmatic support from principals and other site administrators, and appropriately designed programs, English learners at all levels of English language proficiency are able to engage in intellectually challenging, health content- and language-rich instruction so they can develop the advanced levels of English and content knowledge necessary to adopt and engage in healthy behaviors throughout their lives. It is important for teachers to remember that English-learner status is intended to be temporary and not long-term.

Included among the goals of a robust, rigorous, and comprehensive educational program for students who are English learners are to ensure (1) that they become proficient in English as rapidly as possible, and (2) that they have the opportunity to simultaneously develop high levels of academic English, deep content knowledge, and the skills and dispositions they will need as they progress through grade levels. This is why, to fully include English learners in health education instruction, all health education teachers of English learners should use—in tandem—the California English Language Development standards (CA ELD standards, found in *California English Language Development Standards*), the health education standards, and the California Common Core State Standards (CA CCSS for ELA/Literacy, found in *California Common Core State Standards for English Language Arts and Literacy in History/Social Science, Science, and Technical Subjects*).¹ The CA CCSS for ELA/Literacy and the CA English Language Development Standards emphasize the knowledge and competencies students need to develop to understand, communicate about, and practice healthy behaviors.

Ensuring that English learners have full access to comprehensive health education can only be accomplished through five ways:

1. Planning lessons and units carefully
2. Understanding the cultural and linguistic assets students bring to the classroom
3. Observing what students are doing and saying during instruction and activities

1 See the *California English Language Development Standards* and the *CA CCSS for ELA/Literacy* to determine specific standards for each grade level, and the *English Language Arts/English Language Development Framework (ELA/ELD Framework)* for detailed guidance on how to complementarily implement these standards (California Department of Education 2013; California Department of Education 2015).

4. Reflecting on how English learners engage with particular approaches to instruction
5. Refining and adjusting instruction, based on observation, reflection, and assessment, as necessary

The focus on active learning, applied skills, and behaviors—not to mention the high-interest topics and potential for language-rich disciplinary discussions—makes health education classes ideal learning environments for *integrated* English language development (see table below). For this reason, health education teachers should work closely with site and district ELD specialists to ensure that their classrooms serve English-learner students’ English language development needs, in concert with an opportunity to learn health concepts and skills. Likewise, as available, ELD specialists should work closely with health education teachers to understand how to design and provide appropriate instruction on health education topics during designated English language development (see table below for a definition of integrated and designated ELD).

Integrated and Designated ELD

Integrated ELD	Designated ELD
Health education instruction with integrated ELD (throughout the day)	Specialized instruction for English learners at a <i>targeted</i> time, based on English language proficiency levels and English language learning needs
Integrated ELD is provided to English learners throughout the school day and across all subjects by their teacher. The CA ELD standards are used in tandem with the content standards in health education and/or other subject areas being taught to ensure students strengthen their abilities to use English as they simultaneously learn content through English.	A protected time during the regular school day. Teachers use the CA ELD standards as the focal standards in ways that build <i>into and from health education and/or other content instruction</i> to support English learners developing critical language needed for health education learning in English.

When designing health instruction with integrated ELD, educators should carefully consider the English language proficiency levels of their English learners and determine how the skills and concepts from the CA ELD standards can support and provide access to the practice and mastery of the health education standards. Educators can provide opportunities for English learners to access health content by planning for targeted scaffolding to promote extended academic discourse; comprehension of complex texts; creation of quality written texts, oral presentations, or multimedia projects; and, ultimately, deep learning of critical health subject matter. The framing questions (below) provide a tool for planning that teachers may find valuable.

Framing Questions for Lesson Planning

Framing Questions for All Students

- What are the big ideas and culminating performance tasks of the larger unit of study, and how does this lesson build toward them?
- What is/are the learning target(s) for this lesson, and what should students be able to do at the end of the lesson?
- Which cluster of health education standards and CA CCSS for ELA/Literacy does this lesson address?²
- What background knowledge, skills, and experiences do my students have related to this lesson?
- How complex are the concepts and skills?
- How will students express themselves effectively, develop language, and learn content in this lesson?
- What types of scaffolding, accommodations, or modifications will individual students need for effectively engaging in the lesson tasks?
- How will my students and I monitor learning during and after the lesson, and how will that inform instruction?

2 Note that the CA CCSS for ELA/Literacy applies to both K–5 and 6–12. Literacy standards for history–social studies, science, and the technical subjects are separated from ELA standards in grade levels 6–12.

Framing Questions to Add for English Learners

- What are the English language proficiency levels of my students?
- Which CA ELD standards amplify the health education standards for communication and analysis at students' English language proficiency levels?
- What language, including vocabulary, might be new for students and/or present challenges for understanding content?
- How will students interact in meaningful ways and learn about how English works related to the health education standards for accessing valid information and health promotion? The example below illustrates the integration of the health education standards (7-8.8.1.N, Health Promotion), the CA CCSS for ELA/Literacy, and the CA ELD standards in a writing assignment in which students make an argument for healthier food in the school.

VIGNETTE

Integration Example: Writing Arguments about Healthy Foods

Ms. G's middle school health education class is researching the benefits and costs of conventional and organic farming, and their culminating task will be a written argument for organic food choices at school. Ms. G has collaborated with the English language arts teacher and ELD specialist to create a unit that integrates health education, English language arts, and English language development. Over the course of the unit, the class has read informational texts and arguments about the topics, viewed documentaries on the history of farming and recent developments in sustainable and organic agriculture, and engaged in extended discussions about the topic. The students have orally debated the issues they researched, analyzed and evaluated the validity of written arguments on the topic, and learned relevant domain-specific and general academic vocabulary that supports their discussions and writing on the topic.

In their English classes, the students have analyzed the overall structure and organization of the arguments they were reading, and how to use powerful and effective language in the arguments they write. They also learned how to cite evidence and sources appropriately in both their English and health education class.

All of these activities were discussion based and student-centered. Students worked in pairs or small groups using norms for collaboration and with teacher guidance, such as modeling and explaining. Working in collaboration with the ELD specialist, Ms. G used the CA ELD standards to inform the ways in which her lessons would support students to interact in meaningful ways with the texts they were reading and with one another, as well as to understand how English works in arguments.

An example of one of the texts the students analyzed (an exemplar argument from one of Ms. G's students from a previous year) with the stages of the argument they identified and some of the language they explored is shown in the [Student Writing Example section](#) below (note that the type of argument the students wrote is an Opinion-Editorial text, which will sometimes allude to counterarguments, as seen following this example).

When Ms. G met with her cross-departmental team, she reflected that the type of writing her students were able to produce required time for students to learn and interpret the content in the articles they were reading; analyze and evaluate the content of the arguments; discuss and debate their ideas; and explore and analyze how language works in the arguments, which the students ultimately used as "mentor texts." She noted that her students learned skills to promote health in their school that they will be able to apply to an activity promoting community health. The teachers discussed how much their English-learner students' writing improved, compared to past years. Using this evidence, the teachers agreed that the use of the CA ELD standards in lesson planning resulted in students being in a better position to comprehend the content of the arguments they read and to produce arguments that supported their progress in health education.

As they discussed their next steps, the teachers agreed to continue to collaborate and use the standards in an integrated way to inform lesson and unit planning. They also decided to create "success criteria for writing arguments," based on the standards to make transparent what their writing expectations were, with the English language arts teacher taking the lead to develop the criteria. Ms. G, the English language arts teacher, and the ELD specialist planned to use the success criteria as a tool for evaluating students' writing and providing feedback to them.

Student Writing Example

Writing is the last skill to develop for any student. It is especially important for teachers to lay the foundation for oral language development—reading and listening skills—before writing a narrative. Below is a sample template to help English learners organize a written assignment.

Stages and Phases	The Text
Title	Our School Should Serve Organic Foods
Position Statement <i>Issue Appeal</i> <i>Concession to counterpoints</i>	<p>All students who come to Rosa Parks Middle School deserve to be served safe, healthy, and delicious food. Organic foods are more nutritious and safer to eat than nonorganic foods, which are treated with pesticides. Our school should serve only organic foods because it is our basic right to know that we are being taken care of by the adults in our school. Organic foods might be more expensive than nonorganic foods, and this may prevent some schools from going organic. However, I believe that we must all work together to make sure we eat only the healthiest foods, and that means organic.</p>
Arguments <i>Point A Elaboration</i>	<p>Eating organic foods is safer for you because the crops are not treated with chemical pesticides like nonorganic crops are. According to a recent study by Stanford University, 38 percent of nonorganic produce had pesticides on them, compared to only 7 percent of organic produce. Some scientists say that exposure to pesticides in food is related to neurobehavioral problems in children, such as attention-deficit/hyperactivity disorder (ADHD). Other studies show that even low levels of pesticide exposure can remain in the soil and water for a long time and hurt us. I definitely do not want to take the risk of poisoning myself every time I eat lunch.</p>

Stages and Phases	The Text
<i>Point B Elaboration</i>	Organic food is more nutritious and healthier for your body. The Stanford University study also reported that organic milk and chicken contain more omega-3 fatty acids than nonorganic milk and chicken. Omega-3 fatty acids are important for brain health and also might help reduce heart disease, so we should be eating foods that contain them. According to Michael Pollan and other experts , fruits and vegetables grown in organic soils have more nutrients in them. They also say that eating the fruits and vegetables close to the time they were picked preserves more nutrients. This is a good reason to get our school’s food from local organic farms. Eating local organic foods helps keep us healthier, and it also supports the local economy. We might even be able to get organic crops more cheaply if we work with more local farms.
<i>Point C Elaboration</i>	Organic foods are better for the environment and for the people who grow the food. Farmers who grow organic produce do not use chemicals to fertilize the soil or pesticides to keep away insects or weeds. Instead, they use other methods like beneficial insects and crop rotation. This means that chemicals will not run off the farm and into streams and our water supply. This helps protect the environment and our health. In addition , on organic farms, the farmworkers who pick the food aren’t exposed to dangerous chemicals that could damage their health. This is not only good for our school; it is something good we should do for ourselves, other human beings, and the planet.
<i>Reiteration of Appeal</i>	To put it simply , organic foods are more nutritious, safer for our bodies, and better for the environment. But there is another reason we should switch to organic food: When I bite into an apple or a strawberry, I want it to taste like the natural fruit and I do not want a mouthful of pesticides. Some people might say that organic is too expensive, but I say that we cannot afford to risk the health of students at this school by not serving organic foods. Therefore , we must find a way to make organic foods part of our school lunches.

Source: Adapted from the California English Language Development Standards (California Department of Education 2014, 166).

Long-Term English Learners

Long-term English learners (sometimes referred to as “LTELs”) have been schooled in the United States for six or more years but have not made sufficient linguistic and academic progress to meet reclassification criteria and exit English-learner status (see EC sections 313.1(a) and (b) for a definition of long-term English learners). Fluent in social/conversational English but challenged by academic literacy tasks, long-term English learners may have difficulties engaging meaningfully in increasingly rigorous coursework.

California recognizes that long-term English learners face considerable challenges succeeding in school as the amount and complexity of the academic texts and tasks they encounter increases. Special care should be taken when designing instruction for long-term English learners, as instruction should focus on accelerating the simultaneous development of academic English and content knowledge to ensure that they are able to benefit from comprehensive health education. Health education coursework is one of the ideal disciplines to support long-term English learners in achieving this accelerated trajectory because of its high-interest topics and focus on disciplinary literacy, and its potential for group projects and real-world applications relevant to students’ own lives (Fairbairn and Jones-Vo 2010). Every effort should be made to enroll and retain long-term English learners in such coursework, and to provide the appropriate support and motivation to ensure their success. All teachers who are responsible for health education and have students who are at risk of becoming long-term English learners should ensure students have full access to the positive identity development, social and emotional learning, and health awareness that are so critical to academic learning.

Students Who Are Standard English Learners

Standard English learners (sometimes referred to as “SELs”) are students who are native speakers of English and whose home language differs in structure and form from so-called “standard English” and academic uses of English that are typically given higher status in schools (Los Angeles Unified School District 2012, 82).³ Standard English learners may be less aware of the standard English structures and forms used in school since they use a *nonstandard* dialect of English in their homes and communities (LeMoine 1999; Okoye-Johnson 2011). The term *standard English* is used to identify one variety of English among many; it is the variety valued in school and used in academic texts.

Teachers can support their students in understanding the way English is used depending on audience, topic, content, mode of communication, and purpose for communicating (e.g., to argue, explain, describe, etc.). The way students use “everyday” language and home dialects interacting with their families or engaging in healthy behaviors with their peers is different from the type of language expected in certain academic tasks, such as presenting or demonstrating a healthy behavior. An anticipated outcome of the CA Common Core Standards is that students go deeper into the content of what they are learning and develop an academic vocabulary in the content areas. By differentiating instruction and using the CA ELD standards, English learners will have greater success in learning the language and nuances of health education. It is also important for instructors to be sensitive to, and respectful of, families’ cultural expectations and attitudes regarding health, while simultaneously looking for opportunities to engage families and students.

Supporting students to develop the language of health education is critical so that students can fully participate in deep learning about health topics, which often incorporate the language of advanced disciplines such as medicine, research, and cross-disciplinary subjects including science and mathematics. In addition, the

3 “So-called” is used intentionally to openly question the value judgment placed on the traditionally accepted term “standard English,” which places one dialect of English above others, including those typically used in marginalized communities (e.g., African American English, Chicax-English). The term “standard English” used here is not intended to imply that “nonstandard” dialects of English are incorrect or inferior.

discipline of health education often relies on developing effective communication skills (for example, using refusal skills). All students need multiple and varied opportunities to learn, practice, and self-evaluate in meaningful ways the applied practice of health education.

Explicit attention to the language of the discipline supports students' conceptual understandings and their ability to engage in deeper practice in health education. In addition, students may need explicit instruction in the norms of how to interact in extended academic discussions. These ways of interacting include initiating or entering a conversation, building on the ideas of others, respectfully disagreeing, and questioning assertions. All of these tasks that are integral to health communication are language- and literacy-intensive. To achieve equity and access in health learning environments, teachers need to find ways of supporting standard English learners (along with all other students) to develop this specialized language so they understand how and when to use the language appropriately (see [Framing Questions for Lesson Planning](#)).

Classrooms should be inclusive and “additive” spaces where students can use the language they bring from their homes and communities while they also develop new ways of using and applying the more specialized language and communication skills specific to the field of health education. Health can be a very personal subject for most students, inevitably leading to subjective reflection and contributions. For all students to engage in health education practices and skills, teachers should also establish classroom norms for inclusive student contributions and discourse.

The language students use when engaged in conversations about health education should be appropriate and inclusive. Students should be encouraged to express their *ideas*, regardless of the style of English in which these ideas are articulated. The purpose of facilitating students' engagement in health discourse is not to “correct” the student's language or compel students to use particular words or phrases, but to develop and enrich student language through its purposeful use in intellectually rich and meaningful experiences. Examples may be to individually “map” the student's informal or local community term with the medically accurate term, or provide an opportunity for open exchange of terminology commonly used for a health behavior, such as using Alcohol, Tobacco, and Other Drugs (ATOD).

With this focus on meaning and on language as a meaning-making resource, all students are supported to develop the ability to discuss various complexities of health content from nutrition and personal safety to mental health and sexual

health through their own perspective or lens. As students continue to engage in health communications, they will increasingly make informed decisions about any new technical or health-specific language they encounter when they read or employ in their discussions, presentations, and writing. The goal is to support all students to develop new ways of using language and to understand how to make intentional language choices so that they are able to flexibly shift “register” to meet the language expectations of a variety of health practices.

Because so much of health education learning occurs through oral and writing discourse (including discussions, presentations, role playing, dramatizations, and many different types of writing), these understandings about language diversity, including nuanced understandings of dialect differences, are critical for health education teachers to develop.

Ethnically and Culturally Diverse Learners

California has the largest number of racial and ethnic groups, with more Hispanics, Latinxs, and Asian Americans than any other state in the nation (US Census Bureau 2018). In addition, California enjoys a welcoming climate for religious diversity. Ethnically and culturally diverse learners are a broader population of students that include the students described above (English learners, long-term English learners, or standard English learners). These students may face unequal access to—and inequities in—health education because of the structural and social inequalities that currently exist in many school systems, such as implicit or explicit racism or religious intolerance. Being aware of the specific challenges to access and equity that face diverse learners and supporting their success in health education provides students with access to and equity in their overall learning, resulting in greater academic achievement (Basch 2014; CDC 2014).

Diverse learners may bring different values, practices, or customs from their home country or home life. Every effort should be made to ensure an inclusive and safe classroom environment that respects and celebrates the rich, important contributions ethnically and culturally diverse learners provide. Teachers and administrators should ensure systems and policies are in place to protect ethnically and culturally diverse learners from teasing, bullying, or victimization.

This information should be used to ensure culturally competent and sensitive teaching, but should **not** be misunderstood to mean that certain topics or standards are not appropriate or should not be taught. All students deserve a comprehensive standards-based health education, and although accommodations should be culturally appropriate, they should not be omissive.

Preparing a Diverse Health Workforce

The national health workforce, with less than 25 percent of health professionals representing a racial or ethnic group other than white, does not reflect the diversity of California’s population (US Bureau of Labor Statistics 2019). For some sectors of health and healthcare, such as physicians, nurses, and physical therapists, the percentage can be even lower. Training a diverse workforce is a long-term process, beginning with students in the K–12 system and continuing into college. California is one of the states adopting various approaches to ensure an adequate health workforce with programs, such as the Health Careers Training Program, that award small grants to high schools to encourage underrepresented students to explore health careers through academic support, internships, career fairs, and Saturday academies. Research shows that under-represented students who receive support are more likely to deliver care in underserved communities once they are practicing providers (Goodfellow et al. 2017).

Students Who Are Migrants

According to the California Department of Education, “A child is considered “migratory” if their parent or guardian is a migratory worker in the agricultural, dairy, lumber, or fishing industries and their family has moved during the past three years” (2018). Migrant students represent a significant number of California’s children and adolescents. The California Migrant Education Program is the largest in the nation and one out of every three migrant students in the United States lives in California (California Department of Education 2018). In the 2018–19 school year, there were over 78,947 migrant students between the ages of 3–21 attending California schools during the regular school year (CDE 2020).

Social and economic factors affect migrant families across California and the nation. Schools and districts should be aware of the background factors that may

affect the ways in which students from migrant families engage in school learning. Most importantly, teachers should become familiar with their migrant students' circumstances so they can attend to their students' particular learning needs.

One of the greatest challenges facing migrant students is access to and continuity of the services that are intended to meet their unique needs. The goal of California's migrant education program is to provide supplemental services and supports to migrant students so they can be ready for school, successful in it, and graduate with a high-school diploma. When families move, migrant students' educational progress is interrupted, which can be exacerbated if the family moves to an area where a migrant education program does not exist or if the migrant program does not identify students and provide them with services in a timely way. Not only do the students have an interruption in their education, but they also experience the interruption in services designed to help them overcome their unique challenges as migrant students.

Schools and districts are required to create and adhere to a systematic plan for identifying migrant students as soon as they enter their schools, and for immediately providing appropriate services so that migrant students' education is not further disrupted. Schools and districts do not need to ascertain student's immigration status. For more information and resources in meeting the needs of migrant students, search the California Department of Education Migrant Education Programs and Services, the California Department of Education Safe Havens Initiative, the Migrant Students Foundation, and the *Colorín Colorado* website.

Support for undocumented students is critical in helping them feel safe to focus on their education. The immigration status of students in California has been the subject of a variety of laws and legal challenges. Current law states that school-age children who reside in California must not be denied a free public education based on citizenship status. Educators and school support staff are often the first to witness the impact of the stress families face with undocumented status. Schools should be safe havens for all students. Schools can support undocumented students and families by creating a safe and supportive environment, understanding the resources available to undocumented students and families, and being open-minded and ready. For more information on Safe Haven Schools, visit the California Department of Education Safe Havens Initiative web page.

Students Who Are Socioeconomically Disadvantaged and Homeless

Nearly 20 percent of California’s children and adolescents live in poverty—one of the highest percentages in the United States (Public Policy Institute of California 2019). Some students living in poverty are from families where parents, guardians, or caretakers are underemployed or are working one or more jobs. Some students living in poverty live in environmentally unjust circumstances—that is, their neighborhoods or communities are exposed to high levels of contaminated air, water, or soil. Some students living in poverty have also moved often with their families, changing schools multiple times, because of economic circumstances. Additionally, some are unaccompanied minors; some live on the streets, in cars, or in shelters with their families; and some have stable housing but often go hungry. They are a heterogeneous group made up of all races and ethnicities. However, students of color are overrepresented in the population of students in kindergarten through grade level twelve living below the poverty line (US Department of Education 2013, 30; Fuentes, O’Leary, and Barba 2013). For students you suspect are homeless or in a transitional living situation, work with school support staff (such as school counselors, school nurses, and school social workers), community partners (such as school-based health centers), or administrators to connect students and families with the McKinney-Vento Homeless Assistance Act lead for your district.

Homelessness Through Natural Disaster

Some of our students can experience homelessness and other traumas through natural disasters such as fires, mudslides, and floods. Natural disasters can be traumatic for students, as they experience the devastation of a familiar environment (ranging from their homes or schools to an entire community). School personnel can help students cope with the aftermath by remaining calm and assuring students they will be all right. Response efforts should focus on teaching students effective coping strategies, connecting with their friends and peer support, emphasizing their resiliency, allowing time for students to discuss their experiences, and securing mental health supports.

Source: *National Center for Homeless Education (n.d.).*

Individuals living in poverty face complex challenges. The resources of agencies working in collaboration, including the public education system, are required to mitigate the negative effects of poverty. Poverty is a risk factor for poor academic outcomes. Children and youth living in poverty are more likely than their peers to experience academic difficulty. However, the effects poverty has on individuals vary based on “... the individual’s characteristics (such as personality traits including how one copes with trauma), specific life experience (such as loss of housing), and contextual factors (such as neighborhood crime), as well as the stressor’s timing ...” and the presence of protective factors, which includes affirming, positive, and supportive relationships with teachers and schools (Moore 2013, 4). Thus, the respectful, positive, and supportive schools called for throughout this chapter and the entire framework are especially crucial for students living in the psychologically and physically stressful circumstances that can come with poverty.

Children and youth living in poverty often miss many days of school; some stop attending altogether. Many transfer from one school to another as their living circumstances dictate. As a result, there are often gaps in their education. The health education standards and this framework are built on continuity of learning progressions across grade levels and grade spans. This presents both opportunities and challenges to students who are highly mobile or transient. On one hand, the standards may help these students by providing them with consistent health education standards among districts and schools. On the other hand, this assumption may impede the ability of some students who are new to the school, district, state, or country (such as new immigrant or migrant students) and reveal some gaps in their understanding and skills development. Additional supports, such as computer modules, home study, and independent studies, should be considered as alternative instructional tools.

When addressing the learning needs of children and youth living in poverty, it is important to recognize that students’ backgrounds vary widely and that pervasive stereotypes and misconceptions about the poor can have damaging effects on students. Stereotypes and misconceptions can undermine the establishment of respectful and inclusive learning environments where all students can thrive both academically and socioemotionally. Gorski suggests that educators reject these myths and question their validity:

The “culture of poverty” myth—the idea that poor people share more or less monolithic and predictable beliefs, values, and behaviors—distracts

us from a dangerous culture that does exist—the culture of classism. ... The most destructive tool of the culture of classism is deficit theory. In education, we often talk about the deficit perspective—defining students by their weaknesses rather than their strengths. Deficit theory takes this attitude a step further, suggesting that poor people are poor because of their own moral and intellectual deficiencies (Gorski 2008).

As Gorski emphasizes, myths that blame the poor for the inequities that exist in schools are not supported by evidence. Students living in poverty are capable learners who are fully able to engage and achieve in intellectually rich health education. Rather than approaching socioeconomically disadvantaged students and their families as having “deficits” that need to be “fixed,” this framework takes an asset-based approach that views all students and their families having rich cultural experiences worth valuing.

Poverty and Classroom Engagement: Issues and Classroom Actions

Topic	Issue	Action
Health and Nutrition	Students living in poverty generally are in poorer health and have poorer nutrition than their more affluent peers. Poor health and nutrition affect attention, cognition, and behavior.	Ensure students have daily opportunities for physical activity and that they and their families are aware of free and reduced lunch programs, bus tokens, and medical (including mental health) services offered in the community.
Environmental Health	Students living in poverty may experience environmental injustices, which affect their mental and physical well-being. These include lack of access to clean water and exposure to air pollution and contaminated soil.	Help students recognize the environmental factors that affect their physical well-being and the health of their communities. Provide opportunities for “place-based” learning, and for students to empower themselves with knowledge and take action regarding local environmental injustices.

Topic	Issue	Action
Academic, Medical, and Science Language	Students living in poverty may have limited experience with the disciplinary language and vocabulary utilized in health education—academic, medical, and science language—than their more affluent peers.	Attend to academic language development in all areas of the curriculum and in classroom routines, with a particular emphasis on extended academic discourse as a bridge to academic writing. Academic, medical, and science language, which includes discipline-specific vocabulary, is a crucial component of programs and disciplinary learning (as well as all aspects of life, including learning health behaviors and skills). Provide ample time for extended collaborative discussions about academic topics, rich language models, tools to support academic discourse, discussing and analyzing how language works in academic texts, and daily opportunities for authentic and meaningful writing.
Effort	Some students living in poverty may appear to lack effort at school. This might be due to stress, hopelessness, or lack of resources to participate and complete classroom assignments. They may also have little time outside of school to complete classwork or study.	Recognize the critical role that teachers and schools play in students' willingness to exert themselves academically. Strengthen relationships between the school and students. Collaborate with your school social worker or administrators to obtain McKinney-Vento Homeless Act status or other district services and outside resources.

Topic	Issue	Action
Hope and the Growth Mindset	Low socioeconomic status may cause students to have a pessimistic outlook on the future, a feeling of powerlessness, or a feeling of being overwhelmed with daily constraints.	Ensure that students know that their futures and their abilities are not fixed. Provide high-quality feedback that is task-specific and actionable. Support students' beliefs in their potential (not their limitations) and the rewards of effort. At the same time, recognize and do not minimize the historical and contextual variables, such as institutionalized racism, that have led to income inequality. Support students to understand that poverty is a societal issue with individual repercussions. Find ways for students to become active in broader solutions, as well as individual ones.
Cognition	Some students living in poverty experience environmental trauma, which may affect cognition. Students living in poverty generally demonstrate lower academic achievement than their middle-class peers. They may have school attendance gaps or be preoccupied while in class. This may result in a need to assess for learning needs.	Understand the causes of potential cognitive and academic performance challenges. Solutions may involve providing more time for deeper learning or breaking content into smaller, more manageable components. Providing culturally relevant texts and topics may also support students to overcome challenges. Ensure that all students receive a rich, engaging, and intellectually stimulating curriculum. Encourage students and provide positive feedback.

Topic	Issue	Action
<p>Relationships</p>	<p>Students living in poverty may face considerable adversity in forming healthy relationships with safe adults, such as teachers. Other students living in poverty may live in homes where there are very strong familial bonds and healthy relationships.</p>	<p>Ensure that adults at school are positive, caring, and respectful in all relationships with students and their families. Orient assets toward students and their families to recognize that students' relationships skills may be strong and to avoid stereotyping, and do not tolerate deficit language or deficit thinking. Make expectations clear. Above all, treat students living in poverty, as well as their families, with dignity. Convey the attitude that all students are welcome and capable of achieving to the highest levels.</p> <p>Be patient, as some students may seek to get their needs met in counterproductive ways. Be explicit in your classroom expectations. Implement positive behavioral interventions and supports.</p>

Topic	Issue	Action
Distress	Students living in poverty often live in acute chronic distress, which impacts brain development, academic success, and social competence. This distress may be caused by increased levels of unemployment, violence in the community, or the constant specter of racism. They may demonstrate hypervigilance or behavior not expected or acceptable for a school environment.	Get to know the home and community environment in which students live to accurately identify the potential stressors that can lead to negative academic and social behavior. Build positive, caring, and respectful relationships. Teach coping skills. Seek advice from other school or district professionals, when appropriate. Teach and reinforce expected behaviors and do not assume prior knowledge.

Sources: Adapted from Jensen (2013); Konkel (2012); and the California Department of Education's English Language Arts/English Language Development Framework for California Public Schools (2015).

Students Who Are Living in Foster Care

More than 43,000—or about 1 in 150 students in California's K–12 public schools—spent some period of time in foster care during the 2009–2010 school year (Barrat and Berliner 2013, 6). Students in foster care—a group that is distinct from, but may overlap with, students living in poverty—lag significantly in academic preparedness compared to their peers who are not in foster care. Foster children are often especially resilient and share in many of the same academic strengths as other students. However, children and youth in foster care are more likely than other students to change schools during the school year, have a visible or nonvisible disability, and experience a greater academic achievement gap than students living in poverty (California Statewide Taskforce on Special Education 2015; Barrat and Berliner 2013). In addition, students in

foster care have the highest dropout rates and lowest graduation rates (Barrat and Berliner 2013, 36).

Compared to children who have not been in foster care, foster youth are at a significantly higher risk of mental and physical health issues, including learning disabilities, developmental delays, depression, anxiety, teen pregnancy and early parenting, sexually transmitted infections (STIs), behavior and speech issues, obesity, and asthma (Turney and Wildeman 2016). Foster youth are also one of the most vulnerable populations for sex trafficking and other forms of abuse. Case managers working with youth in foster care have a requirement to verify that the youth have received education that is compliant with the California Healthy Youth Act. This may require teachers, district staff, school support staff (such as school counselors, school nurses, and school social workers), and community partners (such as school-based health centers) to coordinate communication with case managers to make sure a student is not missing out on critical course content, and some instances may require a community of providers to supplement education to meet this need.

The achievement gap that foster children and youth experience has been referred to as an “invisible” one. Educators may not be aware that their students are foster children or youth, and they may be unfamiliar with learning needs and appropriate support services that are particular to these students’ life circumstances. However, foster children and youth are more likely to thrive in school when districts and teachers know who their foster children and youth are, place foster children strategically in the most appropriate schools and classrooms, and educate themselves about how to provide effective, motivating, engaging, and relevant instruction and support services. Additionally, educators can refer students to participate in expanded learning opportunities, which provide collaborative, high-quality learning, available at the school site.

One example of support for school leaders is the College and Career Pathways project, which provides guidance to high schools on how to help foster youth plan for college and careers. Another resource is the California Department of Education Foster Youth Services web page, which provides numerous resources related to foster youth services and programs. Ask school support staff (such as school administrators, school counselors, school nurses, and school social workers) or community partners (such as school-based health centers) about connecting students to the district foster youth liaison to obtain additional learning resources and health services for students.

Students Who Are Gifted and Talented (GATE) Learners

For purposes of this framework, advanced learners and gifted learners are students who demonstrate or are capable of demonstrating performance in health education at a level significantly above the performance of their age group. In California, each school district sets its own criteria for identifying gifted and talented students.

The informal identification of students' learning needs is important because some students, particularly California's culturally and linguistically diverse learners, may not exhibit advanced learning characteristics in culturally or linguistically congruent or familiar ways. For example, a kindergartner who enters United States schools as a newcomer to English and is fluently translating for others by the end of the year may not be formally identified as advanced but may in fact be best served by programs offered to gifted and talented students. Likewise, some teachers or school support staff may fail to identify students with visible and nonvisible disabilities as gifted and talented. These students are sometimes referred to as "twice exceptional" and instruction needs to address both sets of needs (International Dyslexia Association 2013; Nicpon et al. 2011). Teachers should be prepared through pre-service and in-service professional learning programs to recognize the range of learners who are gifted and talented. As noted previously, the populations discussed in this chapter are not mutually exclusive.

A synthesis of research on the education of students identified as gifted and talented suggests they should be provided the following (Rogers 2007):

- Daily challenges in their specific areas of talent
- Regular opportunities to be unique and to work independently in their areas of passion and talent
- Various forms of subject-based and grade-level-based acceleration as their educational needs require
- Opportunities to socialize and learn with peers with similar abilities
- Instruction that is differentiated in pace, amount of review and practice, and organization of content presentation

Instruction for advanced learners and gifted learners should focus on adding depth and complexity to their understanding of the topics being studied, not necessarily in adding new topic areas or skipping courses or content. For example, providing students the following opportunities can be especially valuable for advanced learners and gifted learners:

- Engaging with appropriately challenging text and content
- Conducting research
- Engaging in independent or small group projects and health-related service learning
- Using technology creatively
- Writing regularly on topics that interest them

These experiences allow students to engage more deeply with content and may contribute to motivation. Instruction that focuses on depth and complexity ensures cohesion in learning rather than piecemeal “enrichment.”

Students Who Identify as Lesbian, Gay, Bisexual, Transgender, or Questioning

All California’s children and adolescents have the fundamental right to be respected and feel safe in their school environment, yet many students do not feel supported in expressing their gender, gender identity, gender expression, and sexual orientation. California *EC* Section 210.7 defines gender as sex and includes a person’s gender identity and gender expression. *Gender identity* refers to the gender with which a person identifies and may not necessarily match an individual’s sex assigned at birth. *Gender expression* refers to a person’s gender-related appearance and behavior, whether or not stereotypically associated with the person’s assigned sex at birth. *Sexual orientation* refers to a person’s enduring pattern of romantic and sexual attraction to persons of the opposite sex or gender, the same sex or gender, or to both sexes or more than one gender.

There are an infinite number of ways an individual may identify or choose to express their individuality and sense of self. This list is also expansive as it relates

to gender, and students may not conform within social norms of the binary gender identities of male and female (e.g., gender nonbinary, gender nonconforming, androgynous, gender queer, or gender fluid). It is important to remember a person's gender and sexuality *identity* do not necessarily correlate with their *activity*, and educational approaches need to be identity-sensitive but behavior-focused, inasmuch as a primary goal of health education is to positively influence the health behavior of individuals and communities as well as the living and working conditions that influence health (Society for Public Health Education n.d.). That is, if a male does not identify as gay or bi, but still has sex with other men, then discussions that are only about “gay” sex, for example, can miss important aspects of actual human behaviors.

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.

Because some identities may hold a negative stigma for some students, it may prevent them from receiving important information or content. Be mindful of students' identified gender pronouns and affirmatively acknowledge the existence of relationships that are not heterosexual by actively using examples in class discussions and activities. Use gender-neutral language when referencing gender identity or sexual orientation to create an inclusive and safe environment. It is important to not make assumptions about how a student identifies based on appearance and to be as culturally sensitive and inclusive as possible when discussing gender and relationships. Teachers should generally avoid dividing the class by gender, having single-gender teams or activities, and should try to mix traditional gender roles in class activities, such as role playing.

Educators should be mindful of students who are not public about their gender identity or sexual orientation and ensure gender identity or sexual orientation is never revealed or discussed with anyone without the student's explicit consent. This is especially true when educators communicate with other students, families, and other educators. Research indicates that students who are gender nonconforming are less likely than other students to feel very safe at school and

more likely to indicate that they sometimes do not want to go to school because they feel unsafe or afraid (Kosciw et al. 2018). Furthermore, they are more likely to be teased and bullied about their gender expression (Kosciw et al. 2018). Specific to California, the majority of LGBTQ+ students (up to 63 percent) have been victimized at school based on their sexual orientation, gender, or gender expression by either verbal or physical harassment or physical assault (GLSEN 2017). Additionally, LGBTQ+ students report feeling unsafe and experiencing harassment or assault at school (GLSEN 2017). They often miss days of school to avoid a hostile climate.

All California educators have a duty to protect students' right to obtain an education in a safe and welcoming environment and their right to physical and psychological safety. They also have a duty to ensure that each of their students has the opportunity to thrive. The California *EC* sections 200 et seq. prohibit discrimination on the basis of various protected groups, including sexual orientation, gender, gender identity, and gender expression. California recognizes that discrimination and harassment in schools “can have a profound and prolonged adverse effect on students' ability to benefit from public education and maximize their potential” (California Department of Education 2012). Furthermore, research suggests that victimization based on sexual orientation or gender expression is related to lower academic achievement and educational aspirations, as well as poorer psychological well-being and higher rates of suicide ideation. School-based supports may play a significant role in mitigating these risk factors (Kosciw et al. 2013).

General recommendations from GLSEN for schools regarding students in this diverse population include the following (2019):

- Adopt and implement clear and comprehensive anti-bullying policies and procedures thus promoting respectful and safe environments for all students
- Provide professional development to educators as accurate information and terminology evolves, and ensure that all students have access to a welcoming environment and supportive, respectful teachers and staff who will intervene on their behalf
- Provide a supportive environment for teachers to be out and explicitly support them via policies and practices
- Increase students' access to an inclusive curriculum with sensitivity to pronouns

- Work with your school teacher librarian and media specialist to ensure students have access to inclusive and diverse reading and media materials

Additional recommendations from GLSEN (2019) include the following:

- Make available and share age-appropriate instructional materials and resources that reflect the diversity of humankind and thoughtfully deal with the complexities and dynamics of intolerance and discrimination
- Teach students by example and through discussion how to treat everyone with dignity and respect
- Ensure the classroom environment is inclusive by using posters or images that depict students and people of all abilities—consider hanging a small rainbow pride flag or *safe zone* sticker that signifies that all gender identities and expressions are welcome in the classroom; also, partner with school administration to ensure that this inclusive environment is consistent throughout the entire school campus
- Encourage the formation and continuation of LGBTQ+ student groups, such as Genders and Sexualities Alliance Network (GSA), which improve the school environment and inclusive climate
- Consider seeking professional development opportunities in LGBTQ+ issues
- Teachers, administrators, and staff should be informed that they are protected from workplace discrimination and harassment according to the California Fair Employment and Housing Act (see *Government Code* sections 12900–12996)

California students who are not themselves in this population may have parents, guardians, family, or friends who are lesbian, gay, bisexual, transgender, queer, or questioning. All students and their families need to feel safe, respected, and welcomed in school. The health education standards related to growth, development, and sexual health encompass a broad scope of concepts and skills, including acquiring information about interpersonal relationships and gender roles. Many standards in this area cover aspects of healthy relationships and inclusivity, and recognize that there are individual differences in growth and development, physical appearance, gender roles, gender expression, and sexual orientation.

Transgender students often experience additional difficulties in school beyond bullying and harassment. In some cases, their gender identity is not recognized and respected. It is important the school community understands and supports

transgender students' right to be addressed by the correct name and pronouns and access facilities and programs consistent with their gender identity, in addition to avoiding language and teaching that is exclusionary of transgender students. The same is true of students who identify as nonbinary, meaning their gender is neither strictly male nor female. California EC Section 221.5(f) specifies that students in California have the right to participate in school activities, including sports, and use facilities consistent with their gender identity, irrespective of the gender listed on their records.

The example below provides some tangible ideas for ensuring that instructional materials and resources that both reflect and honor the diversity of humankind and thoughtfully deal with the complexities and dynamics of intolerance and discrimination.

SNAPSHOT

Learning from Diverse Role Models in High School

The teachers at the Helen Rodriguez-Trías Health Professions High School work together to ensure that their students learn about role models in health professions, inspiring their students to persevere in academic coursework and pursue careers in health fields. The role models the teachers select reflect the cultural, ethnic, gender, gender identity, sexual orientation, and other aspects of diversity of students in the school. One of the role models students learn about is teen scientist Jack Andraka. When he was a high school student, he invented an inexpensive early detection test for pancreatic, ovarian, and lung cancers, and has won numerous awards for his scientific work. In addition to learning about Andraka's contributions to health sciences, they also learn how the young inventor and scientist, openly gay since the age of thirteen, has earned international praise for sharing his personal and motivational story—in multiple documentaries, journal articles, and a memoir—depicting his experiences of bullying, depression, rejection, and ultimately international success.

One of the texts students read and discuss is an op-ed Andraka wrote for *Advocate*, titled, "How Gay Genius Alan Turing Got Me Through Middle School" (2014). In the piece, Andraka explains how inspiring and motivational it was for him in middle school to discover a role model who was also gay: Alan

Turing. Andraka laments the paucity of role models for LGBTQ+ youth and advocates for changes in schools. As the students learn about Andraka, they discuss his contributions to health science and how he serves as a role model for other teens. In an activity that connects health education and science instruction, small groups select one of the “do-it-yourself” science experiments included in each chapter of Andraka’s memoir and work together to conduct them. These activities should be jointly developed by health education and science teachers.

Students also learn about the work of Nadine Burke Harris, a pediatrician and California’s first Surgeon General, through a TED Talk in which she explains the public health crisis of childhood trauma and how it affects people across their lifetimes (2014). The students discuss the key points from the talk, including how adverse childhood experiences have real, tangible effects on the development of the brain and on lifelong mental and physical health. They learn that, in addition to affecting their mental well-being, people who grew up with a family member who suffered from substance abuse or mental illness, were neglected, or experienced other high levels of early adversity are at triple the risk for heart disease and lung cancer. Harris explains how health professionals and the community at large can use the knowledge gained from science for the prevention and treatment of trauma to reduce the effects of adversity and treat children and youth through holistic services and education, such as her work at the Center for Youth Wellness in San Francisco. Through their animated discussions of the TED Talk and a group research project they conduct on the topic, the students create public service announcements to educate their local community, focusing on evidence-based solutions.

Another group of role models students learn about are people who came to California as undocumented immigrants and later entered the health professions. For example, they read *Becoming Dr. Q: My Journey from Migrant Farm Worker to Brain Surgeon*, the memoir of Dr. Alfredo Quiñones-Hinojosa, also known as “Dr. Q,” who grew up in an impoverished Mexican village; journeyed to California at the age of fourteen; worked as a migrant farmworker and a welder in the San Joaquin Valley; earned a bachelor’s degree at the University of California, Berkeley; attended Harvard Medical School (earning his citizenship while a student); and established himself as a successful neurosurgeon (2011). In a TEDx Talk, Quinones-Hinojosa speaks of how proud he is to be a Mexican and an American, living the American dream, and using his transformed life to save the lives of others.

Students read a book by and view videos about Temple Grandin, a prominent author and speaker on autism and animal rights. Diagnosed with autism as a child, Grandin personifies the importance of people on the autism spectrum—who can think in unique ways—contributing to the world and can think in unique ways. Students learn about the autism spectrum, how it spans from people who are famous scientists to those who are challenged to care for their daily needs, and how educators, family members, and the community at large can be more inclusive and supportive of people with autism. They also learn about the significant impact Grandin’s work has had on animal welfare, including how her work designing humane handling systems for half the cattle-processing facilities in the United States. They discover how Grandin’s books and speeches about her life as a person with autism have increased and shaped the world’s understanding about autism and given voice to others with the condition.

Other inspirational leaders to consider include Michael J. Fox and Stephen Hawking, given their respective contributions to research and publications in health and science.

In addition to learning about specific role models, students conduct their own research in collaborative groups to investigate people in health professions they are interested in, such as diverse leading thinkers in alternative medicine and nutrition, environmental justice, or mental health. They showcase their research in a community event at city hall and post their multimedia presentations on a website dedicated to promoting diversity in the health professions.

Students with Visible and Nonvisible Disabilities

Approximately ten percent of Californians have a visible or nonvisible disability (Cornell University 2016). In accordance with the Individuals with Disabilities Education Act (also known as the IDEA), California local education agencies provide special education and other related services as a part of a guaranteed free appropriate public education to students who meet the criteria under one of the following categories (presented alphabetically; see the National Dissemination Center for Children with Disabilities for detailed descriptions):

- Autism
- Deafness
- Deaf-blindness
- Emotional disturbance
- Hearing impairment
- Intellectual disability
- Multiple disabilities
- Orthopedic impairment
- Other health impairment
- Specific learning disability
- Speech or language impairment
- Traumatic brain injury
- Visual impairment, including blindness

Students with specific learning disabilities and speech and language impairment make up approximately more than half of students receiving special education services (National Center for Education Statistics 2019). While specific learning disabilities vary widely, difficulty with reading is the most common type of specific learning disability. However, it is important to note that students experiencing difficulty while reading do not necessarily have a learning disability. There are many causes for low achievement in reading, including inadequate instruction and lack of access to materials. Under the IDEA, a student who is performing below

grade level may not be determined to have a specific learning disability if the student's performance is primarily a result of limited English proficiency or a lack of appropriate instruction.

A student in a particular disability category only represents a label for a qualifying condition for special education purposes. The spectrum of disability and educational needs within each disability category varies widely. Thus, each individual education program should be based on a student's individual needs—not their label. Students who receive special education and related services in the public school system must have an Individualized Education Program (also known as an IEP). The Individualized Education Program is a federally mandated individualized document specifically designed to address an individual's unique educational needs. It serves as the foundation for ensuring a quality education for each student with a disability. To learn more about Individualized Education Programs, accommodations, modifications, and resources designed to support the needs of students with visible and nonvisible disabilities, collaborate with the school's special education teachers and providers of student services.

Accommodations and Modifications for Students with Visible and Nonvisible Disabilities

Accommodations play important roles in helping students with visible and nonvisible disabilities access the core curriculum and demonstrate what they know and can do. The student's Individualized Education Program team determines the appropriate accommodations for both instruction and assessments. Decisions about accommodations are made on an individual student basis, not on the basis of category of disability. Many students who are eligible for special education services are able to achieve standards when the three following conditions are met:

1. Standards are implemented within the foundational principles of Universal Design for Learning (UDL) and Positive Behavioral Support (see resources such as Center for Applied Special Technology [CAST], the California Department of Education's Positive Behavioral Support web page, and other UDL resources).

2. Evidence-based instructional strategies are implemented and instructional materials and curriculum reflect the interests, preferences, and readiness of each student to maximize learning potential.
3. Appropriate accommodations are provided to help each and every student access grade-level content and complete tasks successfully.

The Clearinghouse for Specialized Media and Technology provides accessible instructional materials in Braille, Large Print, and Audio formats in accordance with *EC Section 60313*. These resources intended to support students with visual impairment or other disabilities in grade levels K–8 who are unable to progress with conventional print materials. Materials are available to all public schools in California at no cost. Member registration is required, and any public school employee may register. Information and registration are available at the California Department of Education’s Clearinghouse for Specialized Media and Technology web page.

Modifications to curriculum for students with visible and nonvisible disabilities are unique and are based on the student’s Individualized Education Program. All decisions about modifications to curriculum to meet the needs of a student should be made by the student’s IEP team and should align to the IEP goals based on appropriate grade-level standards. Additional information and resources can be found by visiting the California Department of Education Special Education Division Services and Resources web page.

Students with visual and nonvisual disabilities may experience higher rates of sexual abuse and assault (Rape Abuse and Incest National Network 2020). When providing sexual health education to students with developmental disabilities, it is important to make accommodations, perhaps in partnership with their special education teachers, to ensure they receive developmentally appropriate sexual health instruction. For example, some students with visible or nonvisible disabilities may require multiple opportunities to practice the concrete skills needed to affirmatively give consent, set a boundary, and tell a trusted adult when a boundary has been crossed. For more information and resources, see “Sexual Health Education for Young People with Disabilities, Research and Resources for Educators” (Advocates for Youth 2016).

Establishing an Inclusive Health Education Classroom through UDL

Principle I

Provide multiple means of engagement to tap individual learners' interests, challenge them appropriately, and motivate them to learn.

UDL Guidelines	Health Education Classroom Examples
<p>Guideline 7: Provide options for recruiting interest.</p>	<ul style="list-style-type: none"> ▪ Optimize individual choice and autonomy by providing learners choice in topics or the order in which they accomplish tasks. ▪ Leverage students' cultural backgrounds, as well as youth culture, to promote culturally relevant health learning. ▪ Provide home and community audiences for students' work. Connect with the community via field trips or a guest speaker program to learn about health. Regularly check in with parents, guardians, and caretakers on how their child is performing.
<p>Guideline 8: Provide options for sustaining effort and persistence.</p>	<ul style="list-style-type: none"> ▪ Minimize distractions and promote focus. For example, use norms to ensure respectful interactions, and provide quiet spaces where students can refocus when needed. ▪ Vary demands and resources to optimize challenge. For example, provide a range of resources appropriate for and of interest to a range of learners. ▪ Foster collaboration and communication by offering structures for group work and clearly discussing expectations. ▪ Increase mastery-oriented feedback by providing timely and specific feedback and focusing on learning, growth, and a growth mindset.

UDL Guidelines	Health Education Classroom Examples
Guideline 9: Provide options for self-regulation.	<ul style="list-style-type: none"> ▪ Promote high expectations and belief in students. For example, encourage students by helping them to set personal goals and supporting them to achieve them. ▪ Facilitate personal coping skills and strategies. For example, provide or co-construct with students' checklists for managing behavior. ▪ Support students to develop self-awareness, assess their progress toward personal to goals, and to reflect on growth or how to improve.

Principle II

Provide multiple means of representation to give students various ways of acquiring, processing, and integrating information and knowledge.

UDL Guidelines	Health Education Classroom Examples
Guideline 1: Provide options for perception.	<ul style="list-style-type: none"> ▪ Provide large print or graphic representations of health models, such as decision-making and goal-setting models. ▪ Provide written transcripts, provide braille texts, or use American Sign Language. ▪ Provide descriptions of images, tactile graphics, or physical objects.

UDL Guidelines	Health Education Classroom Examples
<p>Guideline 2: Provide options for language, mathematical expressions, and symbols.</p>	<ul style="list-style-type: none"> ■ Provide glossaries and bilingual dictionaries for accurate health education terms. ■ Use digital text with accompanying human voice recording of health-related articles. ■ Use students' primary language. ■ Provide illustrations, photos, simulations, or interactive graphics. For example, when teaching ATOD content, a photo that clearly shows that 12 ounces of beer, 5 ounces of wine, and 1.5 ounces of distilled spirits or hard liquor are all equivalent to one serving of alcohol. ■ Make explicit the connections between text and illustrations, diagrams, or other representations of information.
<p>Guideline 3: Provide options for comprehension.</p>	<ul style="list-style-type: none"> ■ Activate or supply background knowledge (e.g., use advanced organizers and make explicit cross-curricular connections). ■ Highlight patterns, critical features, big ideas, and relationships. For example, use outlines to emphasize important health concepts or to draw students' attention to critical features. ■ Guide information processing, visualization, and manipulation. For example, provide explicit prompts for each step in a sequential process, such as a research task or role-playing a situation. ■ Maximize transfer and generalization (e.g., embed new ideas in familiar contexts).

Principle III

Provide multiple means of action and expression to provide students with options for navigating and demonstrating learning.

UDL Guidelines	Health Education Classroom Examples
<p>Guideline 4: Provide options for physical action.</p>	<p>Vary the methods for response and navigation. For example, have students respond to review questions in a game-like fashion using whiteboards or survey clickers.</p> <p>Integrate assistive technologies. For example, have touch screens and alternative keyboards accessible for projects.</p>
<p>Guideline 5: Provide multiple tools for construction and composition.</p>	<p>Use multiple media for communication. For example, have students demonstrate their health education learning through film or multimedia.</p> <p>Have students use role playing and dramatizations to practice health behavior skills.</p> <p>Provide concept mapping tools to support solving problems regarding health education topics.</p> <p>Use multiple types of assessment methods, such as the use of portfolios or interviews, to ensure students' knowledge and skills are accurately assessed.</p>
<p>Guideline 6: Provide options for executive functions.</p>	<p>Guide appropriate goal setting. For example, support learners to set health education goals and ways of measuring progress toward the goal.</p> <p>Support learners to plan for and engage in individual and group tasks. For example, identify priorities and a sequence of steps for completing the tasks.</p> <p>Set aside time for students to generate and ask questions at the end of each health class. Students can also submit anonymous questions via a Q&A box kept in the classroom with responses delivered at the beginning of each class period.</p> <p>Provide success criteria for assignments, prompt learners to identify the type of feedback they seek, and provide them with protocols to provide peer feedback.</p>

When initial instruction is planned in such a way that it flexibly addresses learner variability, more students are likely to succeed. Fewer students will find the initial instruction inaccessible and therefore fewer will require additional, alternative “catch-up” instruction. By taking the time to really get to know their students with disabilities and remaining open to listening, learning, and responding with genuineness and empathy, teachers can draw students together as a learning community.

Sources: Select content adapted and expanded from the California Department of Education (2015, chapter nine), Pateman et al. (2001), Telljohann et al. (2015), and CAST (2018).

Students Who Have Experienced Trauma

It is important to note that many students have experienced some form of traumatic event, including the loss, deportation, or incarceration of a family member, or any form of abuse or bullying. These students, while not always easily identified, often need additional support to achieve educational goals. Before introducing topics that are likely to trigger responses in students who have experienced trauma, teachers should inform school support staff and administrators so they are prepared to provide support and interventions to students and address concerns raised by students or parents, guardians, and caregivers. School staff should be mindful of a delicate balance between sharing information to keep a student safe and maintaining a student’s confidentiality.

Students who have experienced trauma may have a number of varying trauma responses, which can impact both mental and physical health and may include the following:

- Falling behind in assignments
- Being tardy or truant
- Displaying problem behaviors that can be misdiagnosed as a symptom of something other than their trauma experience
- Appearing distracted
- Having difficulty concentrating
- Exhibiting displaced anger or aggression
- Displaying symptoms of depression and anxiety

Health education teachers, teachers, administration, staff, peer health educators, or health educators from community agencies may be in a position to suggest helpful resources and connect students to school supports including the school nurse, social worker, or counselor. Additionally, teachers may also be able to refer students to community-based organizations that can offer additional support. If a student discloses abuse or there is reason to suspect child abuse, follow mandated reporting laws and school policies immediately (see the [Mandated Reporting](#) section for mandated reporting requirements in the “Introduction” chapter). An Individualized Education Program may be necessary to support learning and any special needs. To further support students, districts should provide professional development on understanding trauma and implementing trauma-informed educational approaches. Understanding trauma and having systems in place to support the student as an individual can also establish a school climate that promotes health and safety for all.

Multi-Tiered System of Supports

Since health education includes both the physical and mental health of our students, it is important for health educators to understand the connection between the academic and social–emotional learning supports within the structure of the Multi-Tiered System of Support (also known as MTSS) utilized in a local education agency. A coordinated system of institutionalized supports and services is crucial for ensuring appropriate and timely attention to students’ needs such as those experiencing mental health issues. The Multi-Tiered System of Supports is a multifaceted approach that aligns academic, behavioral, and social–emotional learning in a fully integrated system of support for the benefit of all students. The Multi-Tiered System of Supports is a framework for aligning resources and initiatives, which could include systems such as UDL, Response to Instruction and Intervention (also known as RtI²), and Positive Behavioral Interventions and Supports (also known as PBIS).

Each local education agency should have a way of organizing supports so that both the academic side and the social–emotional learning side are aligned to serve the whole child (California Department of Education 2017). Research has shown that problems in one area (academic or social–emotional) can predict future problems in other areas (McIntosh et al. 2008). Since health education includes both the physical and mental health of our students, it is important for health educators to

understand the connection between the academic and social–emotional learning supports within the structure of the Multi-Tiered System of Supports utilized in a local education agency.

Academic and social–emotional supports should be combined and consider shared outcomes. For local education agencies, this may mean integrating or braiding initiatives into existing programs and priorities. This integration includes identifying how all initiatives, parallel systems, data, and practices within a school can be unified to create a common focus for staff. One example is to combine the academic support team with the behavioral support team at a school site. By combining both support teams, the new, larger team is able to review data, systems, and practices from the whole-child perspective and coordinate services accordingly (McIntosh, Horner, and Sugai 2009).

Within Multi-Tiered System of Supports are tiered levels of prevention: primary, secondary, and tertiary. The primary tier (Tier 1) of prevention is universal and intended to address the needs of all students. For social–emotional learning this would include an emphasis on having a schoolwide mental, emotional, and social health program. The secondary tier (Tier 2) of prevention is intended for small groups of students who are not responsive to the primary preventions. Tier 2 could include supplemental social behavior support and/or coordinated mental health services. Tertiary prevention (Tier 3) is individualized and intensive for those students unresponsive to Tier 1 and 2 preventions over a period of time. Tier 3 prevention is informed by a specialized team of special educators, behavioral interventionists, school psychologists, and school counselors, and school social workers. The Multi-Tiered System of Supports team determines which students need this level of support. All health educators and administrators are encouraged to play an integral role and collaborate with the specialized team to advocate and represent the student’s health education needs.

Culturally Responsive PBIS Implementation

Current recommendations in the Positive Behavioral Interventions and Supports (PBIS) literature for considering cultural and contextual factors in culturally responsive PBIS implementation focus on three areas of practice: (1) collaborating with families and community members in teaching and reinforcing schoolwide behavioral expectations, (2) monitoring disproportionality in office discipline referrals between dominant and nondominant groups through analysis of trends in data disaggregated across student demographic characteristics (e.g., race/ethnicity), and (3) providing professional development aimed at increasing practitioners' awareness of differences between their own and nondominant students' cultural patterns of communication styles, roles of authority, etc. that will allow them to interpret individual students' problem behaviors correctly. All health educators, school support staff (such as school counselors, school nurses, and school social workers), community partners, school-based health centers, and administrators are encouraged to play an integral role and collaborate with the specialized team to advocate and represent the student's health education needs.

Source: *Bal, Thorius, and Kozleski (2012).*

Ensuring access to, and equity in, quality health education is a shared responsibility—one that begins with recognizing that each California student is an individual with multiple layers of identity, a range of interests and talents, and the basic human needs for connection, respect, and dignity. When health education teachers work collaboratively within schools and districts, with families, and with a variety of community organizations to create welcoming, safe, affirming, caring, respectful, and engaging learning environments, they can ensure that all students have the opportunity to thrive academically and achieve their full potential.

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Assessment

CHAPTER 8

In standards-based practice, the assessment of student learning takes on a prominent role because of the value it brings to students and teachers in the learning process. Assessment becomes the foundation for decisions related to teaching and learning. The assessment process provides data on student progress toward learning goals, allows for instruction to be aligned to the standards, makes multiple contributions to learning, and supports teachers' decisions related to instructional strategies and the classroom environment.

To be effective and meaningful, assessment must be planned prior to instruction to ensure the language and content of the assessment clearly measures the learning goals. Just as health education has evolved from being strictly content- and knowledge-focused to a more dynamic, comprehensive, and skills-based educational approach, so has the assessment process. The assessment of students' learning of health education content is now more focused and provides evidence of learners' attitudes, skill development, and knowledge application needed to make and practice the best decisions related to health. Health education teachers need a collection of assessments to capture the learning of students as they demonstrate what they know and are able to do (Telljohann et al. 2015).

Purposes of Assessment

Assessing student learning via standards-based practice has two central purposes: (1) collecting evidence of learning and (2) contributing to learning. As such, the assessment of learning in the classroom takes on important responsibilities and, in some cases, new uses.

When teachers assess their students' learning of the health education content using standards-based instructional design, they have opportunity to

- clarify learning intentions and criteria for success for themselves and their students;
- design effective learning experiences that focus on the clear learning intentions;
- provide feedback to move learners forward; and
- activate students as owners of their learning and as instructional resources for one another (Black et al. 2003).

While research has shown that assessing learning helps all students, it yields particularly good results with low achievers by concentrating on specific issues with their work and giving them a clear understanding of the adjustments they need to make (Black and Wiliam 1998, 40). In health education, assessing learning also enriches students' potential to practice health-promoting behaviors outside the classroom and makes it possible for them to apply these skills in real-world situations.

The content in the health education standards present a vision for excellence, a commitment to learning, and a promise for lifelong health for each California student. Successful student learning of this content is dependent on teachers and students maximizing the benefits of both the process and products of assessing learning. This chapter communicates the significance of the assessment process through the following areas:

- Designing health education instruction
- Describing teachers' work in standards-based processes
- Guiding the design of assessments
- Sharing sample assessments
- Discussing important considerations in the assessment of health education content

- Addressing key considerations in collecting evidence of learning from the diverse learners in our classrooms

Formative and Summative Uses for Assessment

Formative assessment is assessment for learning versus assessment of learning. Formative assessments (1) help teachers adapt instruction on the basis of evidence to make adjustments that yield immediate benefits for student learning and (2) provide students evidence of their current progress to actively manage and adjust their own learning (Chappuis and Chappuis 2008; Stiggins et al. 2006). Teachers also utilize the assessment process by creating assessments that collect evidence or groups of evidence that summarize and/or communicate the results in meaningful ways—often referred to as summative assessment. Summative assessment identifies how much learning has occurred at a particular point in time. It can also be used to make a judgment, such as what grade a student will receive for a grading period. The assessment process is the same whether the teacher and students are seeking feedback on the learning or if the data is grouped, summarized, and communicated with others for the purpose of sharing student progress on learning the content. Teachers make the important decisions about how much content to assess at a time and how to use the information or data collected.

Classroom assessments not only measure and report learning but also have the potential to promote it and to improve instruction. The regular use of formative assessments can provide specific, individual, timely information that has a powerful impact to immediately guide teaching and learning. To be considered formative, an assessment must provide information about students' learning relative to the desired lesson goal that teachers can immediately use to adjust instruction. The formative assessment process begins when teachers share achievement targets with students in student-friendly language.

Due to the variety of learning outlined in the health education standards, evidence is collected through the use of many different kinds of assessments, each aligned with the content in the standard. These may take the form of quizzes, oral presentations, demonstrations, writing projects, or portfolios, to list

a few examples. Each assessment provides teachers and students with detailed information and should be used to guide future instruction. Students and teachers use feedback from each assessment opportunity to determine where they are now compared to where they want to be and reflect on how to do better the next time (Stiggins 2007). For example, results can be used by teachers to identify and reteach portions of the content that students have not mastered. Students can use formative results to make decisions about further study; teachers can guide students to determine their strengths, weaknesses, and what the results mean for the next steps in learning (Chappuis and Chappuis 2008).

Formative assessment attempts to answer the following questions for the teacher:

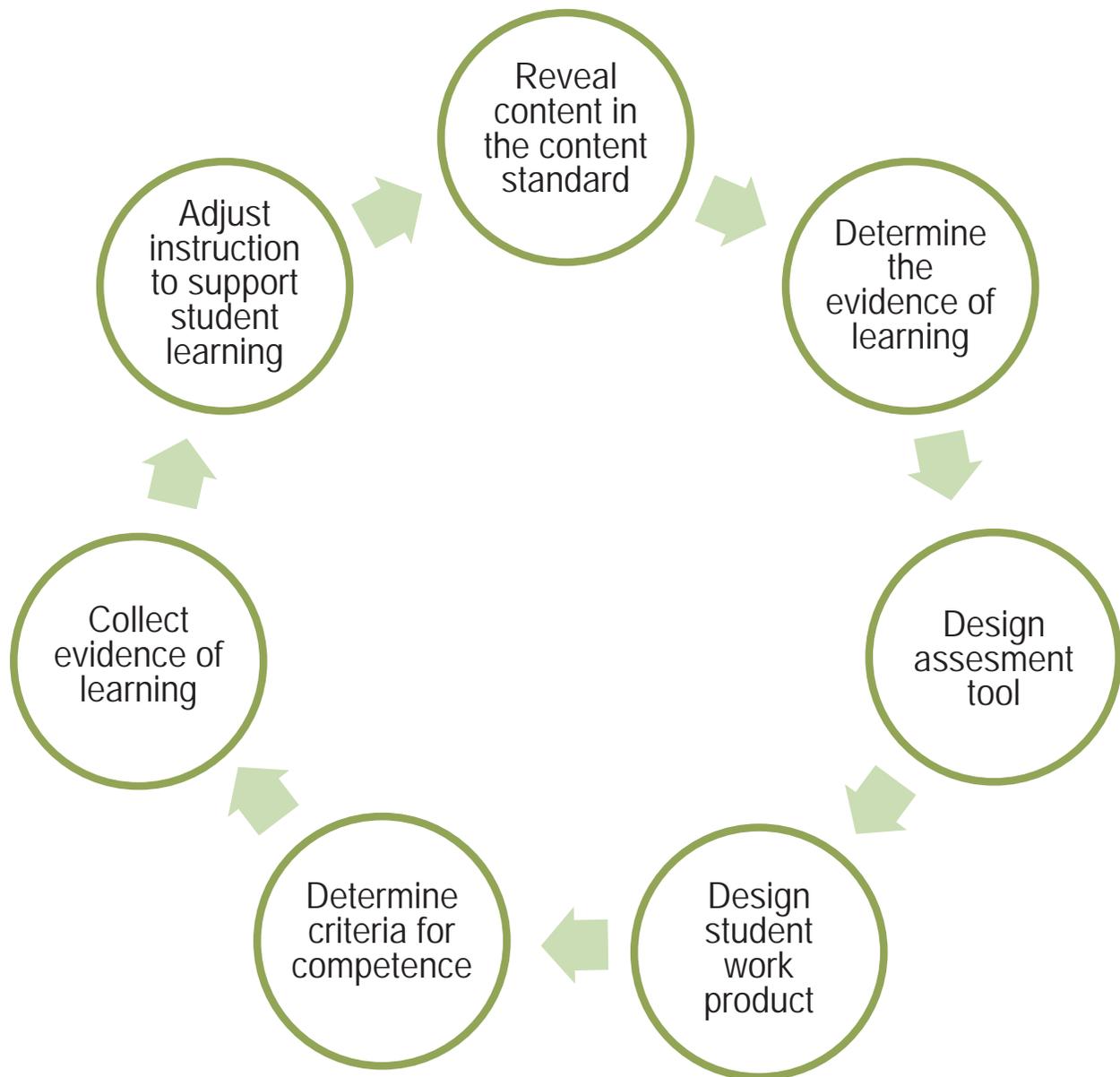
- Where are my students in relation to the learning goals for this lesson?
- What is the gap between students' current learning and the goal(s)?
- What individual difficulties are my students having?
- Are there any missing building blocks in their learning?
- What do I need to adjust in my teaching to ensure that students learn?

Formative assessment attempts to answer the following questions for the learner:

- How am I progressing?
- What steps should I take to improve my learning?

The Assessment Process

The process of assessing learning in a standards-based environment considers actions of the teacher both prior to and after engaging students in the assessment process. This process is illustrated below.



Long Description of the Assessment Process is available at <https://www.cde.ca.gov/ci/he/cf/ch8longdescriptions.asp#chapter8link1>.

Source: Used with permission of the California Physical Education-Health Project and The California Center for Excellence in Physical Education (2013).

Revealing Content in a Standard

The health education standards include significant amounts of content that students need to master to demonstrate learning. Revealing this content is often referred to as “unpacking” a standard. The process of unpacking standards also informs teachers’ thinking about assessment and instruction.

Evidence of Learning

Determining the evidence of learning communicated in the health education standard, or smaller piece of content from the standard, is perhaps the most impactful action for teachers in designing well-aligned instruction. The evidence, when very clear, enables teachers to think about the content, design assessments that collect evidence of learning, and select aligned instructional strategies to narrow the approach to the learning that must be done by the students to demonstrate proficiency with the standard.

The sources of evidence in formative assessment are found in what students do, say, make, or write (Griffin 2007). For example:

- Teacher–student interactions generated by well-designed questions (Bailey and Heritage 2008; Black et al. 2003)
- Structured peer-to-peer discussions observed by teachers (Harlen 2007)
- Dialogues that embed assessment into an activity already occurring in the classroom (Ruiz-Primo and Furtak 2007)
- Student work resulting from well-designed tasks (Poppers 2011)
- Observations of activities such as role-play (Council of Chief State School Officers 2006)

Designing Assessment

Because of the role assessment plays in learning and the instructional steps toward learning, designing assessments that collect evidence of student learning is best done by teachers. These tools should be reliable (consistently measured across learners), valid (measuring what is intended to be measured), and reflect the academic skills of the learners who will be utilizing them.

A variety of assessments are needed to collect evidence of learning for the breadth and variability of standards. Assessments can be easily adapted for use with multiple standards. Furthermore, assessments can be easily designed to collect evidence of learning health education content, as well as collecting evidence of student learning of English language arts content (see sample assessments below).

Criteria for Competence

Developing criteria for the characteristics of the proficient performance/response is referred to as the criteria for competence. These criteria enable teachers and students to make multiple decisions about student work with confidence and without bias. The criteria for competence in the content to be learned also accommodate more rigor in the preparation and development of the work product, and guide student learning processes and output. They also provide a platform for academic discourse between student and teacher, and also among learners.

Typically, the criteria for competence include four to six descriptors of a proficient performance or response, and when used with multiple descriptive levels (a rubric) of performance, can provide students and teachers with strong structures to evaluate work products, elicit further learning, and provide focused individual feedback. Sharing criteria for competence openly with students at many stages of instruction is key for the production of rigorous, high-quality work. Additional guidance on developing criteria for competence in health education can be found in the document, “Assessment Tools for School Health Education,” published by the Council for Chief State School Officers (2006).

Student Work Products

During the assessment process, teachers design assessments to collect evidence of learning. They also design the student work product that will display the evidence. It is important to note the fine discrimination between collecting and displaying the evidence. Student work products display each student’s learning evidence and enable teachers and students alike to judge the evidence against the criteria for competence. Student work products must collect only evidence of learning provided by the tool and not auxiliary information (e.g., opinion, unrelated content).

Sample Assessments

The sample assessments with each of the following overarching standards are a sampling of the tools teachers will need to collect evidence of their students' learning of the health education content standards. These sample assessments are simple and designed for use in the classroom on a daily basis. It should be noted that the sample assessments do not provide the classroom procedures needed for use—those are best determined by teachers in consideration of their students' needs. Some sample assessments are written to collect evidence of a small piece of content in the standard, not all the content in the standard. Others show a link with the California Common Core State Standards for English Language Arts and Literacy in History–Social Studies, Science, and Technical Subjects (CA CCSS for ELA/Literacy); the standard—or partial standard—is noted in the first column when this occurs. Readers will note the absence of sample assessments for transitional kindergarten, which is due to the absence of health education content standards for transitional kindergarten. Teachers of transitional kindergarten students should assess their students' learning of the health education content they provide.

Overarching Standard 1: Essential Health Concepts

All students will comprehend essential concepts related to enhancing health.

Understanding essential concepts about the relationships between behavior and health provides the foundation for making informed decisions about health-related behaviors and for selecting appropriate health products and services.

Sample Assessments for Overarching Standard 1: Essential Health Concepts

Grade Level	Standard or Content from Standard	Assessment	Evidence	Notes for Teachers
K	Explain that medicines can be helpful or harmful. K.1.2.A Speak audibly and express ideas clearly. (CA CCSS for ELA/Literacy SL.K.6)	Prompt Tell me how medicines can help people. Tell me how medicines can be dangerous to people. Criteria Students' sentences should include at least one helpful statement and one harmful statement. The statements are accurate.	Student work product includes a verbal explanation, with ideas clearly expressed, about medicines being helpful or harmful people.	Use a sentence starter to assist students with speaking in complete sentences.

Grade Level	Standard or Content from Standard	Assessment	Evidence	Notes for Teachers
1	Identify ways to reduce risk of injuries while traveling in an automobile or bus (e.g., wearing a safety belt). 1.1.10.5	<p>Prompt Look at these pictures of people riding in a car or bus. Circle the pictures that show people who are reducing their risk of being injured during the ride.</p> <p>Criteria Students should accurately identify all the ways to reduce injury in an automobile.</p>	Student work product is a worksheet identifying ways to reduce risk of injuries while traveling in an automobile or bus (e.g., wearing a safety belt).	Teachers prepare and provide students with several pictures of people traveling in a car or bus. Some of the pictures show those people reducing their risk of injury (wearing seat belts, staying inside the windows, etc.). Other pictures show people not reducing risk of injury. The number of pictures should be balanced for both categories.

Grade Level	Standard or Content from Standard	Assessment	Evidence	Notes for Teachers
2	List healthy ways to express affection, love, friendship, and concern. 2.1.8.M	<p>Prompt Make a list of ways you can show friendship to others</p> <p>Criteria Student lists include accurate examples provided and share appropriate ways to express friendship for their age.</p>	Student work is a list of healthy ways to express friendship (examples may include spending time together, helping each other, etc.)	This assessment is used to collect evidence of some of the learning in this content standard—not all of it. Teachers should assess student learning of small pieces of content, and then add additional content. This will provide multiple opportunities to assess the content students learn.

Grade Level	Standard or Content from Standard	Assessment	Evidence	Notes for Teachers
3	<p>Describe the importance of assuming responsibility within the family and community. 3.1.2.M</p> <p>Recall information from experiences or gather information from print and digital sources; take brief notes on sources and sort evidence into provided categories. (CA CCSS for ELA/ Literacy W.3.8)</p>	<p>Prompt Thinking about what you have learned from our reading and what you have experienced in your own family and in your community, write a description about why it is important to take roles of responsibility in your family and in your community. Use the two categories of family and community to organize your thinking and your writing.</p> <p>Criteria Student responses demonstrate comprehensive descriptions of responsibilities in both family and community. Response should identify accurate sources as evidence.</p>	<p>Student work product is a description of the importance of assuming responsibility within the family and community. Recalling information from experiences and/or print sources.</p>	<p>Linking literacy and health education is highlighted with the use of this assessment. Note the strong evidence collected in both areas.</p>

Grade Level	Standard or Content from Standard	Assessment	Evidence	Notes for Teachers
4	<p>Explain the dangers of having weapons at school, at home, and in the community. 4.1.8.S</p> <p>Report on a topic in an organized manner, using appropriate facts and relevant descriptive details to support main ideas. (CA CCSS for ELA/Literacy SL.4.4)</p>	<p>Prompt Explain the dangers of having weapons at school, at home, and in our community. Use many important details in your explanation.</p> <p>Criteria Student work demonstrates relevant descriptive details and accurate facts about the dangers of weapons.</p>	<p>Student work product is a written or verbal report about the dangers of having weapons at school, at home, and in the community.</p>	<p>Teachers can easily use video to capture student explanations. This method also allows the teacher to continue working with other students on their learning activities, while the assessment process is taking place.</p>

Grade Level	Standard or Content from Standard	Assessment	Evidence	Notes for Teachers
5	<p>Describe how HIV is and is not transmitted. 5.1.5.G</p> <p>Gather relevant information from print and digital sources; summarize information in notes and finished work. (CA CCSS for ELA/Literacy W.5.8)</p>	<p>Prompt Write a description of how HIV is, and is not, transmitted. Use the information you summarized in your notes to support your description.</p> <p>Criteria Student work provides descriptions for both how HIV is transmitted and how it is not. Relevant information from print and digital sources is evident and medically accurate.</p>	<p>Student work product is a written or verbal description of how HIV is and is not transmitted and includes medically accurate information.</p>	<p>This assessment collects evidence of both writing skills and health education content knowledge, with a single student work product.</p>

Grade Level	Standard or Content from Standard	Assessment	Evidence	Notes for Teachers
9–12	<p>Explain why people with eating disorders need professional help. 9–12.1.12.N</p> <p>Write informative texts using precise language and domain-specific vocabulary to manage the complexity of the topic. (CA CCSS for ELA/Literacy W.9–10.2.d)</p>	<p>Prompt Using clear language and academic vocabulary for health education, write an explanation of why people with eating disorders need professional help.</p> <p>Criteria Student work demonstrates precise language and domain-specific vocabulary. The response should be comprehensive, include a synthesis of key concepts, be medically accurate, and draw a conclusion.</p>	<p>Student work product is a written explanation of why people with eating disorders need professional help.</p>	<p>Because of the complexity of eating disorders, collecting evidence of this learning through writing supports students in multiple ways. Writing requires clear idea formation and communication of those ideas, as well as supporting students' literacy skill development.</p>

Overarching Standard 2: Analyzing Health Influences

All students will demonstrate the ability to analyze internal and external influences that affect health.

Health choices are affected by a variety of influences. The ability to recognize, analyze, and evaluate internal and external influences is essential to protecting and enhancing health.

Sample Assessments for Overarching Standard 2: Analyzing Health Influences

Grade Level	Standard or Content from Standard	Assessment	Evidence	Notes for Teachers
1	<p>Explain how family and friends influence positive health practices. 1.2.1.P</p> <p>Describe things and events with relevant details and expressing feelings clearly. (CA CCSS for ELA/Literacy SL.1.4)</p> <p>Write information/explanatory texts in which they name a topic, supply some facts about the topic, and provide some sense of closure. (CA CCSS for ELA/Literacy W.1.2)</p>	<p>Prompt Tell me how the positive health practices of your family and friends (for example, eating healthy snacks, such as fruit and vegetables, or playing outside for exercise) has an influence on your health.</p> <p>Criteria Student work accurately demonstrates details about positive health practices. Student work provides clear reasons how the actions of family and friends influence their own positive health choices.</p>	<p>Student work product is a verbal explanation or written identification with relevant details and clear ideas of how family and friends influence positive health practices.</p> <p>Written explanation accurately identifying positive health practices and a conclusion about how family and friends influence them in a positive way.</p>	<p>The student work product includes the criteria for competence and is used to record information provided by the student during the explanation.</p> <p>Teachers can, and should, collect evidence of students learning more than once. Using speaking, listening, and writing, teachers can collect evidence of the same health education content multiple times.</p>

Grade Level	Standard or Content from Standard	Assessment	Evidence	Notes for Teachers
6	Analyze the influence of marketing and advertising techniques, including the use of role models and how they affect use of alcohol, tobacco, and other drugs. 6.2.2.A	<p>Prompt Using an advertisement for alcohol, write a description of how the images in the ad were chosen to influence others to use alcohol. Consider the use of role models as a possible influence.</p> <p>Criteria Student work includes a description of how alcohol advertisers are specifically placing images in ads that make alcohol use look attractive and fun. Responses should demonstrate an understanding of the intention of advertisers to influence them and others to use alcohol.</p>	Student work product is a verbal explanation or written identification description that analyzes how the advertisement was designed to influence them to use alcohol.	The teacher prepares and provides samples of current advertising for alcohol products.

Grade Level	Standard or Content from Standard	Assessment	Evidence	Notes for Teachers
7–8	Evaluate internal and external influences on food choices. 7–8.2.2.N	<p>Prompt Think very carefully about the food choices you made yesterday and list them. Write a description about why you made those choices. Think about what influenced you to make the choices. Include both internal and external influences as appropriate.</p> <p>Criteria Student work demonstrates evaluation of internal and external influences in their descriptions about why they made the food choices they made. The response should demonstrate personal insight about the things that affect health choices.</p>	A written list of food choices and a description of the influence(s) on each choice (for example, <i>A breakfast burrito: I was influenced to make this choice because I was very hungry. That was an internal influence of my choice. Also, I could smell the food from the food truck as I walked by. That was an external influence.</i>).	This assessment can be utilized many times to collect the same evidence for different days or circumstances.

Grade Level	Standard or Content from Standard	Assessment	Evidence	Notes for Teachers
9–12	<p>Explain how one’s behavior when traveling as a passenger in a vehicle influences the behavior of others. 9–12.2.3.5</p> <p>Initiate and participate effectively in collaborative discussions, building on others’ ideas and expressing their own clearly and persuasively. (CA CCSS for ELA/Literacy SL.9–10.1)</p>	<p>Prompt Explain, in a collaborative conversation with classmates, how one’s behavior when traveling as a passenger in a vehicle influences the behavior of others. Build on others’ ideas and express your ideas clearly and persuasively. Explain how your health or the health of others could be impacted by positive and negative influences of others.</p> <p>Criteria Student work explains the health-related results of several influences when traveling as a passenger in a car. The work demonstrates that they can build on the ideas of others and express ideas clearly and persuasively.</p>	<p>Student work product is a verbal explanation or written identification description of how one’s behavior when traveling as a passenger in a vehicle influences the behavior of others, building on others’ ideas and expressing their own clearly and persuasively.</p>	<p>Create a rubric for collaborative conversation expectations and share it with students before the assessment.</p>

Overarching Standard 3: Accessing Valid Health Information

All students will demonstrate the ability to access and analyze health information, products, and services.

Students are exposed to numerous sources of information, products, and services. The ability to access and analyze health information, products, and services provides a foundation for practicing health-enhancing behaviors.

Sample Assessments for Overarching Standard 3: Accessing Valid Health Information

Grade Level	Standard or Content from Standard	Assessment	Evidence	Notes for Teachers
4	Use food labels to determine nutrient and sugar content. 4.3.2.N	<p>Prompt Create a chart using different food labels to show how many grams of sugar are in different foods. Then write a conclusion regarding your findings (What did you learn from your chart?).</p> <p>Criteria Observe students as they work to determine if they can access accurate information from food labels. Student work accurately displays the information in the chart. The conclusion statement should be well thought out and include details from their findings.</p>	A chart that compares the amount of sugar (in grams) of several different types of food and a conclusion statement.	Prepare and provide students with actual food labels from a diverse group of foods. Provide a chart in which students record their findings regarding the amount of sugar in each food.

Grade Level	Standard or Content from Standard	Assessment	Evidence	Notes for Teachers
7–8	Identify trusted adults to report to if people are in danger of hurting themselves or others. 7–8.3.3.M	<p>Prompt Who are the adults on campus who are trusted and you can tell if people are in danger of hurting themselves or others? Create a list of people you could use. If you do not know their name, use their title (for example, a school counselor).</p> <p>Criteria Student lists include several appropriate adults. These lists should identify only adults.</p>	A list of trusted adults to report to if people are in danger of hurting themselves or others.	Collection of this evidence may include some varying responses based on student relationships and knowledge.

Grade Level	Standard or Content from Standard	Assessment	Evidence	Notes for Teachers
9–12	Identify local resources concerning reproductive and sexual health, including all FDA-approved contraceptives, HIV/STD (STI) testing, and medical care. 9–12.3.2.G	<p>Prompt What resources (organizations, people, or other forms of information) in our community can you access to learn more about FDA-approved contraceptives? Create a brochure or slide show that presents options of valid resources. Identify the services provided for at least three and explain why they are appropriate and valid sources for students.</p> <p>Criteria Student work demonstrates a description of services for at least three sources. Work should provide a medically accurate description of the sources. The work should describe what criteria was used to determine the source is medically appropriate and valid.</p>	In the form of a brochure or a digital presentation, student work describes and identifies valid local resources for FDA-approved contraceptives. Student work identifies reasons why the sources are valid and appropriate.	The students may want to compile a list of local resources from the information they have gathered and distribute it in class.

VIGNETTE**Box 1: Accessing Valid and Reliable Information Online**

Finding valid and trusted information for personal health products and services.

(Accessing Valid Information)

Health literacy—the ability of children to access, understand, and evaluate basic health information and services needed to make appropriate health decisions—is an important aspect of health and well-being (US Department of Health and Human Services 2016). There is a considerable amount of inappropriate or misleading information online and a lack of regulatory control. The tips below assist in creating evaluation materials and activities to support this standard and Overarching Standard 3: Accessing Valid Health Information.

- Who is sponsoring and responsible for this site? Health information from the government (.gov), education resources (.edu), health-based nonprofit agencies, and noncommercial websites (.org such as the Academy of Nutrition and Dietetics, the American College of Obstetricians and Gynecologists, and the American Heart Association are generally considered trustworthy.
- Are the individuals who developed and maintain the site qualified (for example, licensed medical providers)? Does the site have an advisory board? Are those who developed the site experts in their field?
- Who is the intended audience?
- Is the purpose to entertain, inform, or educate?
- Is the site current? When was the information on the site updated? (Sometimes it is difficult to find this, as it may be the date the material was written, last updated, or there is no date at all.)
- Does the information appear to be objective—meaning, does it avoid personal opinions—and is it free from bias? Is the site trying to sell a product or strongly influence your opinion?
- What links are included on the website? Are those links going to valid (information is true) and reliable (information is accurate) websites?
- Does the site have a way to contact the agency or site host if someone has any questions or concerns?

Consider the CARS acronym for students to apply to their searches: Credibility, Accuracy, Reasonableness, Support.

For more information, see the *Model School Library Standards for California Public Schools* on the California Department of Education Standards web page.

Source: Adapted from Marotz (2015).

Overarching Standard 4: Interpersonal Communication

All students will demonstrate the ability to use interpersonal communication skills to enhance health.

Positive relationships support the development of healthy attitudes and behaviors. The ability to appropriately convey and receive information, beliefs, and emotions is a skill that enables students to promote health and manage risk, conflict, and differences.

Sample Assessments for Overarching Standard 4: Interpersonal Communication

Grade Level	Standard or Content from Standard	Assessment	Evidence	Notes for Teachers
K	Demonstrate how to ask a trusted adult for help or call 9-1-1. K.4.1.S	<p>Prompt Pretend to call 9-1-1 and answer questions from a 9-1-1 operator.</p> <p>Criteria Students demonstrate the ability to interact with the emergency operator by providing accurate responses to the questions asked by the operator.</p>	Student work provides an oral demonstration of a dialog with a 9-1-1 operator.	This assessment task focuses on student ability to communicate as a part of dialing 9-1-1. Use a telephone that is not connected so students can dial 9-1-1. Someone must act as a 9-1-1 operator to ask questions so students can reply. The use of smartphones requires more instruction to make the numbers screen visible. All phones are different. This is a good opportunity to communicate with parents about your current lesson and suggest they help their child learn how to access the appropriate screen on their phone.

Grade Level	Standard or Content from Standard	Assessment	Evidence	Notes for Teachers
2	<p>Demonstrate communication skills to alert an adult about unsafe situations involving drugs or medicines.</p> <p>2.4.2.A</p>	<p>Prompt Show me what you would say to an adult, and how you would say it, if you find an unsafe situation involving drugs or medicines.</p> <p>Criteria Student dialogs should contain (1) a clear message, (2) detailed information about the situation, and (3) appropriate answers to questions from the adult.</p>	<p>Student work demonstrates an oral dialog alerting an adult about an unsafe situation involving drugs or medicines.</p>	<p>Teachers can create more specific scenarios and ask students to provide multiple, slightly different demonstrations of their communication skills based on the situation.</p> <p>Students can practice their communication skills in small groups or pairs. Assessment can occur as the teacher listens to the conversations.</p>

Grade Level	Standard or Content from Standard	Assessment	Evidence	Notes for Teachers
5	Use healthy and respectful ways to express friendship, attraction, and affection. 5.4.2.G	<p>Prompt During your participation in role playing, show actions that respectfully communicate healthy expressions of friendship, attraction, and affection.</p> <p>Criteria Student work during role playing should demonstrate positive communication skills, including:</p> <ul style="list-style-type: none"> ▪ Eye contact ▪ Smiles ▪ Empathy ▪ Active listening ▪ Warm or respectful tone of voice ▪ Inquiry of needs (what can they do for them?) 	Through role-play, student work should demonstrate healthy and respectful expressions of friendship, attraction, and affection.	This task focuses on communication skills that are common to all three situations—friendship, attraction, and affection. Teachers design instruction to provide students with multiple ways to appropriately express friendship, attraction, and affection, and also provide opportunities for them to practice these skills. Assessment can be embedded in the instructional process by collecting evidence of student learning as they role-play different situations.

Grade Level	Standard or Content from Standard	Assessment	Evidence	Notes for Teachers
6	Practice effective communication skills to prevent and avoid risky situations. 6.4.1.S	<p>Prompt Imagine that you have been invited to a party that you know could be risky because no adult supervision will be there. With a partner, demonstrate communication skills you would use to avoid going to the party. One of you pressures the other to go. Demonstrate clear refusal communication skills to avoid going while being pressured to go, then switch roles.</p> <p>Criteria Observe students demonstrating refusal communication skills:</p> <ul style="list-style-type: none"> ▪ Say <i>no</i> with strong intent ▪ Repeat the <i>no</i> when pressured ▪ Provide reasons not to go ▪ Provide an excuse ▪ Walk away 	Student work is in the form of role playing. In pairs, students demonstrate specific communication skills that can be used to avoid risky situations.	Teachers need to provide students with prompts about being pressured to get involved in a risky situation for the role playing.

Grade Level	Standard or Content from Standard	Assessment	Evidence	Notes for Teachers
7–8	Differentiate between passive, aggressive, and assertive communication. 7–8.4.6.5	<p>Prompt In a three-part role-playing activity with your small group, show the differences between passive, aggressive, and assertive communication. Use the same content or topic for each of the three parts, as you show the differences in communication. See Criteria below for different communication styles.</p> <p>Criteria Observe students demonstrating the three different communication styles. Look for behaviors of each style, such as:</p> <p>Passive: making little or no eye contact, not speaking up, wanting others to make decisions, or appearing meek.</p> <p>Aggressive: poor listening, interrupting, bullying others, putting others down, or know-it-all attitude.</p> <p>Assertive: making good eye contact, active listening, speaking up but is open to the opinions of others, or confidence.</p>	Student work product is in the form of role-play that demonstrates the differences between passive, aggressive, and assertive communication styles.	Teachers should provide potential topics for students to use for role playing.

Grade Level	Standard or Content from Standard	Assessment	Evidence	Notes for Teachers
9–12	Demonstrate assertive communication skills to resist pressure to use alcohol, tobacco, and other drugs. 9–12.4.1.A	<p>Prompt In a role-playing situation, demonstrate assertive communication skills that would be effective in resisting pressure to use alcohol, tobacco, or other drugs.</p> <p>Criteria Student work should demonstrate effective refusal skills. The dialog presents at least two of the following:</p> <ul style="list-style-type: none"> ▪ A firm and clear “no” ▪ Detail about why not ▪ Provide an excuse ▪ Walk away ▪ Provide another option ▪ Other possible refusal strategies <p>Detail about reasons for the refusal should be presented in the dialog.</p>	Student work is a written dialog that demonstrates assertive communication skills to resist pressure to use alcohol, tobacco, and other drugs.	Teachers should create the prompt describing a situation where a teen is being pressured to go use alcohol, tobacco, or other drugs with others.

Overarching Standard 5: Decision Making

All students will demonstrate the ability to use decision-making skills to enhance health.

Managing health behaviors requires critical thinking and problem solving. The ability to use decision-making skills to guide health behaviors fosters a sense of control and promotes the acceptance of personal responsibility. See chapter four for the Five-Step Decision-Making Process for Grade Levels Six Through Eight, and chapter six for the Five-Step Decision-Making Model for Grade Levels Nine Through Twelve.

Sample Assessments for Overarching Standard 5: Decision Making

Grade Level	Standard or Content from Standard	Assessment	Evidence	Notes for Teachers
7–8	Use a decision-making process to avoid using alcohol, tobacco, and other drugs in a variety of situations. 7–8.5.1.A	<p>Prompt Make a video or another type of digital presentation about the decision-making steps teens should go through before deciding about vaping. Use all the decision-making steps and provide accurate data for Step 3, Outcomes.</p> <p>Criteria Student work includes every step in the decision-making process. Step 3, Outcomes, should include an accurate description of both positive and negative outcomes. Step 5, Reflection, should demonstrate thoughtful consideration.</p>	Student work will be in the form of a video or other digital presentation. The work should describe the decision-making steps used when considering vaping.	This task can be used for decisions about alcohol, tobacco, or any other drug. It should be modified so that it is current and reflects the ATOD concerns that are occurring in your school's community.

Grade Level	Standard or Content from Standard	Assessment	Evidence	Notes for Teachers
9–12	Compare various coping mechanisms for managing stress. 9–12.5.2.M	<p>Prompt Using the information you researched about various coping mechanisms for managing stress, apply the decision-making process to the following question: <i>Which coping mechanism is the best decision for me?</i> Write an essay that describes your decision-making process.</p> <p>Criteria Student essays should include all five decision-making steps. Significant detail about the different coping mechanisms should be provided in both Step 2 and Step 3. The description of their reflection in Step 5 should demonstrate genuine introspection.</p>	Student work is in the form of an essay that describes the decision-making process for identifying a coping mechanism that is the best for them.	Prior instruction about various coping mechanism and the decision-making process is required.

Overarching Standard 6: Goal Setting

All students will demonstrate the ability to use goal-setting skills to enhance health.

The desire to pursue health is an essential component of building healthy habits. The ability to use goal-setting skills enables students to translate health knowledge into personally meaningful health behaviors.

Sample Assessments for Overarching Standard 6: Goal Setting

Grade Level	Standard or Content from Standard	Assessment	Evidence	Notes for Teachers
3	Set a short-term goal for positive health practices. 3.6.1.P	<p>Prompt Write a short-term goal on the worksheet provided. It must be about a positive health practice that you want to work on. Explain why this goal is good for your health.</p> <p>Criteria Student work response contains:</p> <ul style="list-style-type: none"> ■ A stated goal that is clear and specific ■ A goal that can be completed in the short term ■ A goal is a positive health practice ■ Explanation about how this health behavior is good for health 	Student work will be in the form of a worksheet demonstrating a short-term goal for positive health practices.	Prior instruction should include positive health behaviors that can be measured over time. One idea is to use a bulletin board showing ideas from students about positive health habits that are written on index cards. Discussions about why each health practice is healthy can be done over time.

Grade Level	Standard or Content from Standard	Assessment	Evidence	Notes for Teachers
5	Monitor progress toward a goal to help protect the environment. 5.6.1.P	<p>Prompt Look at your progress toward meeting your goal for protecting the environment. Write some “next steps” you determine are needed for meeting your goal based on what you see.</p> <p>Criteria Student work should demonstrate next steps that are logical, doable, and demonstrate an understanding of a goal-setting process.</p>	Student work will be in the form of a list that identifies next steps needed to move forward toward a goal for protecting the environment.	The teacher provides time during class for students to record completed tasks related to their goal for protecting the environment. Students monitor their work periodically and make decisions on their next steps.
7–8	Describe how HIV, AIDS, other STDs (STIs) or pregnancy could impact life goals. 7–8.6.2.G Plan and present an argument that supports a claim and organizes information logically. (CA CCSS for ELA/ Literacy SL.7.4a)	<p>Prompt List at least three life goals you have for yourself in the future. Next, write an essay of how your three life goals would be impacted by pregnancy.</p> <p>Criteria The work shows reflection of life goals and how the life event would impact their life goals. The work is detailed and self-reflective.</p>	Student work lists life goals and provides an essay explaining how each goal would be impacted if pregnancy occurred.	Because of the sensitive nature of this topic, it is advised that students are not required to share their responses.

Overarching Standard 7: Practicing Health-Enhancing Behaviors

All students will demonstrate the ability to practice behaviors that reduce risk and promote health.

Practicing healthy behaviors builds competence and confidence to use learned skills in real-life situations. The ability to adopt health-enhancing behaviors demonstrates students' ability to use knowledge and skills to manage health and reduce risk-taking behaviors.

Sample Assessments for Overarching Standard 7: Practicing Health-Enhancing Behaviors

Grade Level	Standard or Content from Standard	Assessment	Evidence	Notes for Teachers
K	Select nutritious snacks. K. 7.1.N	<p>Prompt From the group of snacks provided, you observe students choosing snacks that will help their body grow, learn, and play.</p> <p>Criteria Student work shows an assortment of healthy snacks, such as fruits, nuts, and vegetables.</p>	Student work shows a selection of nutritious snacks.	Teachers need to provide samples of snack foods. Include both healthy snacks and less healthy snacks.

Grade Level	Standard or Content from Standard	Assessment	Evidence	Notes for Teachers
1	Demonstrate proper toothbrushing and flossing techniques. 1.7.1.P	<p>Prompt Use your toothbrush to show me how to properly brush your teeth. Use the flossing strategies to show me how to floss your teeth properly.</p> <p>Criteria</p> <ul style="list-style-type: none"> ▪ Hold brush at a 45-degree angle ▪ Brush all surfaces, including the chewing surface ▪ Clean the sides by tilting the brush vertically ▪ Brush your tongue 	Student work is a demonstration of proper toothbrushing and flossing techniques.	Instruction should include demonstration and practice of brushing teeth using a real toothbrush and floss.

Overarching Standard 8: Health Promotion

All students will demonstrate the ability to promote and support personal, family, and community health.

Personal, family, and community health are interdependent and mutually supporting. The ability to promote the health of oneself and others reflects a well-rounded development and expression of health.

Sample Assessments for Overarching Standard 8: Health Promotion

Grade Level	Standard or Content from Standard	Assessment	Evidence	Notes for Teachers
2	<p>Explain to others what is enjoyable about physical activity. 2.8.2.N</p> <p>Write opinion pieces in which they introduce the topic they are writing about, state an opinion, supply reasons that support the opinion, use linking words to connect opinion and reasons, and provide a concluding statement. (CA CCSS for ELA/Literacy W.2.1)</p>	<p>Prompt Use your best writing skills to explain to others what is fun about physical activity.</p> <p>Be sure to include an introduction and reasons for what you write. Include linking words and a conclusion.</p> <p>Criteria Student work provides a clear opinion, provides details to back up that opinion, and demonstrates that it is a strong opinion.</p>	<p>Written opinion, with an introduction and reasons, linking words to connect opinions to reasons, and a concluding statement, explaining to others what is enjoyable about physical activity.</p>	<p>The criteria for competence for this tool include listing health education content and literacy content separately. The separation of the two provides for equal consideration when looking at student work. It is appropriate to score the student work on both health skills and writing.</p>

Grade Level	Standard or Content from Standard	Assessment	Evidence	Notes for Teachers
4	Encourage others to be free of alcohol, tobacco, and other drugs. 4.8.1.A	<p>Prompt Create a skit or oral presentation to show how you would encourage other students not to use tobacco. Be persuasive.</p> <p>Criteria Student work demonstrates a clear stand to be tobacco-free. Details about reasons why should be provided. Response demonstrates knowledge of the audience (other students). The presentation demonstrates persuasiveness.</p>	Student work is in the form of a skit or oral presentation that encourages (persuades) others to be tobacco-free.	Students show how they would persuade others not to use tobacco. This tool collects evidence of both knowledge and skill.

Grade Level	Standard or Content from Standard	Assessment	Evidence	Notes for Teachers
7–8	<p>Demonstrate ways to accept responsibility for conserving natural resources. 7–8.8.3.P</p>	<p>Prompt Using a list of natural resources you and others use every day, write a letter to the editor that encourages others to conserve natural resources. Include details about strategies that people can incorporate into their everyday lives. Be persuasive about how important it is.</p> <p>Criteria Student work takes a clear stand on the importance of conservation. The work provides details about strategies that can be used. The response is persuasive and provides knowledge of the audience (adults).</p>	<p>Student work will be in the form of a letter to the editor that persuades others to take personal responsibility for conserving natural resources.</p>	<p>Teachers should help students research contact information for local newspaper editors and supervise all correspondence. Students show how they would persuade others to conserve natural resources. This tool collects evidence of both knowledge and skill.</p>

Grade Level	Standard or Content from Standard	Assessment	Evidence	Notes for Teachers
9–12	<p>Encourage societal and environmental conditions that benefit health. 9–12.8.2.P</p> <p>Translate technical information expressed in words in a text into visual form. (CA CCSS for ELA/Literacy RST.9–10.7)</p>	<p>Prompt Using written technical information, create a visual educational piece that you can use to persuade city officials to create a community space that benefits both the environment and health. Write your educational and persuasive argument as an essay.</p> <p>Criteria The work shows knowledge of the audience (city officials) and provides accurate technical information in the form of a visual. The work is persuasive and takes a clear stand.</p>	<p>Student work provides a visual product that translates technical information from text and an essay. The work is used to persuade officials to develop a new community space that provides environmental conditions that benefit health.</p>	<p>Instruction should include techniques to use to find appropriate technical information for this task. This assessment is best used later in the learning sequence, as it collects evidence of multiple pieces of student learning.</p>

Assessment Considerations for Diverse Learners

It is important for teachers of English learners to be aware that formative assessment decisions must be made with care. English-learner students are at different levels of English language proficiency. While some may not be able to fully express their ideas during a classroom discussion, in written assignments, or formal presentations, they may still understand the topic. Teachers may need to include a combination of observations, asking specific comprehension questions to elicit student understanding. Regardless of their level of English language proficiency, all English learners are capable of engaging in intellectually rich tasks at the same cognitive level as their English-proficient peers. In-the-moment formative assessment practices help teachers determine the levels of scaffolding needed for English learners.

In addition, teachers who have students with 504 Plans or Individualized Education Programs must ensure that they are following the plans specified in each student's educational and behavioral goals, including the prescribed instructional strategies and assessments. Teachers may need to individualize both instruction and assessment as required by the plan. To demonstrate what they can and have learned, some students may need instructional materials adapted to meet their individual needs and assessments to match their ability. Teachers must ensure they are aware of, and know how to implement, all requirements of such plans and seek support if needed. See the [“Access and Equity”](#) chapter for additional information.

California learners represent the rich diversity of our state. When assessing learners from diverse backgrounds, assessment should be inclusive in considering the student's immediate and extended family and unique cultural attributes. As an example, include an assessment item that measures the student's appreciation for their rich cultural heritage when assessing a student's health influences.

Considering Students' Attitudes

Knowing more about students' attitudes, interests, and values can play a critical role in shaping teachers' instructional decisions and provide additional information useful in supporting learning. Further, teachers can raise student interest and engagement in the process of learning by planning instruction using this insight.

Attitudes reflect a predisposition to certain actions, thereby influencing health behaviors. Favorable attitudes toward health-enhancing behavior typically lead to more positive health outcomes. Teachers can easily identify important student attitudes and interests that enhance learning health education content. For example, students should develop positive concepts of themselves as learners of health education, and they should become more aware of their role in supporting their classmates in learning. With respect to values, it is important that educators respect the family as province of values and address those values that are likely to have wide approval from parents and the community.

Attitude scales can be used to survey students' feelings and values toward a health topic prior to instruction, helping teachers identify trends and student misconceptions that may need to be addressed in the context of one or more lessons. They may also reveal attitudes that could be barriers to learning. For example, teachers may want to know how students perceive their overall health. For young children, a forced choice scale—a scale that provides only two options (*Agree* or *Disagree*) about each statement being considered—is appropriate. Alternatively, a Likert-type scale provides a range of choices on a continuum, forcing students to apply more discrimination before responding; this type of scale is more developmentally appropriate for older students. A statement such as “Marijuana is not a dangerous drug” would require students to respond on a range from *Strongly Agree* to *Strongly Disagree*. An example of a kinesthetic activity, in which student opinions are shared publicly, is called “Take a Stand.” Students are presented with a statement, such as “We have a bullying problem on our campus,” and organize themselves in the different areas of the classroom based on their level of agreement or disagreement with the statement. For pre-and-post comparisons, a Likert-type inventory can be used prior to instruction and then following instruction for comparison of a student's attitude change as a result of the content learned.

Additionally, because attitude formation is a process that occurs over time, instant changes in behavior will not necessarily occur. As students become more self-aware, they can use this awareness to make informed decisions about future health behaviors. A limitation of attitude scales is that students may respond in a way that they think is expected or socially acceptable rather than reflect their true attitude. A positive and safe classroom environment will ensure greater accuracy (Anspaugh and Ezell 2012).

Observation of Health Behaviors

Teachers rarely have the opportunity to observe their students' health behaviors outside the classroom, necessitating the demonstration of personal and social skills that are used to promote healthy behaviors in the classroom (Telljohann et al. 2015). Because teachers observe students on an ongoing basis, these observations may provide important clues regarding attitude and predisposition to action. Classroom activities can be structured to observe a student's interpersonal skills using role-play, skits, or paired practice of refusal skills. For example, students can be provided with a set of cards with pictures that represent figures moving through the different steps of a decision-making model. The teacher can observe the pairs as they negotiate and justify the order of the cards and record their participation in the process.

Performance-Based Assessments In the Health Education Classroom

The goal of performance-based assessment is to help students focus on what they have learned and why, how they have changed, and what they have achieved. In this type of assessment, students demonstrate what they have learned through such mediums as role playing, portfolios, exhibitions, and critical thinking essays.

Role Playing

Role playing, particularly effective at the middle and high school level, provides students with an opportunity to express their knowledge and skills. It easily lends itself to simulating real-world application of student learning. Students are given the opportunity to be creative and practice a range of skills that include resistance, communication, affirmation, and decision-making. They use critical thinking skills

to apply their knowledge of a health topic while simultaneously demonstrating the positive behaviors and communication skills they would implement in specific situations. Both teachers and students can assess the knowledge, skills, attitudes, and behaviors of students in these scenarios (Telljohann et al. 2015).

Students in all grade levels benefit from providing evidence of their new skills via the role-playing process. For example, elementary students can demonstrate their learning of interpersonal communication skills to ask for healthy food choices. Students can identify opportunities to use these skills (when family members are making shopping lists or determining meal plans), and role-play the use of their skills with other students serving as family members. Teachers can capture evidence of this learning in several ways, including video, student observation (with the use of a specifically designed score sheet), or direct teacher observation. Role playing can be used in middle school to capture evidence of students using refusal skills to avoid risky situations. The criteria for competence for using refusal skills should be shared with students early in their learning process and used during the demonstration of this skill to judge students' work in the role-playing situation.

Portfolios

A portfolio is a systematic collection of student work that exhibits effort, progress, and achievement in a particular subject area. Elementary students can create a portfolio as a whole-class project—each student makes a page for a class book about a decision they made that promotes good health. For assessment criteria, the students should identify one decision they made and write one or more sentences about how they plan to implement their self-identified health goal. Students in middle grade levels could create a portfolio of all of the materials they produced about addictive substances during their alcohol, tobacco, and other drugs unit.

Well-developed criteria must be used to evaluate portfolio items, and there must be clarity regarding whether the portfolio will be rated as a whole or as individual samples and how the items are weighted. Students can gain insight into their own learning through portfolios, and their use can be especially appropriate for students who are English learners. Portfolios also provide valuable information to parents, guardians, and caretakers, particularly the parents, guardians, and caretakers of English learners. The information can help parents support their student's progress and enhance opportunities for collaboration between home and school (Anspaugh and Ezell 2012).

Exhibitions

Exhibitions are valid performance-based measures that show subject mastery as well as levels of proficiency. Exhibitions might include developing displays, writing and performing skits or plays, or designing health education technology (teachers are encouraged to reference the standards for visual and performing arts and computer science to enhance multidisciplinary learning). Exhibitions provide opportunities for students to learn from their peers as well as present their work to others, and can be particularly effective in providing evidence of learning complex content. For example, in fourth grade, students might create an interactive display for younger students, explaining the importance of wearing safety equipment when participating in physical activity (4.1.9.S). The display could be used at school during recess or lunch periods and provide opportunity for fourth-graders to share their learning about the importance of safety equipment through the use of several mediums, including posters, video, and direct conversations with other students.

Critical Thinking Essays

A critical thinking essay is a writing activity that fosters the analysis or synthesis of information on a health topic. For example, older students can write an argumentative essay for or against proposed sites in California that allow drug users to inject themselves while supervised to ensure that they use clean needles and do not overdose. Students would need to argue for one side in this debate but also show weaknesses in the arguments of those on the other side of the debate.

These essays provide excellent opportunities to assess students' learning of health education content, as well as support and assess their literacy skills in writing.¹ At the conclusion of the learning sequence on mental, emotional, and social health, high school students are well equipped to write an in-depth analysis of the internal and external issues related to seeking mental health assistance. They can identify issues, make precise claims about their analysis, distinguish their claims from opposing claims, develop counterclaims fairly, and supply data and evidence to support each. The essay provides evidence to students and teachers of student learning of both academic disciplines.

1 Health education shares the writing standards in the CA CCSS for Literacy in History/Social Studies, Science, and Technical Subjects for grade levels six through twelve.

Student Choice

Because students have different learning styles, interests, and strengths, it is important for teachers to provide multiple opportunities that offer students choices in how they will be assessed. At times, students should be able to decide how they would like to present or demonstrate the knowledge and skills they have learned. Teachers must still ensure they collect appropriate evidence based on learning goals and the health education standards. If the goal is to implement a healthy nutrition program at school, the teacher might provide options such as writing a letter to a community health agency or school cafeteria supervisor, designing a poster to be placed in the school cafeteria, developing an oral presentation for the school board, or creating an informative pamphlet for parents, guardians, and caretakers. While sometimes a teacher might have to guide a student into choosing an option that best suits the student's strengths, the opportunity to make such decisions helps students develop self-awareness and increases their ability to become self-directed learners. Teachers should consider when it is important to offer product and performance options, rather than a single assessment, to provide balance in their assessment approaches (McTighe and O'Connor 2005).

When considering students' opportunity to select the method they will use to display their learning, it is vital teachers consider each of the following:

- Each of the assessments provided to students for their consideration must collect identical evidence of the learning. The assessments must not vary in the content addressed or the evidence they collect.
- The choices must not distract students from displaying their learning when they are developing their response. The student work products must display the same learning in each of the choices students may select (California Physical Education-Health Project and California Center for Excellence in Physical Education 2013).

An Effective Example of Student Choice for Displaying Their Learning

These three simple examples of assessments all collect the same evidence of learning while giving students opportunity to select the method to share their learning. Note that each strategy asks students to use text and images to describe the first aid procedures.

Standard 6.1.2.S: Describe basic first aid and emergency procedures, including those for accidental loss of or injuries to teeth.

Content from standard: Describe first aid procedures for injuries to teeth.

Evidence: Description of first aid procedures for injuries to teeth.

Three Assessment Options for Student Choice

Assessment One	Assessment Two	Assessment Three
Create a poster describing first aid procedures when someone has sustained injuries to their teeth. Use text and images in your descriptions.	Create a video describing first aid procedures when someone has sustained injuries to their teeth. Use text and images in your descriptions.	Create a comic book describing first aid procedures when someone has sustained injuries to their teeth. Use text and images in your descriptions.

Sample Products for Assessing Health Education Concepts and Skills

Written	Oral	Visual	Kinesthetic
<ul style="list-style-type: none"> ▪ Advertisement ▪ Annotated Bibliography ▪ Biography ▪ Book Report ▪ Book Review ▪ Brochure ▪ Campaign Speech ▪ Crossword Puzzle ▪ Editorial ▪ Electronic Portfolio ▪ Essay ▪ Journal ▪ KWLS Charts ▪ Lab Report ▪ Letter ▪ Goal Logs ▪ Magazine Article ▪ Newspaper Article ▪ Paper Portfolio ▪ Poem ▪ Position Paper ▪ Proposal ▪ Questionnaire ▪ Research Report ▪ Script ▪ Story ▪ Pre- and Post-Assessments 	<ul style="list-style-type: none"> ▪ Debate ▪ Discussion ▪ Dramatization ▪ Interview ▪ Newscast ▪ Oral Presentation ▪ Oral Report ▪ Poetry Reading ▪ Rap ▪ Role Playing ▪ Skit ▪ Song ▪ Speech ▪ Teaching a Lesson ▪ Testimonial 	<ul style="list-style-type: none"> ▪ Advertisement ▪ Banner ▪ Bumper Sticker ▪ Campaign Flyer ▪ Cartoon ▪ Collage ▪ Collection ▪ Infographic ▪ Data Display ▪ Decision-Making Models ▪ Diagram ▪ Diorama/Shoebox ▪ Display ▪ Drawing ▪ Graphic Organizers ▪ Mobile ▪ Model ▪ Painting ▪ Photograph ▪ Poster ▪ Scrapbook ▪ Sculpture ▪ Slide Show ▪ Storyboard ▪ Venn Diagram ▪ Website 	<ul style="list-style-type: none"> ▪ Community Outreach ▪ Dance ▪ Dramatization ▪ Field Trip ▪ Play ▪ Role Playing ▪ Scavenger Hunt ▪ Service Learning ▪ Simulations ▪ Skit

Source: Adapted from RMC Health, Lakewood, CO, in Telljohann et al. (2015).

Providing Effective Feedback and Scoring Student Work

Because the assessment process has two objectives—collecting evidence of learning and contributing to learning—feedback to the learner is a high priority.

Five characteristics of effective feedback are

1. directs attention to the intended learning, points out strengths, and offers specific information to guide improvement;
2. occurs during the learning, while there is still time to act on it;
3. addresses partial understanding;
4. does not do the thinking for the student; and
5. limits corrective information to an amount the student can act on (Chappuis 2012).

Students receive feedback from three sources: through their own self-assessment, from their teachers, and from their peers. Students must be able to use feedback to improve their learning (Heritage 2008, 7). Student self-assessment of their work is built into the assessment design and takes many forms, depending on the assessment. Students often use their own experiences and conclusions while learning to adjust their work. Further, student engagement in the learning process is significantly impacted by the opportunity to raise their own level of achievement, increase motivation to perform at higher levels, and make real-world connections to their own learning.

Teacher feedback can often be provided in a student-teacher partnership, as students benefit from an ongoing process (with pertinent information) focused on improving their learning. The success of these student-teacher partnerships relies on the assessment's ability to provide timely, understandable, and descriptive feedback to teachers and students (Chappuis and Chappuis 2008).

When students work with peers in a well-aligned assessment process, all students have the opportunity to deepen their learning. Peer feedback, like other types of feedback, is built into the assessment design and relies on clear criteria for examining work and communicating to the learner. Students may experience the highest level of success with peer feedback when they consider a few items at a time and have multiple opportunities to advance their ability to provide accurate

and clear feedback to one another. When students provide feedback to their peers, they are also reinforcing their skills for looking at their own learning.

No matter the source, effective feedback focuses on the intended learning; it identifies specific strengths as well as areas that need to improve. It also provides input to students regarding what they can do to close the gap between where they are and where they need to be. Finally, effective feedback considers the appropriate amount of corrective feedback that the learner can process at one time and models the metacognition process that students will engage in when they self-assess (Chappuis and Chappuis 2008).

Assessment dialog forms are one way to provide feedback and can be easily adapted for use by all students by increasing font size, using icons, and providing verbal cues. See below for an example of a dialog form that can be easily modified for different grade levels and used in a variety of circumstances.

Sample Assessment Dialogue Form

Name: _____	Date: _____
Assignment: _____	
Feedback Focus: _____	
MY OPINION	
★ My strengths are _____	

 What I think I need to work on is _____	

MY TEACHER'S FEEDBACK	
★ Strengths: _____	

 Work on: _____	

 What I will do now: _____	

Long Description for Sample Assessment Dialogue Form is available at <https://www.cde.ca.gov/ci/he/cf/ch8longdescriptions.asp#chapter8link2>.

Source: Chappuis (2012).

Rubrics for Scoring Student Work

Rubrics can be used to communicate levels of proficiency of student work and serve as one way to provide specific feedback. Rubrics can be used to give students guidance and feedback regarding their progress, as well as with cumulative assessments to score final products. When health education teachers use rubrics to score student work, they should provide their students with a copy and explanation of the rubric prior to the assignment of a task. This will enable students to focus on the elements that will be scored. As students advance their learning, teachers may include student–teacher collaboration in design of a rubric. Rubrics provide objective criteria and may eliminate bias and promote more rigor in student work (California Physical Education-Health Project and California Center for Excellence in Physical Education 2013). When rubrics are used in scoring student work, it should be clear what students need to do to improve their learning (Anspaugh and Ezell 2012).

VIGNETTE

Classroom Example: 360-Degree Formative Assessment

Ms. B’s students are learning how to utilize and apply a decision-making model for alcohol, tobacco, and other drugs (ATOD) prevention scenarios in their seventh-grade health class. Ms. B plans for her students to assess their own competencies and provide feedback to a fellow student. She will assess her students on their application of the decision-making model in each scenario.

Ms. B first creates a self-assessment form that students will use to measure (1) their strengths in applying the decision-making model, (2) what they still need to work on, and (3) how they plan to accomplish this goal. The form is distributed in class to students as they progress with their ATOD scenarios in their small groups. The self-assessment form is not submitted to Ms. B, nor is it graded or shared with other students unless voluntarily.

Ms. B also creates a short peer-evaluation form so students can provide feedback to their peers who are applying the decision-making process to the scenarios that are acted out in class. The peer-evaluation form allows positive comments and constructive suggestions. The peer-evaluation form includes the items:

1. What I appreciated about your decision-making process was ...
2. What I found interesting was ...
3. I look forward to seeing ...

Ms. B also utilizes an assessment she has developed to quantitatively and qualitatively evaluate individual student's application of the decision-making model to the ATOD-prevention scenarios her students are performing in class. Students are presenting their scenarios in groups, but they have been informed that they will be individually assessed. Ms. B gives students a copy of the assessment prior to implementing their scenarios.

After the students act out their scenarios, they complete the self-evaluation form for their personal use and the peer-evaluation form to share with a student not in their small group. Students review their self-assessment form, the peer-evaluation form completed by a fellow student, and Ms. B's evaluation. Ms. B asks the students to add notes to their self-assessment form about what insights they have gained from reviewing the three different forms of feedback.

The effective use of the assessment process can enhance the teaching and learning process for both teachers and students. A balance must be achieved between the use of assessment **for** learning and assessment **of** learning. A positive, inclusive, safe, caring, and supportive classroom atmosphere is critical to students' willingness to take risks, to learn from feedback and self-assessment, and to move on to the next steps in learning. Teachers must recognize that students' thoughts and actions regarding assessment results are as important as those of adults. In a classroom that encourages assessment for learning, students respond by saying, "*I understand. I know what to do next. I can handle this. I choose to keep trying.*" (Stiggins 2007).

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Instructional Materials for Health Education

CHAPTER 9

High-quality instructional materials are an essential component of effective health education.¹ They are tools designed to help teachers with classroom instruction and to ensure all students can access standards-aligned content both in the classroom and at home. Instructional materials should be selected with great care, with the needs of all students in mind. They should also provide support for educators who teach health education to California’s diverse student population and guide implementation of the *Health Education Content Standards for California Public Schools, Kindergarten Through Grade Twelve* (health education standards).

This chapter provides guidance on the selection of instructional materials. It includes the evaluation criteria for the State Board of Education adoption of instructional materials for students in kindergarten through grade level eight, guidance for local districts on the adoption of instructional materials for students in grade levels nine through twelve, and information regarding the social content review process, supplemental instructional materials, and accessible instructional materials.

¹ Instructional materials are broadly defined to include textbooks, technology-based materials, other educational materials, and tests.

State Adoption of Instructional Materials

The State Board of Education adopts instructional materials for use by students in kindergarten through grade level eight. Because there is no state-level adoption of instructional materials for use by students in transitional kindergarten and grades nine through twelve, local educational agencies (LEAs) have the sole responsibility and authority to adopt instructional materials for those students. LEAs are encouraged to utilize this chapter as a tool when adopting instructional materials for students in transitional kindergarten and grade levels nine through twelve.

LEAs, which include school districts, charter schools, and county offices of education, are not required to implement state-adopted instructional materials. If an LEA chooses to use instructional materials that are not adopted by the SBE, it has the responsibility to adopt resources that are aligned to the health education standards, meet the requirements of the applicable California *Education Code (EC)* sections and social content standards, best meet the needs of its students, and have demonstrated evidence of effectiveness.

The selection of instructional materials at any grade level is an important process guided by both local and state policies and procedures. As part of the process for selecting instructional materials, *EC* Section 60002 requires the LEA to promote the involvement of parents and other members of the community in the selection of instructional resources, in addition to substantial teacher involvement.

The primary resource to be used when selecting instructional resources is the *Criteria for Evaluating Instructional Resources for Health Education Instruction in Kindergarten Through Eighth Grade (the Criteria)* found in the next section. The *Criteria* include comprehensive descriptions of elements required for effective instructional programs that are aligned to the health education standards and will be the basis for the next state adoption of health education instructional resources.

Criteria for Evaluating Instructional Materials for Health Education in Kindergarten Through Eighth Grade

The state adoption of new health instructional materials will be guided by the Criteria described below. To be adopted, instructional materials must meet Category 1, Alignment with the health education standards, in full. Instructional materials will be evaluated holistically for strengths in the other categories of Program Organization, Assessment, Access and Equity, and Instructional Planning and Support. This means that while a program may not meet every criterion listed in those categories, it must meet the intent stated in the introductory paragraph of each category to be eligible for state adoption. Programs that do not meet Category 1 in full and do not show strengths in each one of the other four categories will not be adopted.

These criteria are designed to be a guide for publishers in developing their instructional resources and for local educational agencies when selecting instructional materials. To assist in the evaluation of instructional materials, publishers must use the State Board of Education-approved standards maps and evaluation criteria map templates, developed and supplied by the California Department of Education, to provide evidence that the program provides students a path to meet the appropriate grade-level or grade-span standards of the health education standards by the end of the grade level or grade span.

It is the intent of the State Board of Education that these criteria be neutral on the format of instructional materials. Print-based, digital, interactive online, and other types of programs may all be submitted for adoption as long as they are aligned to the evaluation criteria. Any gross inaccuracies or deliberate falsification revealed during the review process may result in disqualification, and any found during the adoption cycle may subject the program to removal from the list of state-adopted instructional materials. Gross inaccuracies and deliberate falsifications are defined as those requiring changes in instructional content. All authors listed in the instructional program are held responsible for the content. Beyond the title and publishing company's name, the only name(s) to appear on a cover and title page shall be the actual author or authors.

Criteria for the Evaluation of Instructional Materials Aligned to the Health Education Standards and Health Education Framework

CATEGORY 1: ALIGNMENT WITH THE HEALTH EDUCATION STANDARDS

Instructional materials include content as specified in the health education standards. Programs must include a well-defined sequence of instructional opportunities that provides a path for all students to become proficient in all grade-level or grade-span standards to be eligible for adoption.

All programs must include the following features:

1. Instructional materials, as defined in *EC* Section 60010(h), must align to the health education standards, adopted by the State Board of Education in March 2008
2. Instructional materials are consistent with the content of the health education framework
3. Instructional materials must include instructional strategies and student activities that incorporate skill development and health-enhancing behaviors with essential concepts
4. Instructional materials must be consistent with current state statutes and support statutorily mandated instruction
5. Instructional materials shall be accurate and use proper grammar and spelling (*EC* Section 60045)
6. Instructional materials must be medically accurate pursuant to the definition in *EC* Section 51931(f)
7. Medical and health vocabulary must be used appropriately and defined accurately
8. Include instructional content based on the California Environmental Principles and Concepts developed by the California Environmental Protection Agency and adopted by the State Board of Education (*Public Resources Code* Section 71301) where appropriate and aligned to the health education standards (2019)

CATEGORY 2: PROGRAM ORGANIZATION

Instructional resources support instruction and learning of the health education standards and include such features as the organization, coherence, and design of the program; chapter, unit, and lesson overviews; and glossaries. Sequential organization and a coherent instructional design of the health education program provide structure for what students should learn at each grade level or grade span, and allow teachers to facilitate student learning of the content efficiently and effectively. Instructional resources must have strengths in these areas to be considered for adoption:

1. An organization that provides a logical and coherent structure to facilitate efficient and effective teaching and learning within the lesson, unit, and grade level or grade span as described in the health education framework
2. An overview of the content in each chapter or unit that describes how it supports instruction and learning of the health education standards
3. A pacing guide or scope and sequence for planning instruction
4. Support materials that are an integral part of the instructional program and are clearly aligned with the health education standards
5. A well-organized structure that provides students with opportunities to achieve the grade-level or grade-span standards
6. A structure that builds on knowledge and skills acquired at earlier grade levels and makes explicit the connections between the health education essential concepts and the other overarching skills-based standards across the grade levels and grade spans
7. A list of the grade-level or grade-span standards in the teacher's guide together with page number citations or other references that demonstrate alignment with the content standards

CATEGORY 3: ASSESSMENT

Instructional resources include multiple models of diagnostic, formative, and summative assessment tasks for measuring what students know and are able to do, and provide guidance for teachers on how to interpret assessment results to guide instruction. The program provides teachers with assessment practices at each grade level or grade span necessary to prepare all students for success in later grade-level or grade-span health education. Instructional resources must have strengths in these areas to be considered suitable for adoption:

1. Strategies or instruments that teachers can use to determine students' prior knowledge
2. Diagnostic, formative, and summative assessments
3. Multiple measures of individual student progress at regular intervals to evaluate students' attainment of grade-level or grade-span knowledge and skills
4. Multiple measures of students' ability to independently apply health concepts, principles, and health-enhancing behaviors
5. Multiple means to evaluate students' abilities to evaluate the accuracy of health-related information and to seek reputable resources and information
6. A broad array of assessment strategies that allow students to demonstrate what they know, understand, and are able to do
7. Guidance for teachers on how to adapt instruction on the basis of evidence from assessment and make adjustments that yield immediate benefits to student learning
8. Assessments that provide students evidence of their current progress to actively manage and adjust their own learning to improve the quality of their work

CATEGORY 4: ACCESS AND EQUITY

The goal of health education programs in California is to ensure universal and equitable access to high-quality curriculum and instruction for all students so they can meet or exceed the knowledge and skills as described in the health education standards. Resources should incorporate recognized principles, concepts, and research-based strategies to meet the needs of all students and provide equal access to learning. Instructional resources should include

suggestions for teachers on how to differentiate instruction to meet the needs of all students. In particular, instructional resources should provide guidance to support students who are English learners; at-risk students; lesbian, gay, bisexual, transgender, queer, and questioning (LGBTQ+) students; advanced learners; and students with disabilities. Instructional resources must have strengths in these areas to be considered for adoption:

1. Appropriate for use with all students regardless of their disability, gender, gender identity, gender expression, nationality, race or ethnicity, culture, religion, sexual orientation, or living situation
2. Suggestions based on current and confirmed research for adapting the curriculum and the instruction to meet students' assessed instructional needs
3. Comprehensive teacher guidance and differentiation strategies, based on current and confirmed research, to adapt the curriculum to meet students' identified special needs and to provide effective, efficient instruction for all students, including students who are English learners, at-risk students, LGBTQ+ students, and students with disabilities
4. Strategies for students who are English learners that are consistent with the *California English Language Development Standards: Kindergarten Through Grade 12* adopted under EC Section 60811 (California Department of Education 2014)
5. Strategies for English learners in lessons and teacher's editions, as appropriate, at every grade level and grade span
6. Strategies to help students who are below grade level in reading, writing, speaking, and listening in academic English to understand the health content
7. Suggestions for advanced learners that are tied to the health education framework and that allow students to study content in greater depth
8. Images that are age-appropriate and depict students at the grade level or grade span of instruction, reflect the diversity of California's students, and are affirmatively inclusive

CATEGORY 5: INSTRUCTIONAL PLANNING AND SUPPORT

The information and resources should present explicit, coherent guidelines for teachers to follow when planning instruction and are designed to help teachers provide effective standards-based instruction. The resources should be designed to help teachers provide instruction that ensures opportunities for all students to learn the health-enhancing skills and behaviors and essential concepts specified in the health education standards. The resources must have strengths in these areas of instructional planning and teacher support to be considered suitable for adoption:

1. Lesson plans, suggestions for organizing resources in the classroom, and ideas for pacing lessons
2. A variety of pedagogical strategies
3. Suggestions for connecting health education concepts with other areas of the curriculum and examples of interdisciplinary instruction within the appropriate grade level or grade span
4. Technical support and suggestions for appropriate use of electronic resources, audiovisual, multimedia, and information technology resources associated with a unit
5. User-friendly components and platform-neutral electronic materials
6. Homework assignments, if included in the program, that support classroom learning, give clear directions, and provide practice and reinforcement for the skills taught in the classroom
7. Homework assignments, if included in the program, that support parent, guardian, and caretaker engagement
8. Clearly written and accurate explanations of health education content
9. Background information for teachers on the health education topics presented and references and resources to guide teachers' further study of health education topics and effective health education pedagogy
10. Suggestions for teachers to locate, interpret, and convey medically accurate content and current, confirmed research and resources for teachers to remain current on health information and statistics
11. Suggestions for linking the classroom with reputable community resources in a manner consistent with state laws

12. Suggestions for activities and strategies for informing parents, guardians, and other caretakers about the health education program and creating connections among students, parents, guardians, caretakers, and the community
13. Student writing assignments are aligned with the appropriate grade-level expectations in the *California Common Core State Standards for English Language Arts* (adopted by the State Board of Education in 2013), including the Writing Standards for K–5 and 6–12 (as applicable) and the Writing Standards for Literacy in History–Social Studies, Science, and Technical Subjects for 6–12

Guidance for LEAs on the Adoption of Instructional Materials for Students in Grade Levels Nine Through Twelve

The Criteria (above) are intended to guide publishers in the development of instructional materials for students in kindergarten through eighth grade. They also provide guidance for selection of instructional materials for students in grade levels nine through twelve. The five categories in the Criteria are an appropriate lens through which to view any instructional materials an LEA is considering.

The process of selecting and implementing new instructional materials should be thoroughly planned, publicly conducted, and well documented. LEAs must adhere to *EC* Section 60002, which states the following: “Each district board shall provide for substantial teacher involvement in the selection of instructional materials and shall promote the involvement of parents and other members of the community in the selection of instructional materials.”

It is the LEA’s responsibility to ensure that instructional materials comply with state laws and regulations. This responsibility includes addressing content and skills mandated by such laws as the California Healthy Youth Act (*EC* sections 51930–51939) and the regulations regarding social content. Instructional materials must meet *EC* sections 60040–60045 as well as the State Board of Education guidelines in the *Standards for Evaluating Instructional Materials for Social Content* (2013). State laws and the State Board of Education guidelines require that instructional materials used in California public schools reflect California’s multicultural society, avoid stereotyping, and contribute to a positive, safe, and inclusive learning environment.

Social Content Review

To ensure that instructional materials reflect California’s multicultural society, avoid stereotyping, and contribute to a positive, safe, and inclusive learning environment, instructional materials used in California public schools must comply with the state laws and regulations that involve social content. As noted above, instructional materials must conform to *EC* sections 60040–60045, as well as the State Board of Education’s *Standards for Evaluating Instructional Materials for Social Content* (available on the California Department of Education Social Content Review web page). Instructional materials that are adopted by the State Board of Education meet the social content requirements. The California Department of Education conducts social content reviews of a range of instructional materials and maintains a searchable database of the materials that meet these social content requirements. To access the database, go the Approved Social Content Review Search on the California Department of Education Social Content Review web page.

If an LEA intends to purchase instructional materials that have not been adopted by the state or are not included on the list of instructional materials that meet the social content requirements maintained by the California Department of Education, then the LEA must complete its own social content review. Information about the review process is posted on the California Department of Education Social Content Review web page.

Supplemental Instructional Materials

The State Board of Education traditionally adopts only basic instructional materials programs, which are programs designed for use by students and their teachers as a principal learning resource and meet, in organization and content, the basic requirements of a full course of study (generally one school year in length). LEAs adopt supplemental materials for local use more frequently. Supplemental instructional materials are defined in *EC* Section 60010(1) and are generally designed to serve a specific purpose, such as providing more complete coverage of a topic or subject, addressing the instructional needs of groups of students, and providing current, relevant technology to support interactive learning.

Because health education is a dynamic subject with continually emerging issues and new discoveries, LEAs will likely need to utilize supplemental instructional materials to reflect new findings, maintain medical accuracy, and address current health concerns and health-related social issues. In addition, changes in state laws may require LEAs to purchase supplemental materials to meet new requirements for instructional content. LEAs may choose to adopt supplemental instructional materials to study the effectiveness, or to pilot new materials or curricula. Supplemental instruction materials must also comply with the state laws and regulations on social content. LEAs are encouraged to develop and implement a process for the thorough review of supplemental instructional materials.

Accessible Instructional Materials

The California Department of Education Clearinghouse for Specialized Media and Technology (also known as CSMT) provides access to state-adopted instructional materials in meaningful formats for students who have vision impairments, including blindness, or other print disabilities. The Clearinghouse for Specialized Media and Technology produces and distributes accessible versions of textbooks, workbooks, literature books, and other student instructional resources to help students overcome challenges, connect with others, and become independent. Specialized formats of instructional materials include braille, large print, audio recordings, digital talking books, and electronic files that are free for teachers and other educators to order and/or download online through the CSMT Instructional Materials Ordering and Distribution System (also known as IMODS). To become an IMODS registered user and access instructional materials and other resources, visit the California Department of Education Clearinghouse for Specialized Media and Technology web page.

Student Privacy

LEAs and publishers of instructional materials must carefully observe all laws regarding student privacy. State law is very restrictive in the collection, storage, management, and use of student data. LEAs and publishers must work closely to ensure compliance with all associated laws. See *EC* sections 49073–49079.7 and Business and Professions Code Sections 22584–22585.

References

- California Department of Education. 2013. *California Common Core State Standards English Language Arts & Literacy in History/Social Studies, Science, and Technical Subjects*. Sacramento, CA: California Department of Education. <https://www.cde.ca.gov/ci/he/cf/ch9.asp#link1>.
- California Department of Education. 2014. *California English Language Development Standards: Kindergarten Through Grade 12*. Sacramento, CA: California Department of Education. <https://www.cde.ca.gov/ci/he/cf/ch9.asp#link2>.
- California Education and the Environment Initiative. 2019. *California's Environmental Principles and Concepts*. <https://www.cde.ca.gov/ci/he/cf/ch9.asp#link3>.
- California State Board of Education. 2013. *Standards for Evaluating Instructional Materials for Social Content*. Sacramento, CA: California Department of Education. <https://www.cde.ca.gov/ci/he/cf/ch9.asp#link4>.

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Examples of Standards-Based Instruction

APPENDIX



The examples presented in this appendix provide standards-based instructional strategies that can be applied in a variety of educational settings and formats. The examples below illustrate one approach to standards-based instruction. As with all examples in this framework, they are just one way to approach instruction and are not a mandate for a particular instructional approach. Decisions on which instructional strategies to use in their classrooms are best left to credentialed health education teachers and local administrators.

Example of Standards-Based Instruction: Grade Level One

Select a Standard(s):

Standard 1.11.5 Demonstrate proper lifting and carrying techniques for handling heavy backpacks and book bags.

Unpack the standard:

What is the verb: Demonstrate

What is the skill or content: Proper lifting and carrying techniques for handling backpacks and book bags

Determine the evidence of learning:

Student demonstrates proper lifting and carrying of their backpack by completing the following steps:

1. Determines if their backpack is too heavy
2. Bends both knees to pick up backpack
3. Uses two hands to pick up the backpack
4. Wears both straps
5. Has backpack close to their body and resting in the middle of their back

Select or design the assessment:

Structured observation using the checklist.

Plan instruction:

Ms. H wants to ensure that her students are lifting and carrying their backpacks properly to avoid injuries and strain. She starts her lesson with the What, Why, How technique. She shares the following with her students:

What will we be learning today?

We will learn the proper way to lift and carry our backpacks.

Why is this important?

Carrying backpacks that are not in the correct position or are too heavy can lead to hurting our backs.

How will you know if you have learned it?

You will show Ms. H or other adult in class how to do it properly.

Using a bathroom scale, students weigh their backpacks. Ms. H knows that first-graders do not understand the concept of percent, so telling them that the backpack should be no more than 10–15 percent of their body weight will not be relevant to them. They can understand 8–12 pounds, so she has the students pick up each other's packs and guess how much they weigh. This allows the students to get an idea of what a backpack that is 8–12 pounds does, and does not, feel like. Ms. H assures any students with backpacks that are over the suggested amount that the class will help them figure out ways to lighten their backpacks.

Student Checklist

Ms. H shares the checklist they will use.

	Too Heavy? (8-10 lbs.)		
	2 Bent Knees?		
	2 Hands?		
	2 Straps?		
	Too Low?		

Long Description of Student Checklist is available at <https://www.cde.ca.gov/ci/he/cf/appendixstdbasedinstr.asp>.

As she demonstrates and explains each step, she will also talk with the students about why each step is important. She has the students repeat the steps after she goes over each one. She makes it engaging by focusing on "too/two."

- “Is it too heavy?” If it is, she asks what they should do about it. Students might respond with, “Take out anything extra I don’t need,” or, “Ask an adult for help.”
- “We bend how many knees?” The students respond, “Two.”
- “How many hands should we use to pick up our backpacks?” The students respond, “Two.”
- “How many straps should we wear?” “Two.”
- “Is it too low?” She again might ask what they could do if their backpack is too low or not close to their body.

She then pairs up the students and provides an enlarged copy of the checklist in a sheet protector and gives each pair a marker. She demonstrates lifting and carrying the backpack multiple times while asking the pairs to discuss what they observe and use the checklist to assess her. The students will color the smiley face when the step is correctly done and the sad face when it is not. Ms. H can exaggerate each step to keep the students’ attention. For some of the examples, she can leave out a key step or complete a step incorrectly. The students show Ms. H their ratings on the sheet protectors after each of her demonstrations so she can quickly see if the students are identifying her mistakes. Ms. H could also draw or find images of students improperly wearing their backpacks and ask the students to identify the errors.

Once she is confident that the students know the criteria for the standard, the students can engage in more practice by assessing each other using the checklist. When the students are ready, the teacher and parent volunteer will assess each student individually. For those students that do not follow each of the steps, Ms. H or the parent can coach that student and let them try again until they are successful.

Example of Standards-Based Instruction: Grade Level Five

Select a standard(s):

5.1.1.P Identify effective personal health strategies that reduce illness and injury (e.g., adequate sleep, ergonomics, sun safety, washing hands, hearing protection, and toothbrushing and flossing).

5.2.1.P Identify internal and external influences that affect personal health choices.

5.7.3.P Practice strategies to protect against the harmful effects of the sun.

Unpack the standard(s):

5.1.1.N *What is the verb:* Identify

What is the skill or content: Personal health strategies that reduce illness and injury

5.2.1.N *What is the verb:* Identify

What is the skill or content: Influences on personal health choices

5.7.3.P *What is the verb:* Practice

What is the skill or content: Strategies to protect against the harmful effects of the sun

Note: Covering all of the content mentioned in 1.1.P and 2.1.P would require multiple lessons. The focus of this lesson will be only on sun safety and the influences on using sun-safe strategies.

Determine evidence of learning:

1.1.P Student identifies that the following can help protect against the harmful rays from the sun.

- Staying out of the sun between the hours of 10 a.m. and 4 p.m.
- Wearing protective clothing (shirts, pants, and hats) and sunglasses
- Applying sunscreen every day, including cloudy days
- Using sunscreen properly, which includes using at least an ounce, using sunscreen with an SPF of at least 30, applying sunscreen 15 minutes before going out, and reapplying every two to three hours.

- Seeking shade whenever possible
- Extra caution around reflective surfaces (sand, snow, water)

2.1.N Student identifies that there are both internal and external influences on choosing to use the above strategies, such as personal likes and dislikes, family and friends' use, access to resources, etc.

7.3.P Student practices all of the criteria listed in 1.1.P.

Select or design the assessment:

Students will keep a four-day log documenting situations where sun safety strategies could be used. Two days will be during the week and two days will be on the weekend.

Plan Instruction:

Mr. R observes that some of his students are not wearing sunscreen, protective clothing, and sunglasses regularly. Mr. R starts with the What, Why, How technique. He shares the following with his students.

What will we learn today?

Mr. R shares that the students will learn about protecting themselves from the harmful effects of the sun and discuss why some do or do not follow these steps regularly.

Why is this important?

The sun can cause skin damage and skin cancer. Both can sometimes be prevented if sun-safe strategies are used.

How will you know when you have learned it?

Mr. R informs students they will practice strategies that can help them stay safe from the sun's ultraviolet (UV) rays.

Mr. R begins with having the students brainstorm a list of ways to protect themselves from the sun's harmful ultraviolet rays on a piece of paper. Mr. R. writes the list on the board.

He then shows a short video clip such as TedEd, *Why Do We Have to Wear Sunscreen?* After the video, he asks students if they should add anything to their brainstormed list. Fifth-graders will probably be able to come up with most, if not all, of the criteria. If the students do not come up with one of the criteria from 5.1.1.P on their

own, he will guide them to add it to their list. He will also discuss with the class why each strategy is helpful.

He then shows a short video clip such as TedEd, *Why Do We Have to Wear Sunscreen?* After the video, he asks students if they should add anything to their brainstormed list. Fifth-graders will probably be able to come up with most, if not all, of the criteria. If the students do not come up with one of the criteria from 5.1.1.P on their own, he will guide them to add it to their list. He will also discuss with the class why each strategy is helpful.

Mr. R can use sunscreen to demonstrate what one ounce looks like. Free sunscreen samples might be donated from a local dermatologist or agency, or he might put foaming soap in empty sunscreen bottles to simulate sunscreen. He could also use pictures with varying amounts of sunscreen to help the students identify what the correct amount looks like. Mr. R also tells the students a “full/broad spectrum” sunscreen that blocks both kinds of harmful UV light—UVA and UVB—is best.

Mr. R then asks the students to draw a T-chart on their paper and think about the reasons a fifth-grader might or might not use the protection strategies. They will share with a partner and then with the class. Mr. R then asks each student to write an “E” or an “I” next to each reason, indicating if the reason would be affected by an internal or external influence. Mr. R may need to remind them of the difference between the two types of influences. They will again share with their partner and then as a class. Examples of some possible responses are shown below.

Reasons we use sun safety strategies:

- Friends all do (E)
- Not wanting skin damage or skin cancer (I)
- Parent makes me (E)
- Sunburns hurt (I)
- Cool sun-safe clothing (I)
- I do not like being outside when it is so hot (I)

Reasons we do not use sun safety strategies:

- Friends do not use the strategies (E)
- Sunscreen feels slimy (I)
- Not having sunscreen, protective clothing, or glasses (E)
- Forgetting to use sunscreen (I)

- Lots of fun stuff happens between 10 a.m. and 4 p.m. (I)
- I do not have to worry about getting sunburned (I)
- There is not any shade (E)

Once the list is completed, Mr. R has his students discuss possible solutions for each of the reasons they might not use sun-safe strategies. Examples of their responses might include trying a different kind of sunscreen if it feels slimy, setting a reminder on a phone to take sunglasses with them, or avoiding sun exposure during parts of the day.

As a class, Mr. R will discuss the following scenario: *You are at a friend's house, and it is 11 a.m. He suggests that you go outside to use his pool. What could you do?* Mr. R asks students to explain the reasoning behind each possible response.

With a partner, each pair will discuss the following scenario: *It is lunchtime at school and there are not many places to sit outside. It is cloudy. What should you do?* He observes students as they discuss and has a few students share their responses and the reasoning behind each response.

Individually, students will respond to the following scenario: *You and your mom are going to go hiking at noon. You have to go at that time. What could you do?* Mr. R asks a few students to share their ideas and reasoning.

Mr. R asks the class to think of other activities or situations where sun safety would be important, such as when they have a sports game or are walking to the store. He explains that they will be keeping a four-day log tracking activities or situations in their own lives where they should be practicing sun safety, and goes over the example on the log with them. He checks in with his students the next day to make sure that they understand the assignment.

After four days, Mr. R checks in with students on how they did. If they listed sunscreen as a strategy, he will ask them to determine if they used enough, if it had an SPF of at least 30, and if they reapplied it. If they did not, they may need to move their "X" to the other column.

Mr. R asks students to revisit the T-chart and reflect on which reasons influenced their decisions. The log could also be used as an opportunity for students to identify people who had a positive or negative influence on their health choices.

Example of Standards-Based Instruction: Grade Levels Seven and Eight

Select a standard(s):

Health Education Content Standards:

7–8.3.1.N Distinguish between valid and invalid sources of nutrition information.

CA CCSS Reading Standards for Literacy in Science and Technical Subjects 6–12:

Grade Levels 6–8

Standard 1: Cite specific textual evidence to support analysis of science and technical texts.

Standard 8: Distinguish among facts, reasoned judgment based on research findings, and speculation in a text.

Unpack the standard(s):

7–8.3.1.N *What is the verb:* Distinguish

What is the skill or content: Valid and invalid sources of nutrition information

Standard 1 *What is the verb:* Cite

What is the skill or content: Textual evidence to support analysis of science and technical texts

Standard 8 *What is the verb:* Distinguish

What is the skill or content: Facts, reasoned judgment, and speculation in a text

Determine evidence of learning:

7–8.3.1.N Student will distinguish that valid sources of information are truthful and have the following characteristics:

- The information is current (no more than three years old)
- The information can be found in more than one resource

- There is enough information about the topic
- The facts in the article are cited or referenced

Students will distinguish that reliable sources of information are trustworthy and dependable and have the following characteristics:

- The purpose of the resource is stated clearly
- The resource does not appear to be an advertisement
- The resource is a .gov or .edu website, or a noncommercial one ending in .org
- The author's name is listed
- The author's background is trustworthy and dependable
- A valid and reliable institution or agency is listed

Standard 1 Student will support their idea with a quote or paraphrase from the article that addresses their idea.

Standard 8 Student will identify examples of, and highlight the differences between, facts (statements that are true and can be verified or proven), reasoned judgments (statements of the author's point of view that are supported by reasons and evidence), and speculation (an idea or a guess about something).

Select or design the assessment:

Students will complete the following reflection.

- Based on the two articles, should we have health concerns about high-fructose corn syrup? Give at least two reasons to support your response.
- Which resource was more valid and reliable? Why?
- What about the other resource was questionable?

Plan Instruction:

The teacher is discussing the nutritional value of foods with their students. One of the students stated that they have heard high-fructose corn syrup was the cause of the increase in obesity rates in the United States. The teacher references this controversy as an opportunity to teach about how to determine valid sources of information, as well as the dietary concerns about high-fructose corn syrup. The teacher starts with the What, Why, How technique. The teacher shares the following with his students:

What will we learn today?

We will look at two different views on high-fructose corn syrup and learn how we can determine which source to believe. Our questions are: “Should we have health concerns about consuming high-fructose corn syrup? Why or why not?”

Why is this important?

There is a lot of information about health topics that is inaccurate, and we need to be able to determine what to believe to make good decisions.

How will you know when you have learned it?

You will be able to identify at least four factors important in determining the validity of a source, and you will be able to provide at least three facts about high-fructose corn syrup that you used to determine whether to be concerned about its use.

The teacher has the students use the internet or provides hard copies of two articles on high-fructose corn syrup. One is from a resource with an agenda, such as the Corn Refiners Association, and the other is from a reliable source, such as research from a health agency like the Food and Drug Administration (FDA) or National Institutes of Health (NIH). The teacher provides the students with a chart to record their evaluation of the two sources.

The students will individually complete their chart and respond to the following questions using the two articles. They will then share their responses in small groups.

- According to the articles, is high-fructose corn syrup a health concern? Give evidence to support your ideas.
- According to the articles, is high-fructose corn syrup a factor in the rise in obesity rates in the United States? Give two reasons with evidence to support your ideas.
- Give an example of a fact, a reasoned judgment, and a speculation from the articles.
- Do you see any bias in either of the two articles? Is bias always a bad thing? Site the sentence(s) that support your response.
- Discuss one way in which the articles agree and one example of how the articles disagree.
- To determine the validity of the articles, what other questions might you need answered?

The teacher observes students as they are working in small groups and then leads a class discussion reviewing the chart and each of the questions. After completing the discussion, students individually complete the assessment reflection.

Example of Standards-Based Instruction: Grade Levels Nine Through Twelve

Select a standard(s):

9–12.1.10.M Identify warnings signs for suicide.

9–12.7.3.M Discuss suicide-prevention strategies.

Unpack the standards(s):

9–12.1.10.M *What is the verb:* Identify

What is the skill or content: Warning signs of suicide

9–12.7.5.M *What is the verb:* Discuss

What is the skill or content: Suicide prevention strategies

Determine the evidence of learning:

9–12.1.10.M Student knows that most of the time there are signs of a potential suicide. Students research the American Foundation for Suicide Prevention to further their understanding of suicide prevalence and risk. Student will identify signs of a potential suicide that might include:

- Talking about suicide and/or death
- Making statements about feeling hopeless, helpless, or worthless
- Giving away belongings
- Taking unnecessary risk or exhibiting self-destructive behavior
- Withdrawing from friends and family
- Suffering from depression
- Abnormal or sudden changes in sleep habits

Students will discuss the different societal stressors affecting each gender (male and female), why they are different, and how they could lead to one displaying a suicidal behavior (American Foundation for Suicide Prevention 2019).

9–12.7.3.M Student discusses suicide-prevention strategies that might include:

For themselves:

- Tell someone you trust what is going on
- Be around people who are caring and positive
- Ask someone to help you figure out what is going on and other ways to cope or get help
- Work with a counselor or therapist
- Call a crisis line

For others:

- Take all warning signs seriously
- Tell a trusted adult
- Ask the person if they are considering suicide and if they have access to or a plan for suicide
- Help keep them safe if possible
- Be a good listener—do not minimize their problems
- Call a crisis line
- Help connect them to services

Select or design the assessment:

Write a letter to a person (real or imagined) that you are worried about. Tell them that you care, why you are concerned, and at least two suggestions for next steps to support them.

Plan instruction:

The school where Ms. P teaches lost a student to suicide to last year. She is very concerned about the mental health of her students. They have discussed the causes, signs, and treatment of depression in previous lessons. Ms. P starts with the “What, Why, How” technique.

What will we learn today?

We will learn about the signs of a potential suicide, as well as some strategies to help others and ourselves if we are in need.

Why is this important?

Suicide is the second-leading cause of death for people between the ages of ten and twenty-four in the United States (Heron 2019, 10). It has also affected our community. The loss of one person to suicide is too many.

How will you know when you have learned it?

You will be able to identify signs that might indicate that someone is considering suicide, and at least three things you can do to help yourself or someone else.

Over several class periods, Ms. P has her students research the warning signs of suicide and evidence-based ways one addresses depression. Their research activities include reading medically accurate texts, viewing informational videos from reliable sources, and contacting mental health agencies and community organizations. The negative stigma surrounding mental health (versus other chronic diseases, such as cancer or heart disease) is discussed.

She then has her students make three columns on a sheet of paper. The columns are labeled Signs, Help for Yourself, and Help for Others. With a partner, the students discuss and list any ideas they have for each column. Ms. P asks the students to report what they have listed and records the warning signs from the students' lists.

As ideas for warning signs are given, she asks why each might indicate that the person is considering suicide. The list will include the criteria listed above for standard 9–12.1.10.M. After they have completed the class list, Ms. P will emphasize that there are times when none of the indicators are present and still a person chooses suicide.

Ms. P asks the students to follow the same format for filling out the next two columns, Help for Yourself and Help for Others. The students are asked to discuss why each strategy might help. She will also ask students why people might not use the strategies listed. For example, a person might not ask for help for themselves because they think no one cares or maybe because they are embarrassed. A student might not tell a trusted adult about a friend because they promised their friend they would keep a secret. The lists will include the criteria listed above for standard 9–12.7.3.M.

For the next part of the activity, students read and respond to scenarios. Ms. P passes out four-inch by four-inch pieces of construction paper in red, yellow, and green and copies of the scenarios below to each pair of students. She distributes them to the class and asks students to discuss each situation and determine which color card represents their response to the prompt. The students will show their

color card (*red = yes; yellow = possibly; green = no*) and then share their ideas and reasoning behind their response.

This scenario is shared: Anna is a family friend you have known your whole life. She is sixteen years old, and you know she has been dealing with depression since she was twelve. She started using alcohol on a regular basis and then marijuana, even though most of her close friends do not do this. She started to feel that school did not seem important anymore, so she started skipping classes. Anna also told her friends that “life was not worth living,” and said she was going to run away the next weekend. Thinking she was not going to be home, her friends did not call her Friday or Saturday.

Are you concerned that Anna might be considering suicide? (*red = yes; yellow = possibly; green = no*) Are there warning signs? What could/would you do? What might Anna do in this situation?

Miguel, sixteen years old, is a very talented musician and writes many songs about death. He changed his appearance, colored his hair, and experimented a little with drugs and alcohol. He wrote his most recent song, “I Found the Way,” after a long night of drinking.

Are you worried? (*red = yes; yellow = possibly; green = no*) Are there warning signs? What else do you want/need to know? (Example: What is the song about?)

Latasha is fifteen. Her parents have recently divorced, which forced her to move to a new community of 3,000 people. She hates the small-town atmosphere and does not make any new friends. Her sister, Tiffany, her ‘only’ friend, is going away to college in the fall, which makes her feel even worse.

Latasha is having trouble sleeping, her grades are falling, and she is crying almost every day. She tries to tell her dad and new stepmom that she is feeling terrible, but they said that things would get better if she would just give it some time. She gave her sister her birthstone ring and said she would not need it anymore.

Could Latasha be considering suicide? (*red = yes; yellow = possibly; green = no*) Are there warning signs? What could/would you do? What might Latasha do in this situation?

Sanjay is a seventeen-year-old who seems to “have it all.” He is very outgoing, funny, popular at school, dresses really well, has lots of friends and a girlfriend, and his grades are always straight As. He is a member of the soccer and football teams and president of a school club. He got into many colleges, including Stanford and other Ivy League schools, and will be attending one of them in the fall.

Are you concerned? (red = yes; yellow = possibly; green = no) Are there warning signs? Do we need more information?

Sanjay started missing classes the last week of high school. He gave his little brother his letterman jacket and said he would not need it in college.

Are you concerned? (red = yes; yellow = possibly; green = no) Are there warning signs?

You saw Sanjay at graduation, and he seemed more quiet than usual. He was not being his normal funny self and sat with his head down for most of the ceremony. He did not show up at the graduation party you had all planned to attend.

Are you concerned? (red = yes; yellow = possibly; green = no) Are there warning signs?

Sanjay died by suicide two days after graduation.

What could we have missed? Is it possible that in some situations there are no signs? Do people always plan a suicide or is it sometimes a decision made quickly?

As a summative assessment, Ms. P. has her students write a letter to a hypothetical friend that they are concerned about. In the letter, students provide reasons for their concerns and suggest steps their "friend" can take based on what they have learned.

References

- American Foundation for Suicide Prevention. 2019. Risk Factors and Warning Signs. <https://www.cde.ca.gov/ci/he/cf/appendixa.asp#link1>.
- Heron, Melonie. 2019. "Deaths: Leading Causes for 2017." *National Vital Statistics Reports* 68 (6): 1–76. <https://www.cde.ca.gov/ci/he/cf/appendixa.asp#link2>.

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Sex Trafficking

APPENDIX

B

Introduction

The purpose of this appendix is to provide information regarding sex trafficking as it relates to schools and the community. The appendix is meant to be a tool for educators, school staff, administrators, district staff, parents, and community members. For instructional information regarding sex trafficking, please refer to the grade level chapters.

There are many California students who are or have been a victim of sex trafficking. Traffickers may target youth on school grounds, and some students may remain in school while being trafficked. Schools have a unique opportunity to identify warning signs and victims of trafficking, provide prevention education, and promote a safe campus and supportive environment. California *Education Code (EC)* Section 51934(a)(10), also known as the California Healthy Youth Act, requires schools to provide education on human trafficking, which includes sex trafficking, at least once in middle school and once in high school.

Human trafficking is modern-day slavery, whether for commercial sex or forced labor. Human trafficking is not limited to any specific community, geographic location, socioeconomic status, or demographic. Sex trafficking is a form of human trafficking in which an individual is forced, tricked, or coerced into performing commercial sex acts. Commercial sex acts can be defined as sex acts exchanged for anything of value, including money, drugs, shelter, or basic needs.

Anyone under the age of eighteen engaged in commercial sex is considered a victim of sex trafficking—there does not have to be elements of force, fraud, or coercion, or a third-party exploiter involved. There is no such thing as a child or teen prostitute, as minors cannot legally or developmentally consent to participate in commercial sex acts. Sex trafficking that includes children under the age of eighteen is sometimes referred to as Domestic Minor Sex Trafficking. Victims of trafficking who are under the age of eighteen are often referred to as Commercially Sexually Exploited Children. Using appropriate language is important to reframe the issue as a form of child abuse and a crime against children rather than treating youth as criminals or delinquents.

The National Human Trafficking Hotline receives more calls from California than any other state in the nation (National Human Trafficking Hotline 2018). It is impossible to know the full scope of the problem due to the hidden nature of the crime. However, the Global Slavery Index estimates that 40.3 million people are enslaved or trafficked worldwide, of which women are the primary victims (2018).

Importance of Prevention and Early Education

Because traffickers often target vulnerable youth on school grounds, it is important for educators, staff, and administrators to be aware of the signs and indicators. It is equally important for youth to be provided with prevention education that includes awareness of trafficker tactics, risk factors, behaviors that promote health and healthy relationships, and protective factors. It is critical that age-appropriate instruction and learning begin in the earliest grade levels through face-to-face instruction.

Note: The framework primarily uses the term “victim” to describe the student or individual who is the victim of trafficking. “Survivor” is used to refer to victims who have been identified and are no longer being trafficked. It is important to note that victims and survivors of sex trafficking (and other forms of abuse) may prefer to self-identify as one or the other, or another term of their choosing. This preference may be influenced by a number of different factors, including the individual’s healing process. The language the individual chooses should be honored.

Throughout the framework, this goal of age-appropriate instruction and learning is met through guidance on teaching boundaries in kindergarten to more in-depth, advanced teaching specific to sex trafficking in high school. Students who are equipped with the life skills to self-protect may be able to recognize and avoid risky situations that could put them in danger and negatively impact their health. Instruction throughout the grade levels is also meant to acknowledge factors outside the students' control and emphasize compassion and empathy from peers and staff to support students who have experienced trafficking.

Schools provide a unique setting that allows teachers and staff to protect and empower students through prevention education, recognition of potential harm, response and reporting, and offering support and resources. Trained school resource officers, nurses, social workers, and counselors may also be a good resource and support for students. School staff should be familiar with possible sex trafficking indicators to recognize and respond appropriately.

Trafficking Indicators

- Language and terms associated with trafficking (“the life/game,” “daddy,” “trick,” “stroll/track/blade,” “hotel parties,” “trap houses,” “skip parties”)
- Decreased participation and performance in academics or extracurricular activities
- Sudden change in dress or appearance
- Problem behaviors, such as aggression or otherwise acting out
- Withdrawal from friends or usual activities
- Absences from school
- Depressed mood or anxiety
- Eating or sleeping disturbances
- Self-harm
- Signs of physical or sexual abuse
- Suspicious tattoos/branding
- Multiple cell phones
- Refers to much older boyfriend, girlfriend, or partner
- Controlling or dominating relationships

- Monitored movement or communication
- Pressure to keep relationship a secret
- Sexualized behavior
- Sudden change in dress or appearance, including dressing inappropriately for age and/or weather
- Unexplained money or gifts
- Unexplained sexually transmitted infections or pregnancies
- Substance abuse or signs of addiction
- Loss of self-esteem

Note: Some of the potential indicators may also be indicators of mental health concerns and substance use disorders, adverse childhood experiences, and other issues among vulnerable youth who are not being sex trafficked.

Impact

While all students are potentially at some level of risk, some may be more vulnerable and have higher risk factors. This includes youth who have experienced prior abuse, neglect, or dating violence; youth involved in the child welfare or juvenile justice system; youth with a history of substance abuse; LGBTQ+ youth; unaccompanied minors; and runaway or homeless youth. Other vulnerabilities include gang involvement, isolation, learning and developmental disabilities, and feelings of rejection and marginalization. While certain factors increase vulnerability, some youth may be at risk simply because of social needs and normal maturation. These additional factors include risk-taking, feeling misunderstood by guardians and other adults, feeling a need for love and belonging, and seeking romantic relationships (Clawson et al. 2009).

Just as anyone can be a victim of trafficking, it is important to note that exploiters or traffickers also do not fit a singular description. Youth are often exploited by family members, intimate partners, and even peers. Traffickers maintain control of their victims often through a combination of fear, threats, emotional manipulation, material necessity, and abuse.

Sex trafficking has a lasting impact on multiple levels—physical and psychological trauma and serious health consequences. A student who is the victim of commercial

sexual exploitation has experienced an incredible amount of trauma that is often both chronic and complex. Victims of sex trafficking are also victims of repeated sexual assault and rape. Part of their victimization may include psychological manipulation, which often causes youth to distrust even safe adults and form a bond with their trafficker. As a result, it is not uncommon for victims to return to their perpetrator. For youth who have been trafficked by an intimate partner or family member, there is a complicated link between love, sexual activity, and abuse. This is further complicated by the youth's need for basic necessities such as food, shelter, and clothing, which are often provided by the trafficker or exploiter.

Examples of Trauma and Psychological Impact

Physical and Emotional Trauma	Psychological Impact
<ul style="list-style-type: none"> ▪ Sexual assault ▪ Sexually transmitted infections (STIs) ▪ Physical and emotional abuse ▪ Branding ▪ Scarring/disfigurement ▪ Unwanted pregnancy ▪ Reproductive coercion, including forced abortion/forced birth ▪ Neglect ▪ Psychological manipulation and control 	<ul style="list-style-type: none"> ▪ Depression ▪ Anxiety ▪ Paranoia ▪ Helplessness ▪ Disassociation ▪ Suicidal ideation ▪ Post-traumatic stress disorder (PTSD) or PTSD symptoms ▪ Fear ▪ Anger ▪ Trauma bonding

Source: WEAVE (2019).

The trauma that students experience can have a severe negative impact on learning, and ongoing trafficking may result in long-term absences from school. Understanding victim impact and trauma can help teachers and other supportive adults modify their possibly adverse responses when students display trauma symptoms that may be mistaken for problem behaviors. For example, truancy, poor academic performance, and acting out may be signs of abuse or exploitation. While state laws have changed to protect youth who have been exploited, they are often still treated as delinquents.

The nature of this crime against children is highly stigmatized and is often confused with or compared to adult sex work or voluntary engagement in illegal activities. Victim blaming and lack of knowledge around the complexity of sex trafficking are two of the factors that make rehabilitation and reintegration challenging for students. It is important for schools to treat sexually exploited youth with compassion and empathy and to recognize their experience as abuse. Treating these youth as delinquents is not appropriate—they are victims of trauma and need as much support as possible.

Intervention

Schools should be safe places for students to learn, grow, and prepare for healthy adulthood, but sometimes they are not safe for every student. Youth may be exploited by other students, gang members, family members, or partners. Traffickers may also recruit students to act as enforcers who make sure the trafficking victim stays under the trafficker's control and avoids seeking or receiving help.

School and district personnel must act collaboratively to understand the magnitude of the issue, the impact on campus, and the impact within the community. Districts and individual schools should adopt policies that promote the safety of students and violence-free campuses and include protocols for identification and response to victims of sex trafficking. Because sex trafficking intersects with child abuse and sexual assault, similar response and support should be available for students who have been sexually exploited.

Training teachers, other educators, administrators, and school support staff is critical, and school resource officers can also play an important role in monitoring campus activities and promoting safety for all students. Students and staff can work collaboratively to create campus maps that identify zones on campus where recruiting may take place. Teachers, administrators, and school resource officers can monitor these areas more closely, which provides adult supervision and promotes a safe school campus. For example, schools may identify hallways as an unsafe zone where recruitment or enforcement (e.g. violence, bullying, and harassment) may take place. To combat this activity, schools may consider a practice in which teachers stand outside their classrooms during passing periods to promote positive relationships between teachers and students and to provide a safe adult presence with supervision. In addition to identifying areas on school campuses, online recruitment and internet safety should also be addressed.

Students and staff can continue to work collaboratively to identify unsafe social media apps and websites to increase safety and awareness.

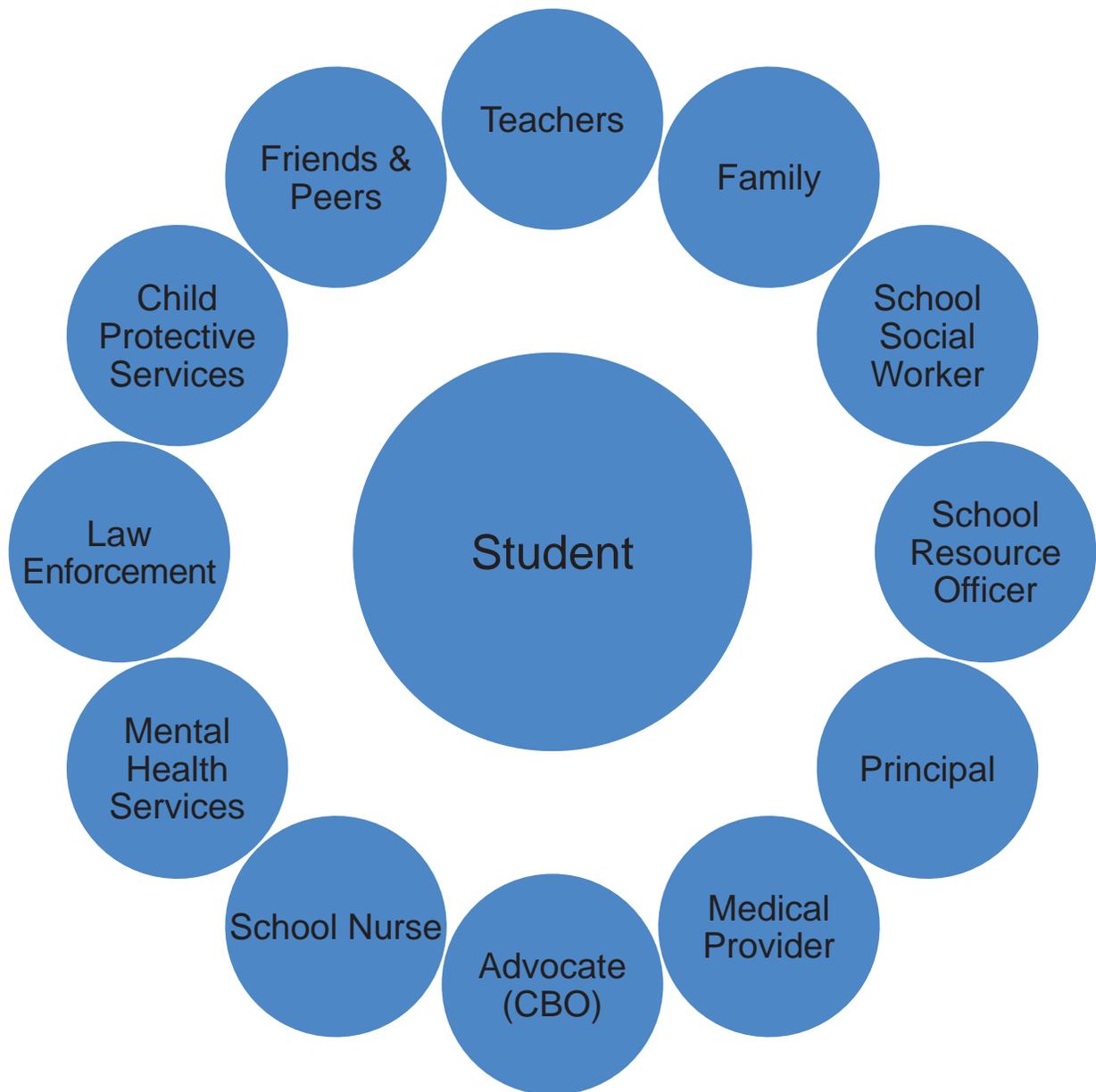
Partnering with the community and families is an important step in taking action from a multifaceted approach. Educating the community and families can also create a safer place where trafficking can be recognized and reported and victims can receive services. Schools can offer a number of different workshops to help promote a safe and supportive environment for students who have been commercially sexually exploited. This includes workshops for students on how to be supportive friends of peers who have experienced trauma and sex trafficking awareness workshops for students, parents, guardians, and caretakers, and community members. Local vetted community-based organizations (CBOs) with expertise in this area may be able to assist.

Trained teachers and staff are better equipped to identify and respond to students who are being trafficked or those that may be at a high risk. Identification can sometimes be challenging, as students who are trafficked often do not disclose the abuse due to fear and shame and sometimes do not recognize their experience as abuse or self-identify as someone who is being trafficked. Some may also rely on their trafficker for basic needs such as shelter, food, and clothing. Because sex trafficking of minors is considered a form of child abuse, suspicions of such exploitation must be reported in accordance with state law. All school personnel are mandated reporters and must receive annual training on and follow mandated reporting laws. In addition, all school personnel should know and follow the district and school policies (refer to the [Mandated Reporting](#) section in the “Introduction” chapter for additional information).

Teachers and school staff often develop rapport with students and must nurture those positive relationships to respond appropriately and offer support. While there may be challenges engaging and supporting students due to the inherent distrust that is formed as a result of their victimization, it is important to have an empathetic and compassionate response. Students may need additional support from school social workers or counselors. Community organizations may also have support services and resources for youth who have been trafficked. Schools and districts should identify organizations in their communities and make available information regarding the services the organizations provide, their locations, and contact information to all school staff. Polaris and the National Human Trafficking Hotline maintain a resource guide for local service providers in California and across the nation.

Youth who have been sexually exploited need a multidisciplinary approach with collaboration between internal and external supports. Maintaining confidentiality is critical in supporting positive reentry experiences for students returning to school. Confidentiality is especially important to emphasize considering the number of people who may be involved in the response and support of the survivor.

Example of a Survivor Support System



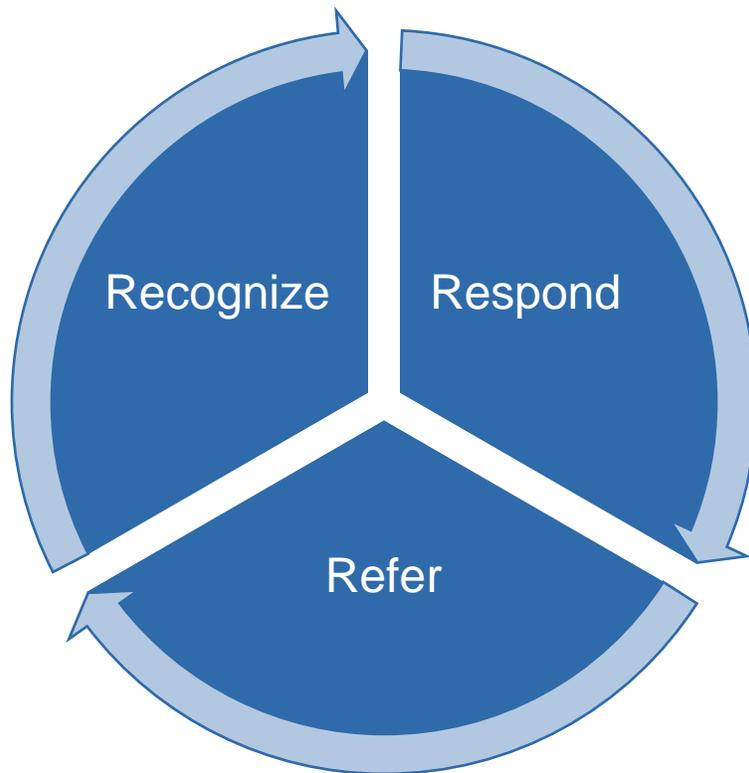
Long Description of Example of a Survivor Support System is available at <https://www.cde.ca.gov/ci/he/cf/appendixsextraffick.asp#appendixsextraffickinglink1>.

Developing School Protocol

Protocol outlining response to sex trafficking may be included as an addendum to current child abuse school protocols. Schools, districts, and county offices of education can adopt a “Recognize, Respond, Refer” approach to trafficking. Policies should require school- and district-wide training for all staff and personnel to be aware of the issue and be able to *Recognize* signs of sex trafficking. This includes office and security staff, hall monitors, teacher assistants, teachers, administrators, school nurses, school resource officers, and other support staff. Protocols must be in place to clearly outline how individuals must *Respond* when sex trafficking is suspected. Per mandated reporting laws, suspicions of trafficking must be reported immediately to Child Protective Services and law enforcement. It may be school policy to notify the student’s parents, guardians, or caretakers of suspected trafficking. However, if a parent, guardian, or caretaker is the suspected trafficker, they must not be contacted. Contacting the suspected trafficker may put the student in danger. The school policy should similarly address other situations in which contacting students’ parents, guardians, or caretakers is not appropriate.

School support should be in place and trained school counselors and school social workers must be available to assist as part of the response. Schools should implement measures (which may include an Individualized Education Program, 504 plan, or a school transfer) to assist the student in successfully continuing their education in a safe and supportive environment. Response to Instruction and Intervention and Multi-Tiered System of Supports teams may be able to offer both universal and targeted support to survivors and students at risk. The response protocol should also address interventions and support for students who are recruiters or enforcers. Schools should also have a resource list of identified agencies that can provide additional support, as responding to trafficking takes a community effort. Having a resource list readily available will help school personnel *Refer* students to appropriate services. Resources and other information can be provided to all school personnel as part of the annual training on child abuse detection and mandated reporting obligations required under *EC* Section 44691.

Recognize, Respond, Refer



Long Description for Recognize, Respond, Refer is available at <https://www.cde.ca.gov/ci/he/cf/appendixsextraffick.asp#appendixsextraffickinglink2>.

The Recognize, Respond, and Refer Approach

Recognize	Respond	Refer
<ul style="list-style-type: none"> ■ Provide training for all school staff. ■ Partner with organizations, such as law enforcement and the local rape crisis center, with expertise regarding sex trafficking and sexual trauma for guidance on awareness training and identification strategies. ■ Develop a quick reference guide for warning signs, indicators, and risk factors. The reference guide should also include a response protocol. ■ Provide staff with in-service and professional development opportunities to stay current on the latest trafficking trends and indicators. 	<ul style="list-style-type: none"> ■ Never attempt to intervene by confronting the trafficker or rescuing the victim. Doing so may put the victims, yourself, or others in danger. ■ If a student self-discloses, respond with compassion and empathy. Be nonjudgmental and provide safety planning. If the student is in immediate danger, contact 9-1-1. ■ If trafficking is suspected or disclosed, report immediately and follow mandated reporting law and response protocol. ■ Maintain student's confidentiality and do not share information with staff or students. ■ Provide internal support from a trained school social worker or counselor. ■ Provide necessary measures to address needs and support continued education. 	<ul style="list-style-type: none"> ■ Identify local agencies that provide services to victims of trafficking. ■ Identify and partner with local expert organizations for information and referrals: <ul style="list-style-type: none"> ➤ Rape crisis center ➤ Domestic violence agency ➤ Youth organizations ➤ Advocacy organizations ➤ Mental health service providers ➤ Medical providers with expertise in adolescent health care and reproductive health services ➤ Substance abuse treatment programs ➤ Academic support services ■ Create a resource list for school staff and to be made available for students at the campus student support or resource center.

It is not the role of the mandated reporter to investigate possible sex trafficking or abuse. Any suspicion of such activity must be reported immediately in accordance with mandated reporting laws. However, the school may conduct a separate investigation to determine campus impact and safety while maintaining the confidentiality of possible victims. The five-step school protocol below can be used as a starting point for developing a district- or school-level response to sex trafficking.

Sample School or District Protocol

Step 1	Step 2	Step 3	Step 4	Step 5
Report suspected abuse to Child Protective Services and/or law enforcement.	Involve School Resource Officer for possible investigation.	Investigate possible campus impacts and safety (recruitment, harassment, involvement of other students).	Offer possible victim and parent, guardian, or caretaker referrals to support and social services.	Maintain contact for potential victim to check in regarding status.

Source: Adapted from US Department of Education, Office of Safe and Healthy Students (2015, 10).

For other ideas, the Grossmont Unified High School District in San Diego and the Sacramento City Unified School District have established protocols and programs in place to address trafficking on campus and in the community. Additional resources can be found on the California Department of Education Child Abuse Prevention web page.

The following example illustrates how a school could intervene and support students and their families. It also illustrates the importance of teacher training and education, the role of the school social worker, and school protocols and policies related to social issues that directly impact their students.

VIGNETTE**School Intervention Example**

A high school teacher has observed marked differences in a student from the beginning of the school year. Marci, a sixteen-year-old sophomore, was engaged and communicative at the start of the school year. Lately, she has been increasingly tardy and absent. The teacher notices she is often distracted while in class and is checking her cell phone constantly. The teacher is concerned and asks to speak with Marci for a few minutes after class.

The teacher asks Marci, "Is everything OK? I have noticed some changes since the beginning of the year, and I wanted to check in with you." Marci starts to get tearful and tells the teacher she has a new boyfriend. She seems distressed and nervous, and the two of them decide together to walk to the school social worker's office. The school social worker is available and Marci agrees to meet with her. The teacher thanks Marci for sharing with her and leaves Marci with the social worker. The teacher was aware that the student was exhibiting concerning behaviors. Not knowing the full extent of the issue, the teacher referred Marci to the appropriate school personnel.

Marci and the social worker start to talk, and the social worker notices bruises on Marci's arm. The social worker explains her role as a mandated reporter, which includes an explanation of confidentiality and the limits of that confidentiality. She asks about the bruises, and Marci discloses that her boyfriend got mad and grabbed her arm. She seems hesitant to tell the social worker, but eventually discloses that her boyfriend sometimes makes her help earn money to pay some of the bills. The social worker asks what kind of bills, and Marci shares that her boyfriend is older and has an apartment. She says that he is looking for a job, but is having trouble and says that Marci needs to contribute. He used to pay her cell phone bill since her parents will not let her have one, so she feels like she needs to help out now.

The social worker asks Marci how she helps earn money to pay some of the bills. Marci begins to cry and looks down. The social worker has noticed several red flags and possible indicators for sex trafficking. The social worker asks, "Do you ever have to do things you are uncomfortable with?" Marci nods her head while in tears. "Can you give me an example?" Marci puts her hands over her face and continues crying. She then shares that she sometimes has sex with her boyfriend's friends to help pay the bills. The social worker explains to Marci that what is happening to her is wrong and that it is not her fault. The

social worker shares that she needs to follow up with her responsibilities as a mandated reporter because she is worried about Marci's safety and well-being.

The social worker contacts Child Protective Services and communicates that she is making this report with her school principal, which is the school's protocol. The principal and social worker contact Marci's parents to provide information and support. The social worker again tells Marci that this is not her fault.

The social worker works with Marci to develop a safety plan that includes identifying safe places and trusted adults and creates strategies for reducing and responding to threats of harm. The social worker also talks about sex trafficking and dating violence and how the school can support her. The social worker shares with Marci and her parents that many students find themselves in this situation and she is not alone. The social worker gives Marci and her parents referrals for free counseling services in the community and to local law enforcement agencies. The social worker collaborates with Marci's teachers, Marci, and her parents on a plan for Marci to complete some past due assignments. Marci meets with the social worker weekly to check in and receive ongoing support.

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