

# HEALTH EDUCATION FRAMEWORK

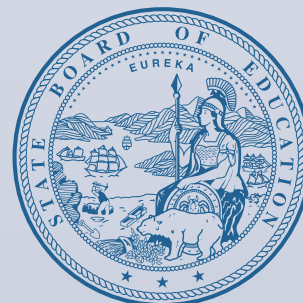


**FOR CALIFORNIA PUBLIC SCHOOLS**  
*Kindergarten Through Grade Twelve*

**Chapter 4**  
**Grade Levels Four Through Six**

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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***

<b>Moderate-to-Vigorous Activity</b>	<b>Muscle Strengthening</b>	<b>Bone Strengthening</b>
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)<sup>1</sup>
- 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).

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<sup>1</sup> 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).

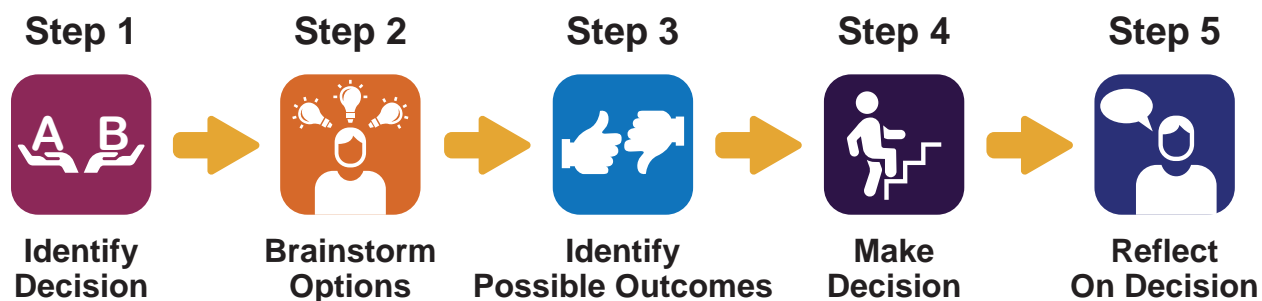
These lesson plans should include identifying the six key nutrients (protein, carbohydrates, fat, minerals, vitamins, and water) and their functions as they relate to nutrition and physical development (4.1.1.N). In groups or pairs, students can identify the three forms of carbohydrates (sugars, starch, 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.

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**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.

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**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-athons 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

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**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.)

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**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.

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**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.

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**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).

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**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

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**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**

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**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
<p>I am comfortable being myself.</p> <p>I can hang out with other friends.</p> <p>I can have my own opinion.</p> <p>I decide what I want to do and communicate it.</p> <p>My friend is supportive of my choices.</p> <p>My friend respects my boundaries.</p> <p>I feel good about myself.</p>	<p>I am worried about what my friend thinks about me.</p> <p>My friend gets jealous or mad if I hang out with other people.</p> <p>I avoid making my friend mad.</p> <p>I feel like I have to go along with whatever my friend wants to do.</p>	<p>My friend makes fun of me or puts me down.</p> <p>I am not allowed to have other friends.</p> <p>I am forced to do things I do not want to do.</p> <p>My friend thinks my ideas are stupid.</p> <p>My friend does not respect my boundaries.</p> <p>I do not feel good about myself.</p>

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

*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).

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**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).

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**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**

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**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)

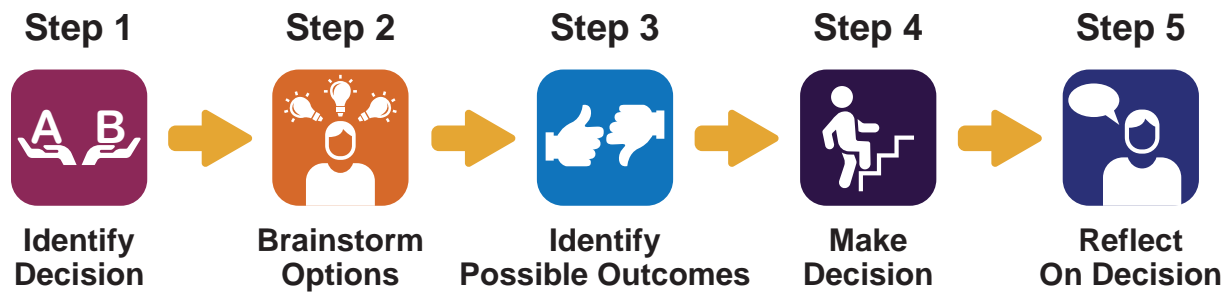
Unintentional injury is the leading cause of death among youths nineteen years old and under in the United States (Heron 2019). Motor vehicle crash injuries, including those involving pedestrians, are the single leading cause of death for young people between the ages of five and nineteen (CDC n.d.b). 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**

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**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.

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**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.

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**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.

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**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.

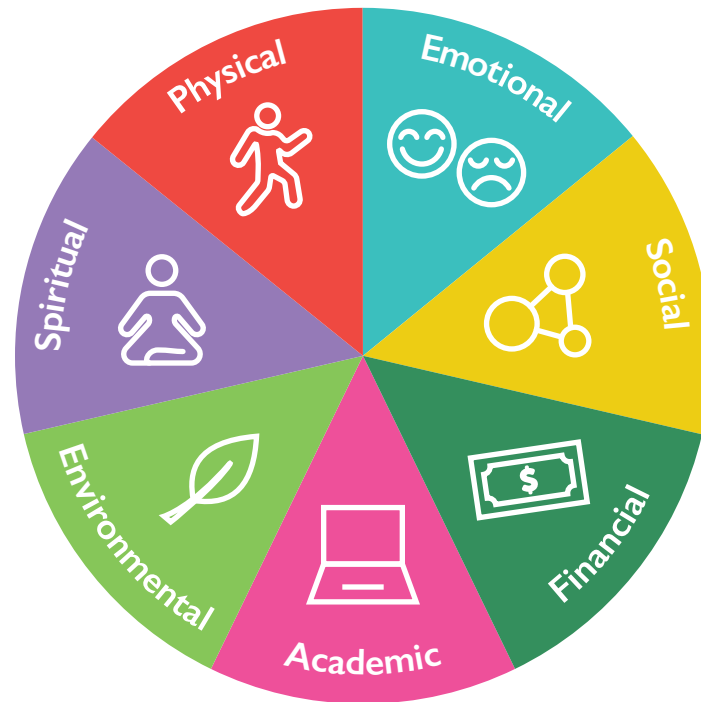
*Self-management* is also evolving as students are able to manage their emotions and better control impulses. Situations that may cause stress, such as being teased or losing a game or competition, become more accepted and understood. However, regulation of moods and stress reactions can still be a challenge.

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).

# References

- 2018 Physical Activity Guidelines Advisory Committee. 2018. *2018 Physical Activity Guidelines Advisory Committee Scientific Report*. Washington, DC: US Department of Health and Human Services. <https://www.cde.ca.gov/ci/he/cf/ch4.asp#link1>.
- Ackerman, Shira, and Kelsey Kloss. 2019. *The Guide to 4th Grade*. <https://www.cde.ca.gov/ci/he/cf/ch4.asp#link2>.
- Advocates for Youth. 2017. *Learning About HIV: A Lesson Plan from Rights, Respect, Responsibility: A K–12 Curriculum*. <https://www.cde.ca.gov/ci/he/cf/ch4.asp#link3>.
- American Heart Association. 2019. CPR Statistics. <https://www.cde.ca.gov/ci/he/cf/ch4.asp#link4>.
- American Psychological Association. 2020. Talking to Teens About Stress. <https://www.cde.ca.gov/ci/he/cf/ch4.asp#link5>.
- Ashcraft, Amie M., and Pamela J. Murray. 2017. “Talking to Parents About Adolescent Sexuality.” *Pediatric Clinics of North America* 64 (2): 305–320. <https://www.cde.ca.gov/ci/he/cf/ch4.asp#link6>.
- Borse, Nagesh N., Julie Gilchrist, Ann M. Dellinger, Rose A. Rudd, Michael F. Ballesteros, and David A. Sleet. 2008. *CDC Childhood Injury Report: Patterns of Unintentional Injuries Among 0–19 Year Olds in the United States, 2000–2006*. Atlanta, GA: Centers for Disease Control and Prevention, National Center for Injury Prevention and Control. <https://www.cde.ca.gov/ci/he/cf/ch4.asp#link7>.
- Bradley, Beverley J., and Amy C. Greene. 2013. “Do Health and Education Agencies in the United States Share Responsibility for Academic Achievement and Health? A Review of 25 Years of Evidence About the Relationship of Adolescents’ Academic Achievement and Health Behaviors.” *Journal of Adolescent Health* 52 (5): 523–532. <https://www.cde.ca.gov/ci/he/cf/ch4.asp#link8>.

California Against Slavery Research and Education. n.d. Foster Care and Human Trafficking. <https://www.cde.ca.gov/ci/he/cf/ch4.asp#link9>.

California Department of Education. 2011. *Model School Library Standards for California Public Schools, Kindergarten Through Grade Twelve*. Sacramento, CA: California Department of Education. <https://www.cde.ca.gov/ci/he/cf/ch4.asp#link10>.

California Department of Education. 2017. *Nutrition Education Resource Guide for California Public Schools, Kindergarten Through Grade Twelve*. Sacramento, CA: California Department of Education. <https://www.cde.ca.gov/ci/he/cf/ch4.asp#link11>.

California Education and the Environment Initiative. 2019. California's Environmental Principles and Concepts. <https://www.cde.ca.gov/ci/he/cf/ch4.asp#link12>.

Centers for Disease Control and Prevention (CDC). 2009. *Fostering School Connectedness: Improving Student Health and Academic Achievement*. <https://www.cde.ca.gov/ci/he/cf/ch4.asp#link13>.

Centers for Disease Control and Prevention (CDC). 2014. *Talking with Your Teens About Sex: Going Beyond "The Talk"*. <https://www.cde.ca.gov/ci/he/cf/ch4.asp#link14>.

Centers for Disease Control and Prevention (CDC). 2018. HPV Vaccines and Cervical Precancers. <https://www.cde.ca.gov/ci/he/cf/ch4.asp#link15>.

Centers for Disease Control and Prevention (CDC). 2019a. About CDC Healthy Schools. <https://www.cde.ca.gov/ci/he/cf/ch4.asp#link16>.

Centers for Disease Control and Prevention (CDC). 2019b. Epilepsy Data and Statistics. <https://www.cde.ca.gov/ci/he/cf/ch4.asp#link17>.

Centers for Disease Control and Prevention (CDC). 2019c. BAM! Body and Mind Classroom Resources for Teachers. <https://www.cde.ca.gov/ci/he/cf/ch4.asp#link18>.

Centers for Disease Control and Prevention (CDC). 2019d. Substance Use and Sexual Risk Behaviors Among Youth. <https://www.cde.ca.gov/ci/he/cf/ch4.asp#link19>.

Centers for Disease Control and Prevention (CDC). 2019e. Tobacco Use By Youth Is Rising. <https://www.cde.ca.gov/ci/he/cf/ch4.asp#link20>.

Centers for Disease Control and Prevention (CDC). 2020. Youth and Tobacco Use. <https://www.cde.ca.gov/ci/he/cf/ch4.asp#link21>.

Centers for Disease Control and Prevention (CDC). n.d.a. High School Youth Risk Behavior Surveillance (YRBS): California 2015 and United States 2015 Results. <https://www.cde.ca.gov/ci/he/cf/ch4.asp#link22>.

Centers for Disease Control and Prevention (CDC). n.d.b. *10 Leading Causes of Injury Deaths by Age Group Highlighting Unintentional Injury Deaths, United States – 2017*. <https://www.cde.ca.gov/ci/he/cf/ch4.asp#link23>.

Clarion University. n.d. Wellness Wheel. <https://www.cde.ca.gov/ci/he/cf/ch4.asp#link24>.

Collaborative for Academic, Social, and Emotional Learning (CASEL). 2019. What is SEL? <https://www.cde.ca.gov/ci/he/cf/ch4.asp#link25>.

Colorado Education Initiative. n.d.a. Grade 3-5 Decision Making. <https://www.cde.ca.gov/ci/he/cf/ch4.asp#link26>.

Colorado Education Initiative. n.d.b. Grades 3-5 Goal Setting. <https://www.cde.ca.gov/ci/he/cf/ch4.asp#link27>.

Colorado Education Initiative. n.d.c. Grade 6-8 Decision Making. <https://www.cde.ca.gov/ci/he/cf/ch4.asp#link28>.

Contento, Isobel R. 2016. *Nutrition Education: Linking Research, Theory, and Practice*. 3rd ed. Burlington, MA: Jones and Bartlett Learning.

- Heron, Melonie. 2019. "Deaths: Leading Causes for 2017." *National Vital Statistics Reports* 68 (6): 1–76. <https://www.cde.ca.gov/ci/he/cf/ch4.asp#link29>.
- Kidsdata. 2019. Child/Youth Death Rate, by Age and Cause (California & U.S. Only). <https://www.cde.ca.gov/ci/he/cf/ch4.asp#link30>.
- Kirby, Douglas B., B. A. Laris, and Lori A. Roller. 2007. "Sex and HIV Education Programs: Their Impact on Sexual Behaviors of Young People Throughout the World." *Journal of Adolescent Health* 40 (3): 206–217. <https://www.cde.ca.gov/ci/he/cf/ch4.asp#link31>.
- Kopenski, Donna. n.d. *So You're Teaching Fourth Grade... An Introduction to the Social, Physical, and Cognitive Development of Fourth Graders*. <https://www.cde.ca.gov/ci/he/cf/ch4.asp#link32>.
- Los Angeles Police Department. 2019a. Introduction to Gangs. <https://www.cde.ca.gov/ci/he/cf/ch4.asp#link33>.
- Los Angeles Police Department. 2019b. Why Young People Join Gangs. <https://www.cde.ca.gov/ci/he/cf/ch4.asp#link34>.
- Marotz, Lynn R. 2015. *Health, Safety, and Nutrition for the Young Child*. 9th ed. Stamford, CT: Cengage Learning.
- Mazza, James J., Richard F. Catalano, Robert D. Abbott, and Kevin Haggerty. 2011. "An Examination of the Validity of Retrospective Measures of Suicide Attempts in Youth." *Journal of Adolescent Health* 49: 532–537.
- Mayo Clinic. 2019. Added Sugars: Don't Get Sabotaged by Sweeteners. <https://www.cde.ca.gov/ci/he/cf/ch4.asp#link35>.
- Myers, Miriam. 2015. What to Expect in Sixth Grade. <https://www.cde.ca.gov/ci/he/cf/ch4.asp#link36>.
- National Alliance on Mental Illness. 2019. Mental Health Care Matters. <https://www.cde.ca.gov/ci/he/cf/ch4.asp#link37>.

National Cancer Institute. 2019. State Cancer Profiles: California.  
<https://www.cde.ca.gov/ci/he/cf/ch4.asp#link38>.

National Heart, Lung, and Blood Institute. 2013. Reduce Screen Time.  
<https://www.cde.ca.gov/ci/he/cf/ch4.asp#link39>.

National Institute of Environmental Health Sciences. n.d. *A Family Guide – 20 Easy Steps to Personal Environmental Health Now*. <https://www.cde.ca.gov/ci/he/cf/ch4.asp#link40>.

National Institute of Justice. 2011. What Is a Gang? Definitions. <https://www.cde.ca.gov/ci/he/cf/ch4.asp#link41>.

National Institute on Drug Abuse. 2014. Principles of Adolescent Substance Use Disorder Treatment: A Research-Based Guide: Why Do Adolescents Take Drugs? <https://www.cde.ca.gov/ci/he/cf/ch4.asp#link42>.

National Institute on Drug Abuse. 2017. Health Consequences of Drug Misuse. <https://www.cde.ca.gov/ci/he/cf/ch4.asp#link43>.

National Institute on Drug Abuse. 2019. Monitoring the Future Survey: High School and Youth Trends. <https://www.cde.ca.gov/ci/he/cf/ch4.asp#link44>.

National Institute on Drug Abuse/Fogarty International Center. 2005. *Inhalant Abuse Among Children and Adolescents: Consultation on Building an International Research Agenda*. Meeting summary. Rockville, MD. <https://www.cde.ca.gov/ci/he/cf/ch4.asp#link45>.

National Institutes of Health We Can!. 2013. Ways to Enhance Children’s Activity and Nutrition. <https://www.cde.ca.gov/ci/he/cf/ch4.asp#link46>.

National Research Council and Institute of Medicine. 2009. *Preventing Mental, Emotional, and Behavioral Disorders Among Young People: Progress and Possibilities*. Committee on the Prevention of Mental Disorders and Substance Abuse among Children, Youth, and Young Adults: Research Advances and Promising Interventions. O’Connell, Mary Ellen, Thomas Boat, and Kenneth E. Warner, eds. Board on Children, Youth, and Families, Division of Behavioral and Social Sciences and Education. Washington, DC: National Academies Press. <https://www.cde.ca.gov/ci/he/cf/ch4.asp#link47>.

National Safety Council. 2019. June is National Safety Month. <https://www.cde.ca.gov/ci/he/cf/ch4.asp#link48>.

National Sleep Foundation. 2019. Children and Sleep. <https://www.cde.ca.gov/ci/he/cf/ch4.asp#link49>.

Nielsen. 2012. Fifty Nine Percent of Consumers Around the World Indicate Difficulty Understanding Nutrition Labels. <https://www.cde.ca.gov/ci/he/cf/ch4.asp#link50>.

Northeast Foundation for Children. 2010. What Every 4th Grade Teacher Needs to Know About Setting Up and Running a Classroom: Knowing Fourth Graders. <https://www.cde.ca.gov/ci/he/cf/ch4.asp#link51>.

Pastor, Patricia N., Cynthia A. Reuben, Rosemarie Kobau, Sandra L. Helmers, and Susan Lukacs. 2015. “Functional Difficulties and School Limitations of Children with Epilepsy: Findings from the 2009–2010 National Survey of Children with Special Health Care Needs.” *Disability Health Journal* 8 (2): 231–239.

Pride Surveys. 2010. *Pride Questionnaire Report for Grades 4 thru 6: 2009-2010 National Summary / Grade 4-6*. <https://www.cde.ca.gov/ci/he/cf/ch4.asp#link52>.

Pride Surveys. 2014. *National Summary of the Questionnaire Report for Grades 4–6*. Bowling Green, KY: Pride Surveys.



- Rosen, L. D., A. F. Lim, J. Felt, L. M. Carrier, N. A. Cheever, J. M. Lara-Ruiz, J. S. Mendoza, and J. Rokkum. 2014. “Media and Technology Use Predicts Ill-being Among Children, Preteens and Teenagers Independent of the Negative Health Impacts of Exercise and Eating Habits.” *Computers in Human Behavior* 35: 364–375. <https://www.cde.ca.gov/ci/he/cf/ch4.asp#link53>.
- Rosen, Peg. 2019. 10 Ways to Help Your Middle- or High-Schooler Manage Stress. <https://www.cde.ca.gov/ci/he/cf/ch4.asp#link54>.
- Sexuality Information and Education Council of the United States (SIECUS). 2004. Guidelines for Comprehensive Sexuality Education. 3rd ed. <https://www.cde.ca.gov/ci/he/cf/ch4.asp#link55>.
- Substance Abuse and Mental Health Services Administration (SAMHSA). 2019. Key Substance Use and Mental Health Indicators in the United States: Results from the 2018 National Survey on Drug Use and Health (HHS Publication No. PEP19-5068, NSDUH Series H-54). Rockville, MD: Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration. <https://www.cde.ca.gov/ci/he/cf/ch4.asp#link56>.
- US Department of Health and Human Services. 2010. *The Surgeon General’s Vision for a Healthy and Fit Nation*. Rockville, MD: US Department of Health and Human Services, Office of the Surgeon General. <https://www.cde.ca.gov/ci/he/cf/ch4.asp#link57>.
- US Department of Health and Human Services. 2018. *Physical Activity Guidelines for Americans*. 2nd ed. <https://www.cde.ca.gov/ci/he/cf/ch4.asp#link58>.
- US Department of Health and Human Services, Office of the Surgeon General. 2016. *Facing Addiction in America: The Surgeon General’s Report on Alcohol, Drugs, and Health*. Washington, DC: US Department of Health and Human Services. <https://www.cde.ca.gov/ci/he/cf/ch4.asp#link59>.

US Department of Health, Education, and Welfare. 1964. *Smoking and Health: Report of the Advisory Committee to the Surgeon General*. Washington, DC: US Government Printing Office.

US Department of Justice. n.d. Gangs. <https://www.cde.ca.gov/ci/he/cf/ch4.asp#link60>.

US Food and Drug Administration. 2018. Label Claims for Conventional Foods and Dietary Supplements. <https://www.cde.ca.gov/ci/he/cf/ch4.asp#link61>.

Virginia Board of Education. 2011. *Elementary School Gun Safety Guidelines and Curriculum*. <https://www.cde.ca.gov/ci/he/cf/ch4.asp#link62>.

WEAVE. 2019. Healthy vs. Unhealthy Relationships. <https://www.cde.ca.gov/ci/he/cf/ch4.asp#link63>.

Weir, Kirsten. 2016. The Risks of Earlier Puberty. <https://www.cde.ca.gov/ci/he/cf/ch4.asp#link64>.

WestEd. n.d. *California Healthy Kids Survey: Student Well-Being in California 2009-2011 Statewide Elementary Results*. San Francisco, CA: WestEd Health and Human Development Program for the California Department of Education. <https://www.cde.ca.gov/ci/he/cf/ch4.asp#link65>.

Wood, Chip. 2007. *Yardsticks: Children in the Classroom Ages 4–14*. 3rd ed. Turners Falls, MA: Center for Responsive Schools, Inc.