

Chapter 5: Grades Seven and Eight

Health Education Framework

November 2018 Revision

This document includes some of the feedback submitted to the California Department of Education during the first 60-day public review period. All revisions in this document were approved by the Health Subject Matter Committee and the Instructional Quality Commission. The new additions are highlighted in yellow and Interdisciplinary connections are highlighted in blue.

The following abbreviations are used throughout this document, in accordance with state and federal accessibility guidelines:

- <byh> = yellow highlighted text begins
- <eyh> = yellow highlighted text ends
- <bbh> = blue highlighted text begins
- <ebh> = blue highlighted text ends

The second 60-day public review period will be held from November 1, 2018 through January 11, 2019. Public input can be submitted to the California Department of Education (CDE) via email or regular mail. Please visit the CDE website at <https://www.cde.ca.gov/ci/he/cf/> to download the public input template if you wish to submit public comment on the current, November 2018 version of the *California Health Education Framework*. The State Board of Education (SBE) will discuss and adopt the *2019 California Health Education Framework* during the May 2019 SBE meeting.

1 **Introduction**

2 Seventh and eighth grade is an exciting <byh>**and challenging**<eyh> time for many
3 students. Entering adolescence, most students are establishing their independence
4 while still needing guidance, mentorship, and support from educators. Establishing and
5 fostering a caring, respectful, affirmatively inclusive, and compassionate classroom and
6 school climate with integrated resource and referral networks sets the foundation for
7 successful implementation of the standards-based instruction covered in this chapter.

8 Students at this age are generally intensely curious, prefer active learning experiences,
9 favor interaction with peers during learning activities, and enjoy applying skills to solve
10 problems based on their experiences. Many seventh and eighth grade students are
11 experiencing more demands academically and have more accountability and
12 <byh>**responsibility. They**<eyh> are taking multiple classes, are involved in organized
13 sports and activities, and are often engaged in screen time and technology by being
14 online, texting, social media, gaming, and using apps on their smart phone, computer,
15 or mobile device. Most middle grades students have new responsibilities such as
16 managing schedules. Their newfound roles lead to greater independence and
17 empowerment but may also lead to stress or other mental health issues. Students at
18 this age are also experiencing puberty and the many physical and emotional changes
19 that accompany this life-changing event (California Department of Education 1989,
20 Wood 2007). It is no surprise that many students at this age can seem concerned with
21 how popular they are with their peers. Seventh and eighth graders are typically
22 experiencing intellectual growth and analyzing and interpreting information in more
23 complex ways.

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

29 Through the standards-based instruction outlined in this chapter, students learn the
30 physical, academic, mental, emotional, and social benefits of physical activity and how
31 nutrition impacts one's short- and long-term personal health. Nutrition and physical
32 activity are critical to health education as our state and nation continue to be challenged
33 by an obesity epidemic that is contributing to many chronic diseases (Centers for
34 Disease Control and Prevention [CDC], 2017). <byh>Some students may have already
35 become sexually active<eyh> (CDC 2017), and some students are developing and
36 possibly changing their sense of sexuality both in terms of identity and activity.
37 <byh>This is an opportune time for seventh and eighth graders to learn positive<eyh>
38 sexual health and healthy relationship practices and behaviors. Given the prevalence of
39 sexual and relationship violence among youth, it is important for students to learn more
40 about healthy relationships, sexual abuse, and consent. Students this age generally
41 enter into a vulnerable state of needing to feel a sense of belonging, love, and
42 attractiveness. Students may also feel pressured to enter into romantic relationships or
43 have sexual experiences. These factors increase risk for violence, abuse, and
44 exploitation, including sex trafficking. Educators play a key role in preparing students for
45 this stage of adolescence.

46 Students also learn essential skills for injury and violence prevention; strategies for
47 optimal mental, social, and personal health; and responsible decision-making regarding
48 alcohol, tobacco, and other drugs. Some students this age are spending more time
49 away from home, placing more emphasis on peers, and using technology and social
50 media, making instructional strategies that foster responsible decision making an
51 important component of health education lesson planning (Pew Research Center 2015).
52 Due to the sensitive nature surrounding some of the health education content covered
53 in this chapter, it is critical that instructional activities are implemented in a safe, open,
54 inclusive, affirmative, supportive, and judgment-free environment. Establishing a caring,
55 respectful, and compassionate classroom and school climate sets the foundation for
56 many of the standards-based instructional strategies covered in this chapter. When
57 designing instruction and creating examples that require using names, teachers are
58 encouraged to use names for people that reflect the diversity of California.

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

69 **Health Education Standards for Grades Seven and Eight**

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

83 **Nutrition and Physical Activity (N)**

84 Educators play a key role in empowering students to learn more about the importance
85 of nutrition and physical activity and supporting students in applying health content
86 knowledge to healthy practices. <byh>Nutrition education is a continuum of learning
87 experiences to develop knowledge and skills that become lifelong healthy practices

88 (Contento, 2016).<eyh> Knowing how and why to eat healthy is important, as is having
89 positive attitudes or preferences toward fruits and vegetables, but knowledge alone
90 does not enable students to adopt healthy eating behaviors. As their independence
91 becomes more established, many students are more influenced by their peers, and they
92 are spending less time at home (Morotz 2015). Unhealthy food and snack options are
93 accessible to students in vending machines, campus student stores, and convenience
94 stores, as well as by going to fast food establishments with friends. Discussions like this
95 represent an opportunity for students to learn about healthy foods <byh>and
96 snacks,<eyh> such as those they can grow in a school or community garden <byh>or
97 prepare themselves at home.<eyh>

98 According to the Robert Wood Johnson Foundation (2016), 34 percent of 10–17 year-
99 olds in California were overweight or obese. Research confirms that adolescents
100 engage in seven and a half hours of screen time (texting, gaming, watching movies or
101 television shows, using apps, browsing online, engaging in social media, etc. on
102 computers, tablets, televisions, and smart phone devices) a day. High amounts of
103 screen time are linked to an increased level of obesity and decreased levels of exercise
104 among adolescents (Rosen et al. 2014). Typically, students this age are also
105 experiencing increased appetites associated with puberty growth spurts or other internal
106 and external influences. Students may choose foods high in sugar, saturated fat, and
107 salt to curb their appetites instead of engaging in physical activity and choosing healthy
108 and nutritious food and beverage options. Some seventh and eighth graders may know
109 what a healthy snack and meal is; however, reinforcement of the importance of proper
110 nutrition, which includes an abundance of fruits and vegetables, lean proteins including
111 <byh>beans, peas, soy, nuts, and seeds,<eyh> calcium-rich foods, whole grains, and
112 foods low in sugar, is important as most adolescents do not receive their recommended
113 amount of calcium, iron, and zinc (United States Department of Agriculture [USDA],
114 2016). Proper nutrition and physical activity greatly impact an adolescent’s academic
115 performance and can prevent obesity and obesity-related health concerns, support the
116 maintenance of a healthy body weight, and address any issues of under nourishment.
117 Though we often focus nutrition lessons on prevention and elimination of obesity, the
118 World Health Organization (WHO) (2016) defines malnutrition as the deficiencies,

119 excesses, or imbalances in a person’s intake of energy and nutrients. A healthy diet
120 including eating not only nutritious foods but also the appropriate amount of food to
121 meet energy requirements is essential (American Academy of Pediatrics [AAP] 2016a,
122 Centers for Disease Control and Prevention [CDC] 2017, USDA 2016, WHO 2016).

123 One strategy to promote the importance of proper nutrition is to explain how nutrition
124 directly impacts things students care about and activities they are engaging in. Some
125 potentially effective messages include a healthy diet is essential for optimal athletic and
126 <byh>academic<eyh> performance, drinking plenty of water daily supports a clear
127 complexion, or calcium supports the creation of strong bone growth and proper posture
128 for optimal performance in a wide array of activities. Students may be more likely to
129 adopt healthy nutrition practices when specific benefits apply to them. This information
130 can be interwoven with the long-term health benefits associated with proper nutrition
131 such as a decreased risk of heart disease, stroke, certain types of cancers, and obesity
132 (CDC 2017b). Nutrition deficiencies such as vitamin or mineral deficiencies and related
133 conditions such as anemia may be included. Even though these topics may be abstract
134 to students at this age, it is important to include them in instruction. For example,
135 students can write research papers on a specific health issue such as heart disease,
136 identifying and describing the risk factors associated with the health issue. Students
137 include local and national data for youth or adults on the health issue obtained from
138 credible resources such as the California Healthy Kids Survey, Robert Wood Johnson
139 Foundation’s County Health Rankings, or the CDC’s Youth Risk Behavior Surveillance
140 System (YRBSS) in their research. Their research findings are then shared as class
141 presentations (7–8.1.1.N, 7–8.1.10.N, Essential Concepts). Multiple content areas can
142 also be integrated. For example, through their thorough research, students are able to
143 explain how proper nutrition and physical activity can lead to more positive mental
144 health outcomes and lowered stress or why injury prevention is an important component
145 of physical activity.

146 Active learning demonstrations and hands-on activities to build skills such as healthy
147 cooking can be particularly engaging for students this age. <byh>For examples, a stove
148 or oven is not necessary.<eyh> A blender or food processor can be brought to class to

149 demonstrate how to make smoothies, hummus, fresh salsa, or guacamole <byh>to eat
150 with the veggies<eyh>. Students can make their own trail mix with nuts, dried fruit,
151 seeds, or granola of their choice (7–8.1.8.N, Essential Concepts). <byh>By actively
152 participating in food preparation, for example washing and chopping vegetables,
153 measuring and blending hummus ingredients, or mashing avocados for guacamole,
154 students tend to have more of an interest in the healthy foods being prepared. <eyh>
155 Use caution for any students with nut or other food allergies. Consult your school’s
156 policy on preparing and serving food in the classroom, nut and other food allergies, and
157 safe storage of cooking equipment. For food allergy resources, consult your school or
158 district credentialed school nurses, county wellness coordinator, and the California
159 Department of Education (CDE) Policy on the CDE Nutrition Web page. Students are
160 involved in the learning process by providing suggested items for the <byh>hands-on
161 cooking activity. Whenever possible, incorporate foods grown by the students
162 themselves in a garden or container to increase their motivation to try them.<eyh>
163 Students practice proper food handling while washing hands prior to the activity and
164 wearing gloves to handle food and food-preparation equipment. Cooking
165 demonstrations and activities reinforce safe food handling and storage as critical to
166 avoiding foodborne illnesses such as salmonella and E-coli (7–8.1.4-1.5.N, Essential
167 Concepts 7–8.7.2.N; Practicing Health-Enhancing Behaviors). Cooking demonstrations
168 and hands-on cooking activities can reinforce that items like smoothies or trail mix can
169 be healthy breakfast-on-the-go options that are easy to prepare. Having nuts and fresh
170 and dried fruits in their backpacks is a great way to have healthy snacks available. For
171 hydration throughout the day, students should be encouraged to keep a water bottle in
172 their backpack and fill their bottles throughout the day. Schools should consider
173 providing refilling stations for students in addition to making drinking water available at
174 meals.

175 Many students this age choose not to eat breakfast or do not have access to breakfast,
176 one of the most important meals of the day. Eating a nutritious breakfast supports
177 increased attention span, concentration, retention of information, and overall academic
178 and physical performance (7–8.1.11.N, Essential Concepts) (American Academy of
179 Pediatrics 2016, U.S. Department of Agriculture 2016). Students can be reminded that

180 breakfast does not always have to include traditional breakfast food items. For example,
181 a quesadilla with low-fat cheese, <byh>a bowl of leftover beans, salsa, and whole grain
182 rice is a great way to start the day with protein. Having a whole apple, orange, or
183 banana, or a handful of berries, or strawberries can add delicious flavor and more fiber
184 and vitamins.<eyh> Consider having students engage in small-group discussions on
185 what is considered a healthy breakfast and the variety of breakfast foods served in their
186 homes and communities. They discuss the benefits of eating breakfast, and identify
187 ways to incorporate healthy and nutritious food items for breakfast. Students serve as
188 note takers or group reporters to record and report on their group discussion and any
189 ideas the group discovers. At the end of the group discussions, the note takers write
190 some of the solutions on the front of the whiteboard for the entire class to see. Students
191 can also write a paper or journal entry to analyze the cognitive and physical benefits of
192 eating a nutritious breakfast daily and their personal experiences and reflections on the
193 activity. Students will analyze the cognitive and physical benefits of eating a nutritious
194 breakfast daily (7–8.1.11.N, Essential Concepts; 7–8.7.1.N, Practicing Health-
195 Enhancing Behaviors). Health education teachers and site administrators can
196 collaborate with the school nutrition services staff to develop strategies that appeal to
197 students and encourage them to eat a <byh>nutritious breakfast.<eyh>

198 Displays and demonstrations can be an effective peer-based instructional strategy.
199 Consider having students create a nutrition food display each month highlighting
200 specific nutritional components and describing the benefits of eating a variety of foods
201 high in iron, calcium, and fiber. <byh>Whenever possible, highlight local, seasonal,
202 produce available in the cafeteria and community at the time of such as apples or
203 tomatoes in fall and radishes and asparagus in spring<eyh>. If display space is limited
204 or in addition to the display, consider utilizing the school’s Web site, social media sites,
205 or newsletter to provide the information online to fellow students and parents. As an
206 example, a different group is assigned each month to produce the display with the
207 mineral iron the first month, calcium the next month, followed by the nutrient fiber. Using
208 valid and credible Web sites, students research the nutritional content and general
209 guidelines for their display such as the recommended daily value of each <byh>vitamin
210 or mineral including zinc, magnesium, healthy fats, and B vitamins<eyh> nutrition facts,

211 and pictures of food items high in these nutrients. Collaborate with the school’s teacher
212 librarian, media personnel, school nurse, or other appropriate staff person to help
213 students locate valid and reliable sources of information for their research. Recipes can
214 also be displayed in a creative way to educate, not only the group creating the display,
215 but others in the classroom. Consider showcasing students’ work in a school display
216 area (7–8.1.7.N, Essential Concepts). This is a project that can also be shared by one
217 or more grade levels, rotating the responsibility for the display among classes.

218 Food logs are powerful tools used by nutritionists. The logs themselves provide insight
219 and serve as a health education tool for students to visually see the foods and
220 beverages being consumed. Students create a food and physical activity journal to log
221 all food, beverages, and snacks that they consume. Students record the nutrition
222 information of each item, along with any activities they engage in, and the calories
223 expended for several days. <byh>Students are provided a list of Web site links to find
224 the calorie output associated with common activities and the caloric values of common
225 foods. They are encouraged to note their portion sizes using the National Heart, Lung,
226 and Blood Institute’s Portion Distortion Serving Card (2017) for the purpose of being
227 able to accurately determine the caloric values.<eyh> After completion of the food log,
228 students compare their dietary and physical activity intake with the national nutrition and
229 physical activity guidelines for 9–13 year olds (see the grade five section of the Grades
230 Four Through Six chapter). Guidelines for youth can be found at the U.S. Department of
231 Health and Human Services (HHS), Physical Activity Guidelines for Americans: Youth
232 Physical Activity Recommendations; the American College of Sports Medicine’s Youth
233 Physical Activity in Children and Adolescents; and the CDC’s Youth Physical Activity
234 Guidelines. The activity culminates with students making a personal plan for improving
235 their nutritional intake and increasing physical activity in their daily routines. Students
236 also identify ways to make healthy food choices in a variety of settings to set two
237 individual nutrition goals and two physical activity goals to be achieved by the end of the
238 semester. It is recommended that goals start out small and achievable. Students are
239 encouraged to continue to log their food and beverage consumption and physical
240 activity or journal their reflections on their own (7–8.6.1-2.N, Goal Setting; 7–8.7.1.N,
241 Practicing Health-Enhancing Behaviors). Note that food-related activities such as food

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

250 One essential aspect of nutrition education for seventh and eighth grade students is
251 distinguishing between healthy and harmful diets and the benefits of maintaining a
252 healthy weight with proper nutrition. Research confirms, close to 60 percent of
253 adolescent females engage in dieting, fasting, self-induced vomiting, taking diet pills, or
254 using laxatives and that females who are overweight are more likely than female
255 students who are the recommended weight to engage in extreme dieting (Evans et al.
256 2017, Wertheim et al. 2009). Male students also experience eating disorders. Students
257 at this age are inundated with media images, social media, and marketing regarding
258 body image and society's over-emphasis on the importance of being thin or maintaining
259 an ideal body image. Due to puberty, some students may be experiencing changes as
260 their body grows and develops, making them self-conscious about their body. Youth
261 who participate in weight-conscious activities like ballet, gymnastics, or wrestling can be
262 particularly vulnerable to external influences and pressure. One of the purposes of the
263 California Healthy Youth Act (CHYA) is to provide students with the knowledge and
264 skills needed to develop healthy attitudes concerning positive body image. Student
265 discussions on healthy body images can help dispel common stereotypes surrounding
266 society's perception of what an ideal body image is. For example, students may be
267 healthy and not fall into society's expectations around a thin physique. In addition,
268 different cultural, racial, or ethnic groups may value different body types as ideal or
269 healthy. Through discussion and their own readings, students are able to analyze the
270 harmful effects of engaging in unscientific diet practices to lose or gain weight. Students
271 can then distinguish between valid and invalid sources of nutritional information and can
272 evaluate the accuracy of claims about dietary supplements and popular diets (7–

273 8.1.9.N, Essential Concepts; 7–8.3.1-2.N, Accessing Valid Information; 7–8.5.3.N,
274 Decision Making). (This activity also connects to the <bbh>California Model School
275 Library Standards and California Common Core Standards for English Language
276 Arts/Literacy [CA CCSS for ELA/Literacy], CA CCSS for ELA/Literacy W.7–8.8.)<ebh>
277 (See the Growth, Development, and Sexual Health section for more information on the
278 CHYA.)

279 Students learn that responsible decision-making is essential to maintaining a healthy
280 body weight with proper nutrition and safe diet practices. Student research and a
281 teacher-led discussions provide examples of tactics advertisers use to market weight
282 loss and weight gain supplements and diets that restrict calories or certain foods.
283 Information on healthy food and beverage options is included for comparison. Research
284 and discussion also includes the topics of anorexia (eating too little), bulimia, (eating
285 and then vomiting), and anorexia athletica (over-exercising on a limited caloric intake).
286 Through media images and videos, students discover that people have varying body
287 sizes and types. They also learn that muscle weighs more than fat so often athletes
288 have a high body composition. Body composition can be measured in a variety of ways
289 from using charts and apps of height and weight to more precise measurement tools.
290 The body mass index or BMI is a common measurement of body composition. Students
291 create a one-to-two minute audio public service announcement (PSA) describing the
292 claims advertisers use and explaining the possible harmful effects of using such
293 products along with nutritious alternatives for maintaining a healthy body weight. This
294 activity also connects to the <bbh>CA CCSS for ELA/Literacy SL.7.4.<ebh> Prior to the
295 activity, via Web sites, students use class time to research various popular diets and
296 healthy ways to lose weight safely or to maintain a healthy body weight. Examples
297 include exercise, <byh>obtaining sufficient sleep each night,<eyh> eating
298 recommended portions of fruits and vegetables, drinking plenty of water, eating a
299 variety of <byh>lean proteins including beans, peas, soy products, vegetables such as
300 spinach and broccoli, and nuts and seeds, and whole grains such as brown rice,<eyh>
301 being aware of meal portion sizes, and limiting foods high in sugar and unhealthy fats.
302 Students can research the financial cost of different ways of losing weight or
303 maintaining a healthy body weight and compare the costs with the expected benefits.

304 From additional instruction, students learn that if they or someone they know is suffering
305 from an eating disorder or is concerned about their weight, to contact a trusted adult
306 such as their teacher, the school nurse, or <byh>school<eyh>counselor for help.
307 Students identify trusted adults in their families, school, and community for advice and
308 counseling regarding healthy eating and physical activity (7–8.3.5.N, Accessing Valid
309 Information).

310 Physical activity, physical education, and physical fitness are often used
311 interchangeably, but each is distinctly different. Physical activity is any type of bodily
312 movement and may include recreational, fitness, and sport activities. Physical activity
313 builds self-esteem, confidence, muscle, and bone strength. Social skills and academic
314 performance including concentration and retention are also positively influenced by
315 physical activity. Physical education is the instructional mechanism where students
316 learn to be physically active by demonstrating knowledge, motor, and social skills
317 (Society of Health and Physical Educators 2017). Physical fitness is defined as a set of
318 attributes that people have or achieve relating to their ability to perform physical activity.
319 It can be further defined as a state of well-being with low risk of premature health
320 problems and energy to participate in a variety of physical activities (President’s Council
321 on Physical Fitness and Sports Definitions for Health, Fitness, and Physical Activity,
322 HHS 2012). However, many students at this age tend to either be very physically active
323 via participation in school sponsored sports, organized community sports, or activities
324 such as dance, martial arts, or cheerleading, or, in stark contrast, are not physically
325 active at all (CDC 2017). Some adolescents may spend more time socializing with their
326 friends and/or involved in technology-related activities (texting and engaging with online
327 social media on their smartphones or tablets, playing video games, or watching
328 television) than engaged in physical activity, placing them at an increased risk for
329 obesity-related childhood diseases such as diabetes. Other students may experience
330 barriers to participating in physical activity such as a lack of access to a safe area to
331 exercise or for recreation, transportation challenges, or limited funds to participate in
332 exercise programs or obtain equipment (AAP 2016, CDC 2017, Rosen et al. 2014).
333 Some students’ home cultures may have limited expectations on the type of activities
334 that are considered appropriate, especially for females (Sabo & Veliz, 2008), or may

335 have family members with limited mobility. Other students may have limited access to
336 safe recreational areas or feel unsafe walking or exercising in their neighborhood.
337 Community Centers can be safe alternatives for students.

338 California *Education Code (EC)* Section 51222(a) requires that all students in grades
339 seven and eight be provided at least 400 minutes of physical education each 10 school
340 days (CDE 2016). In California, 38 percent of adolescents do not participate in physical
341 education and 19 percent are not meeting the recommended daily amount of 60
342 minutes of vigorous activity a day (UCLA Center for Health Policy Research 2011). The
343 work of health education teachers and administrators is critical in promoting and
344 incorporating this essential practice within and beyond the school day to help students
345 experience a lifetime of positive health. Most schools that serve seventh and eighth
346 grade students have credentialed physical education teachers. This section provides
347 ideas for integrating physical activity both in and away from school in health education
348 instruction.

349 Most students in grades seven and eight experience physical changes related to
350 puberty; some may feel awkward about their bodies. Encouraging students to
351 understand that everyone develops at their own pace and on their own individual
352 timeline will give them the reassurance and confidence they may need. Informing
353 students that physical activity can help them feel in control of their bodies as they
354 experience the physical and emotional stressors that occur with puberty can be an
355 empowering message. It is important to emphasize that not everyone has to be an
356 athlete nor is everyone naturally athletic. Some students are unable to engage in
357 various physical activities. Some students have limited physical abilities or physical
358 challenges. Non-traditional sports and activities such as dance, fencing, archery,
359 skating, hiking, walking outdoors, yoga, and cycling are just as valuable to one's overall
360 health as sports such as basketball or soccer and can play a pivotal role in positive
361 mental health. With support, students discover physical activity options that they will
362 engage in throughout their lives (7–8.1.12.N, 7–8.1.14.N, Essential Concepts; 7–
363 8.7.4.N, Practicing Health-Enhancing Behaviors).

364 Students explore how physical activity contributes to positive health with the physical
365 activity roundtable. Five topics, one per table, related to physical activity are written on
366 large poster paper at each table: physical activity ideas without equipment (7–8.1.15.N,
367 Essential Concepts); mental and social benefits of physical activity (7–8.5.4.N, Decision
368 Making); short- and long-term benefits of physical activity (7–8.7.4.N, Practicing Health-
369 Enhancing Behaviors); how physical activity <byh>and nutrition<eyh> impact chronic
370 disease (7–8.1.8.N, Essential Concepts); and injury prevention strategies (7–8.1.7.P,
371 Essential Concepts). Working in small groups assigned evenly to each table, students
372 list their discoveries for each exploration category. After the designated number of
373 minutes, students move to a new table and add new items to the list created by the
374 previous group of students. Once each group has had a chance to sit at each table,
375 students return to their original table. Students are able to explain that incorporating
376 daily moderate or vigorous physical activity in one’s life does not require a structured
377 plan or special equipment by sharing the collective discoveries with the class. Students
378 write a reflective summary to further explore how physical activity can or does have an
379 impact on their life.

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

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

384 **Purpose of Lesson:** Using a peer-education approach, the purpose of this lesson is to
385 inform and motivate students about the benefits of physical activity and nutrition and to
386 encourage students to engage in positive health behaviors by delivering a schoolwide
387 health communications campaign using the skills-based strategies provided below.
388 Some students are not meeting the daily recommended amount of physical activity (60
389 minutes of vigorous activity a day), and some may not even be aware of the
390 recommended amount. Nutrition education is essential at this time when students need
391 support and guidance to fuel their bodies as they experience change due to puberty and

392 its related growth spurts. Students promote the wellbeing of others through a campus
393 health campaign that they create, plan, lead, implement, and evaluate.

394 **Standards:**

395 7–8.8.3.N Encourage peers to eat healthy foods and to be physically active (Health
396 Promotion).

397 7–8. 8.1.N Encourage nutrient-dense food choices in school (Health Promotion).

398 7–8.8.2.N Support increased opportunities for physical activity at school and in the
399 community (Health Promotion).

400 7–8.1.14.N Identify ways to increase daily physical activity (Essential Concepts).

401 **Supplies:**

402 Poster boards

403 Art materials

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

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

416 What does healthy eating look like in our community, and how can our peers be
417 encouraged to eat healthier foods?

418 What are options for healthy eating at school and in the community?

419 Why is physical activity so important to our health, and what are the different benefits of
420 different activities?

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

423 Poster creation, distribution, and maintenance. With administrative support and
424 approval, posters are displayed in the halls, cafeterias, gymnasium, lunch areas, locker
425 rooms, and other places students congregate. Posters feature pictures of student
426 volunteers (student-generated media) that resonate with other students. Students
427 analyze similar posters throughout the semester for their persuasive and informative
428 qualities.

429 Collateral material. Students create informational fact sheets and brochures, distributing
430 them at various school functions and to other classes.

431 Mini-peer presentation, creation, marketing, and delivery. With Mr. K's guidance,
432 students research, design, create, and deliver short (mini) class presentations to other
433 classes on various components of nutrition and physical activity.

434 Social media. Students use popular social media apps and the school's Web site to
435 provide regular health education messages, such as short, student-created
436 infomercials. Students view and discuss similar infomercials to identify success criteria
437 they will hold themselves accountable to as they prepare their own.

438 Campus communications. Students work with school administrators to create short
439 messages that are broadcasted on the public address system and school's video
440 monitor. Students work with the student body president, student council, student clubs,
441 yearbook staff, and the school newsletters to market the nutrition and physical activity
442 campaign.

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

445 Those students who are bilingual (in Arabic, Hmong, or Spanish, for example) help their
446 groups to create these materials in two or more languages in order to celebrate the
447 multilingualism that is an asset of the school and to ensure that families and community
448 members can benefit from the campaign.

449 Shortly before the end of the semester, students create and distribute an evaluation
450 survey for students, teachers, and administrators. At the end of the semester, the
451 students and Mr. K evaluate the completed student and faculty surveys and analyze the
452 data to determine what worked well and what can be improved for next year's Healthy
453 Change Agents: Nutritional and Physical Activity School Campaign. From the feedback
454 received, they have a solid plan for small improvements, but overall the campaign is
455 deemed a success. Source: Adapted from Schneider et al. 2013

456 More nutrition and physical activity learning activities can be found below. Additional
457 information on nutrition education is provided on California Department of Education's
458 Healthy Eating and Nutrition Education Web page. *The Nutrition Education Resource*
459 *Guide for California Public Schools, Kindergarten Through Grade Twelve* (CDE 2016)
460 serves as a resource to plan, implement, and evaluate instructional strategies for a
461 comprehensive nutritional education program and is available on the CDE Nutrition
462 Education Web page. Teaching strategies for physical activity can be found in the
463 *Physical Education Framework for California Public Schools: Kindergarten Through*
464 *Grade Twelve* available on the CDE Curriculum Framework Web page.

465 Nutrition and Physical Activity Learning Activities

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

468 Our Influences

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

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

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

483 Healthy Food Choices and Portion Sizes

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

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

489 Adolescent Obesity Map of the U.S.

490 Students use an infographic map to illustrate how obesity rates have changed through
491 the years. They investigate why the changes may have occurred and present a
492 summary of their findings to the class from a written report. Students can analyze and
493 compare their local county data with state and national trends and the California Healthy
494 Kids Survey results. See the CDC's Web site for Healthy Schools containing the
495 infographic map.

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

498 Fast Food Nutrient Search

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

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

507 Food Deserts and Community Food Advocates

508 Students learn about food deserts (generally defined as an urban area where it is
509 difficult to find and access fresh, affordable, and healthy foods) through their own
510 research. Invite local advocates who specifically work toward food justice for diverse
511 communities (e.g., community gardens organizer, a founder of a local organic or
512 vegetarian/vegan soul food or other such restaurant) speak to the class. Students
513 interview them to learn about relationships between food, race and ethnicity, and
514 socioeconomic status. Students write a short report to share what they have learned
515 about causes and possible solutions. Alternatively, students may take a walking trip to
516 visit local stores and create a food map highlighting local stores that offer fresh fruits
517 and vegetables along with healthy snacks <byh>such as whole food fruit and vegetable
518 smoothies.<eyh> (This activity also connects to the <bbh>Model School Library
519 Standards and CA CCSS for ELA/Literacy W.7–8.10.) <ebh>

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

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

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

525 A Cool Job

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

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

537 Online Nutrition Search

538 Provide students with guidance on finding valid and reliable information online (see box
539 1 in the Fifth Grade chapter). Ask students to research three valid nutrition Web sites
540 that they would use for personal health. Students share results on how the site can be
541 used. Note that if students locate the same sites, ask them to compare and contrast
542 their findings. (This activity also connects to the <bbh>Model School Library Standards
543 for California Public Schools and CA CCSS for ELA/Literacy W.7–8.8.)<ebh>

544 **Partnering with your school:** Administrators, school boards, and educators are
545 encouraged to check with the California Department of Education’s Web page regarding
546 the Competitive Foods and Beverages rule (CDE 2017) based on the USDA’s Smart
547 Snack in Schools ruling to compare the guidelines against current practices for any food
548 and beverage items sold for fundraisers, in vending machines, at school sporting
549 events, and in the student store. Limiting nutrient-deficient, high-sugar, high-fat food
550 items is encouraged (7–8.8.1.N, Health Promotion).

551 **Partnering with your community:** *Where do I go to get active?* Students create a local
552 physical activity resource guide identifying the locations in their community that are ideal
553 for physical activity—created by students, for students to support increased
554 opportunities for physical activity at school and in the community. Nontraditional
555 activities such as taking the stairs, walking the dog, a family walk in the neighborhood
556 after dinner, and cleaning the house can be included. Consider distributing the guide to
557 other students in the school or posting to the school’s Web site to encourage peers to
558 eat healthy foods and be physically active. <byh>*Where do I go to get fresh produce*
559 *and other healthy foods?* Students survey their community to identify markets, stores,
560 farmers’ markets or restaurants where fresh produce and other healthy foods are
561 available. They then create a map, brochure or other resource highlighting these food
562 sources in their communities. Consider distributing the guide to other students in the
563 school or posting to the school’s Web site to encourage peers to eat healthy foods. In
564 neighborhoods with limited access to fresh produce and other healthy foods, students
565 work together to identify potential ways they might contribute to a solution, such as by
566 bringing their concerns to city government officials or writing to the owners of a local
567 convenience store to ask them to stock fresh produce <eyh> (7–8.3.4.N, Accessing
568 Valid Information; 7–8.5.2.N, Decision Making; 7–8.7.4.N, Practicing Health-Enhancing
569 Behaviors; 7–8.8.2.N, Health Promotion).

570

571 **Partnering with the family:** Encourage parents, guardians, and caregivers to consider
572 active transportation to and from school with their child. Walking or biking together
573 instead of driving is fun and promotes connectedness. See Safe Routes to School and
574 the Caltrans Web site for options. <byh>*Students are also encouraged to involve family*
575 *members, guardians, and caretakers in the activities covered in this chapter. Also*
576 *encourage students and their families, guardians, or caregivers to prepare and enjoy*
577 *healthy foods together, such as by hosting community cooking classes or inviting family*
578 *members in to share a healthy recipe that reflects their cultural heritage. Consult the*
579 *school’s policy on preparing and serving food in the classroom and check for nut and*
580 *other food allergies* <eyh> (7–8.6.1.N, 7–8.6.2.N, Goal Setting; 7–8.8.2.N, Health
581 Promotion).

582 **Growth, Development, and Sexual Health (G)**

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

597 Comprehensive sexual health instruction must meet each of the required components of
598 the CHYA. Instruction in all grades is required to be age-appropriate, medically
599 accurate, and inclusive of students of all races, ethnicities, cultural backgrounds,
600 genders, and sexual orientations, as well as students with physical and developmental
601 disabilities and students who are English learners. Students must also receive sexual
602 health and HIV prevention instruction from trained instructors. When planning lessons,
603 check the CDE Sexual Health Web site for up-to-date information. Instruction and
604 materials on sexual health content must affirmatively recognize diverse sexual
605 orientations and include examples of same-sex relationships and couples.

606 Comprehensive sexual health instruction must also include gender, gender expression,
607 gender identity, and the harmful outcomes that may occur from negative gender
608 stereotypes. Students should also learn skills that enable them to speak to a parent,
609 guardian, or trusted adult regarding human sexuality—an additional requirement of the
610 CHYA.

611 The purposes of the CHYA law are to provide students with knowledge and skills to:

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

621 This chapter is uniquely organized to provide standards-based Psexual health
622 resources and instructional strategies consistent with the CHYA; however, this chapter
623 does not address all of the content required under the CHYA. It is important for
624 educators to know their district's specific policy regarding comprehensive sexual health
625 and HIV prevention education and ensure that instruction fully meets the requirements
626 of the CHYA and other state statutes. Use peer-reviewed medical journals or reliable
627 Web sites such as the CDC, AAP, American Public Health Association, and American
628 College of Obstetricians and Gynecologists (ACOG) as sources of information that is
629 current and medically accurate. Additional collaboration with district-level curriculum
630 specialists, the school nurse, the local public health department, or qualified community-
631 based organizations and agencies can assist in providing medically accurate
632 information that is objective, inclusive, and age-appropriate.

633 Many children in seventh and eighth grade experience developmental and physical
634 changes related to puberty. Students at this age are also generally becoming more
635 aware of their own sexuality as well as that of others. Teaching human development
636 and sexuality education can be interesting for many teachers, but may also be a subject
637 of trepidation for some educators and administrators (HHS Office of Adolescent Health
638 2017). Schools and districts must ensure their educators have the training, resources,
639 and support to teach these subjects effectively—and that the school environment is

640 welcoming, inclusive, and safe for LGBTQ+ students. When implementing instruction,
641 students should not be separated or segregated by gender or other demographic
642 characteristics.

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

649 The Sexuality Information and Education Council of the United States (SIECUS n.d.)
650 states, “Sexuality education is a lifelong learning process of acquiring information. As
651 young people grow and mature, they need access to accurate information about their
652 sexuality.” Adolescents are developing the attitudes, knowledge, and skills needed to
653 become sexually healthy adults (SIECUS 2016). Health education teachers serve as a
654 resource to students by keeping abreast of current, medically accurate sexual health
655 research and inclusive terminology. Although less than four percent of California high
656 school students reported being sexually active before the age of 13 (CDC 2015,
657 National Center for Health Statistics 2012), setting a standards-based foundation of
658 comprehensive sexual health knowledge such as anatomy and physiology, reproductive
659 options, contraceptives and barrier methods, and diverse and healthy relationships is
660 proven to have a positive influence on academic performance and retention, unintended
661 pregnancy prevention, STI and HIV prevention, and a reduction in sexual risk-taking
662 behaviors once students do become sexually active (Davis and Niebes-Davis 2010).
663 Although data confirms a low rate of sexual activity among California students age 13
664 and younger, healthy practices that are established during adolescence can have a
665 lifetime of positive implications for one’s sexual health and development. Understanding
666 how barrier methods protect against STIs for future sexual encounters protects
667 reproductive and sexual health; learning positive social and emotional coping skills
668 when dealing with stress can serve as an asset for fostering healthy relationships.
669 Teachers should normalize sexual feelings and explain to students these feelings do not

670 mean that students should feel pressured to participate in sexual activities. If the topic of
671 masturbation arises, teachers can take this opportunity to explain masturbation is not
672 physically harmful.

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

682 Case studies are effective instructional tools for illustrating sexual health topics such as
683 preventing STIs/HIV/unintended pregnancy, healthy relationships (7–8.1.3.G, 7–
684 8.1.5.G, 7–8.1.7.G, Essential Concepts) and differences in growth and development,
685 physical appearance, gender expression, gender stereotypes, and sexual orientation.
686 Students can apply problem-solving skills and decision-making models to brainstorm
687 outcomes, solutions, and recommendations for proposed case studies on an array of
688 issues. Case studies for adolescents can be found online and adapted from the National
689 Center for Case Study Teaching in Science and Howard University’s School of
690 Medicine’s AIDS Education and Training Center.

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

699 sexual health education curriculum for content ideas as available. Under CHYA,
700 students should be encouraged to speak to parents, guardians, or other trusted adults
701 regarding human sexuality and can role-play asking difficult questions. Another option is
702 using a fact-versus-myth-discovery approach, where students learn and analyze factual
703 concepts of conception, pregnancy, and HIV through facilitated discussion. Fictitious
704 myths are identified and clarified by the facilitator or by responding to anonymous
705 questions from students that are submitted in advance (7–8.1.4.G, Essential Concepts;
706 7–8.3.1-2.G, Accessing Valid Information). Students practice goal setting and decision
707 making to explore and affirm their aspirations, values, and future plans by completing
708 one or more of the *What Are My Goals?* activities available on Advocates for Youth
709 Web site (7–8.1.4-5.G, 7–8.1.13.G, Essential Concepts; 7–8.5.6.G, Decision Making).

710 An instructional strategy that can be used with many of the standards covered under
711 Standard 1: Essential Concepts and Standard 3: Accessing Valid Information is a
712 question- and answer-format with an informed and vetted sexual health education
713 panel. Students first research valid and reliable resources online or at the school's
714 library on an area of growth, development, and sexual health. Resources, including
715 those in students' home languages, can be Web sites, texts, novels, or stories that elicit
716 questions. Students then anonymously submit their questions for their health education
717 teachers, a sexual health educator, or panel of sexual health experts by using a secure
718 box. Anonymous questions from students are written on index cards that are pre-
719 screened and read aloud by the facilitator, often the students' teacher. The panel should
720 be diverse and include individuals of different genders and sexual orientations and be
721 representative of the range of races, ethnicities, and national origins of the students.
722 Ideally, the panel also includes someone the students can relate to in more of a peer
723 capacity such as a college-age health science student who is comfortable speaking
724 about issues and is well versed in sexual health. For assessment, students write a 3-2-1
725 (three things the student learned, two things the student found interesting, and one
726 question the student has) following the panel presentation.

727 By the seventh and eighth grade, students are often more willing and eager to engage
728 with guest speakers around topics of sexual health. Students in seventh and eighth

729 grade tend to appreciate and welcome the perspectives a guest speaker brings.
730 <byh>Guest speakers from your local public health department sexual health clinic, or
731 local nonprofit organizations, such as Planned Parenthood, may have well-informed
732 sexual health educators and age-appropriate materials to support comprehensive
733 sexual health education.<eyh> As noted earlier in this chapter, all guest speakers must
734 be vetted and meet both statutory requirements and local educational agency policy.

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

738 Classroom Example: Sexual Health and Healthy Relationships Scenarios

739 **Purpose of Lesson:** In this activity, students explore vignettes that encourage them to
740 consider various relationship outcomes by discovering their own solutions to scenarios
741 posed using a theater- or performance-based format.

742 **Standards:**

743 7–8.6.2.G Describe how HIV/AIDS, other STDs, or pregnancy could impact life goals
744 (Goal Setting).

745 7–8.4.2.G Use effective verbal and nonverbal skills to prevent sexual involvement, HIV,
746 other STDs, and unintended pregnancy (Interpersonal Communication).

747 7–8.4.3.G Use healthy and respectful ways to express friendship, attraction, and
748 affection (Interpersonal Communication).

749 7–8.5.6.G Explain the immediate physical, social, and emotional risks and
750 consequences associated with sexual activity (Decision Making).

751 7–8.7.3.G Describe personal actions that can protect reproductive and sexual health
752 (Practicing Health-Enhancing Behaviors)

753 **Supplies:**

754 Sufficient space, ideally a stage or auditorium, to act out improvised scenarios

755 Blank index or note cards

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

- 765 • Two students are at a party. One asks the other for oral sex.
- 766 • Mother and daughter Scenario: Daughter asks mom if she will take her to get birth
767 control. Mom replies, "Why do you want birth control? Are you having sex?"
- 768 • A couple is dating and one partner wants to have sexual intercourse. The other
769 partner does not.
- 770 • Two people are kissing and one partner pulls out a condom. The other partner says
771 "Let's not bother."
- 772 • Two people have been dating. One says to the other that they are having second
773 thoughts about the relationship and they think they should take a break and maybe see
774 other people. The other partner says, "If you break up with me, I don't want to live
775 anymore."
- 776 • <byh>A student receives unwanted nude photos of the student sending the
777 "sexts."<eyh>
- 778 • A young couple discovers they are pregnant and are not sure what to do.
- 779 • A partner shares that they might have an STI.

780 Scenarios that were dramatized by the students are discussed in small groups and then
781 as an entire class. Ms. G then leads an objective discussion on the activity and

782 commends the students for their bravery in exploring such sensitive issues given the
783 content and context. Ms. G reemphasizes the point that if students find themselves in
784 similar situations, they can rely on the communication and decision-making skills such
785 as the models learned throughout the semester and in this activity. Ms. G also reiterates
786 that there is not one correct answer and often more than one answer as every situation
787 is unique to each individual student. Lastly, Ms. G reminds students to contact a trusted
788 adult or a campus resource person should they need support or assistance. Students
789 share they enjoyed acting out possible positive outcomes to each scenario and the
790 scenarios reflected situations they already or may someday encounter.

791 As a follow-up activity, Ms. G distributes cards listing examples of relationship behaviors
792 (e.g., talking on the phone, texting each other every day, hanging out during lunch,
793 holding hands, hugging, kissing, flirting, cuddling, hanging out outside of school,
794 touching your hair, oral sex, sexual intercourse, having an exclusive relationship,
795 marriage, having children, and getting tested for STI/HIV together). Ms. G states that in
796 this activity students will discuss examples of behaviors that might happen in some
797 relationships. Mindful that some students may have experienced abuse and might be
798 triggered by discussion about some of these behaviors, Ms. G also offers that students
799 may take a break from this activity if they need to and discloses her mandated reporter
800 duty. Working in groups of four or five, students place the cards in the order they feel
801 they should go. Ms. G reemphasizes that they do not need to use all the cards as some
802 people chose not to participate in certain life events such as marriage. As the students
803 discuss and order the cards, Ms. G walks around to each group to check on student
804 progress and to keep an eye out for any student who might be struggling with this
805 activity. Students discuss, compare, contrast, and process their findings. Ms. G and the
806 students engage in a conversation about how individuals have different ideas about
807 relationships and expectations and the importance of open and healthy communication
808 between partners. Ms. G provides a list of school and local agency resources for the
809 students to reference in relation to this activity or future encounters.

810 Additional learning activities that also support the CHYA provisions can be found in
811 below.

812 Growth, Development, and Sexual Health Learning Activities

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

815 Surviving Puberty

816 Working in small groups, students collectively create a book for their peers. Each group
817 selects a topic on which to write a chapter from a list of topics. Examples of chapters
818 may be: “Puberty?! What is going on??” that describes the physical and emotional
819 challenges and changes associated with puberty or “Taking the pressure out of peer
820 pressure.” Students are encouraged to create their own titles and cover design.
821 Students research valid and reliable Web sites for content. One of the student groups
822 can be assigned as the graphic artist for cover illustrations, photos, and other images.
823 (This activity also supports <bbh> the Model School Library Standards and the CA
824 CCSS for ELA/Literacy.)<ebh>

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

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

829 The Truth About STIs/HIV

830 After they have learned about STIs/HIV, students are provided with strips of paper that
831 have true and false statements about STIs/HIV on each strip of paper. Examples may
832 be: *You can get HIV from kissing; There is no treatment for HIV/AIDS; Sexually*
833 *transmitted infections are only passed through vaginal sex; Condoms are the only form*
834 *of birth control that also protect against STIs, including HIV.* Students place the strips of
835 paper on a large poster board or sheet of paper labeled “true” or “false.” Once the
836 students have placed their strips, the class discusses and comes to a consensus on
837 which strips are correctly placed. The teacher provides supportive guidance throughout
838 the activity to ensure that students know which statements are true and which are false.

839

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

841 Conception and Pregnancy Timeline

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

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

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

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

855 Barrier Method Demonstration

856 A condom (internal/female and external/male condom) and dental dam demonstration is
857 provided. After the demonstration, students individually practice the step-by-step
858 process on a penis model or their fingers. Alternatively, students can place the steps,
859 displayed on cards, in the correct order and show examples of internal/female and
860 external/male. For teaching methods, health education teachers should reference
861 current medically-accurate instructional resources online and show examples of male
862 and female condoms and dental dams. In addition to skill demonstration, students also
863 apply a decision-making model to evaluate the value of using condoms for STI and
864 pregnancy prevention.

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

868 Picture Perfect

869 Students this age are inundated with media images online, via social media, in print,
870 and in television and movies. Images are often unrealistic and altered to make women
871 appear thinner or flawless and make men appear more muscular. Working in pairs or
872 small groups, students view online advertisements and photos from popular teen Web
873 sites representing a variety of ethnicities and in a variety of languages corresponding to
874 those of the students in the class and that show different body types and different
875 perspectives of "beauty." The students analyze the photos using an advertising
876 questionnaire handout. (Search online for body image lesson plans with questions to
877 include for middle grades or your specific grade-level students. Purdue University
878 extension has a free example.) After completing the questionnaire, students discuss the
879 results providing summarized observations. Examples may be most female models
880 appear to be very thin, male models appear to be athletic, and all models look "perfect."
881 In an extension of this assignment, using technology, students redesign a chosen
882 advertisement to feature healthy, more realistic body images.

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

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

887 STI/HIV Prevention Reports

888 April is national STI Awareness month; it provides an opportunity to introduce students
889 to the various STIs, including HIV, and how to avoid contracting them. Common STIs
890 among adolescents and young adults in California are: HPV, chlamydia, gonorrhea;
891 genital herpes; syphilis; and HIV/AIDS (CDC 2010c; HHS 2016). Using free health
892 education brochures and tip sheets printed from reliable online resources or local

893 organizations and agencies—in students’ non-English home languages if available—
894 such as state and county public health departments; TeenSource, a project of
895 California-based Essential Access Health; Healthy Teen Network; Planned Parenthood;
896 CDC; and Advocates for Youth, students create a short report on STI/HIV prevention for
897 peer education opportunities in class or on campus. Students include statistics for their
898 local community (if available) and focus on ways to avoid contracting STIs/HIV.

899 In seventh and eighth grade, students typically begin to form their personal and social
900 identity as it relates to gender and relationships. As students become adolescents, peer
901 and media, including social media, influences may become more prominent in shaping
902 their sense of self and others. While identity and socialization are addressed in earlier
903 grade levels, students are continually exposed to external influences that may have a
904 negative impact on the development of their perspectives regarding body image,
905 relationships, and gender roles. Early and ongoing socialization plays a critical role in
906 developing attitudes toward individual differences. These perceived differences are
907 often a catalyst for discrimination and bullying. Students explain what the difference is
908 between real and perceived differences, analyze how internal and external influences
909 affect relationships and sexual behavior, and evaluate how culture, media, social media,
910 and peers influence an individual’s view of self and others (7–8.2.1.–2.G, Analyzing
911 Influences).

912 Students understand from learning in earlier grade levels that gender is not strictly
913 defined by biology and sexual anatomy. This understanding promotes an inclusive
914 environment where students feel accepted and are accepting of others. To be inclusive
915 of all students in terms of gender identity and sexual attraction, health education
916 teachers and other educators must be mindful of personal biases and use gender
917 neutral language when discussing peer and romantic relationships. It is important not to
918 assume a student’s identified gender pronoun based on sex assigned at birth or
919 appearance. Some students may identify with the traditional masculine/feminine
920 pronouns “he/she,” “him/her,” and “his/hers,” while some may prefer pronouns such as
921 “they,” “them,” and “theirs” as a singular pronoun. Using “they,” “them,” and “theirs” is
922 considered gender neutral or non-binary and can also be used in an effort to be

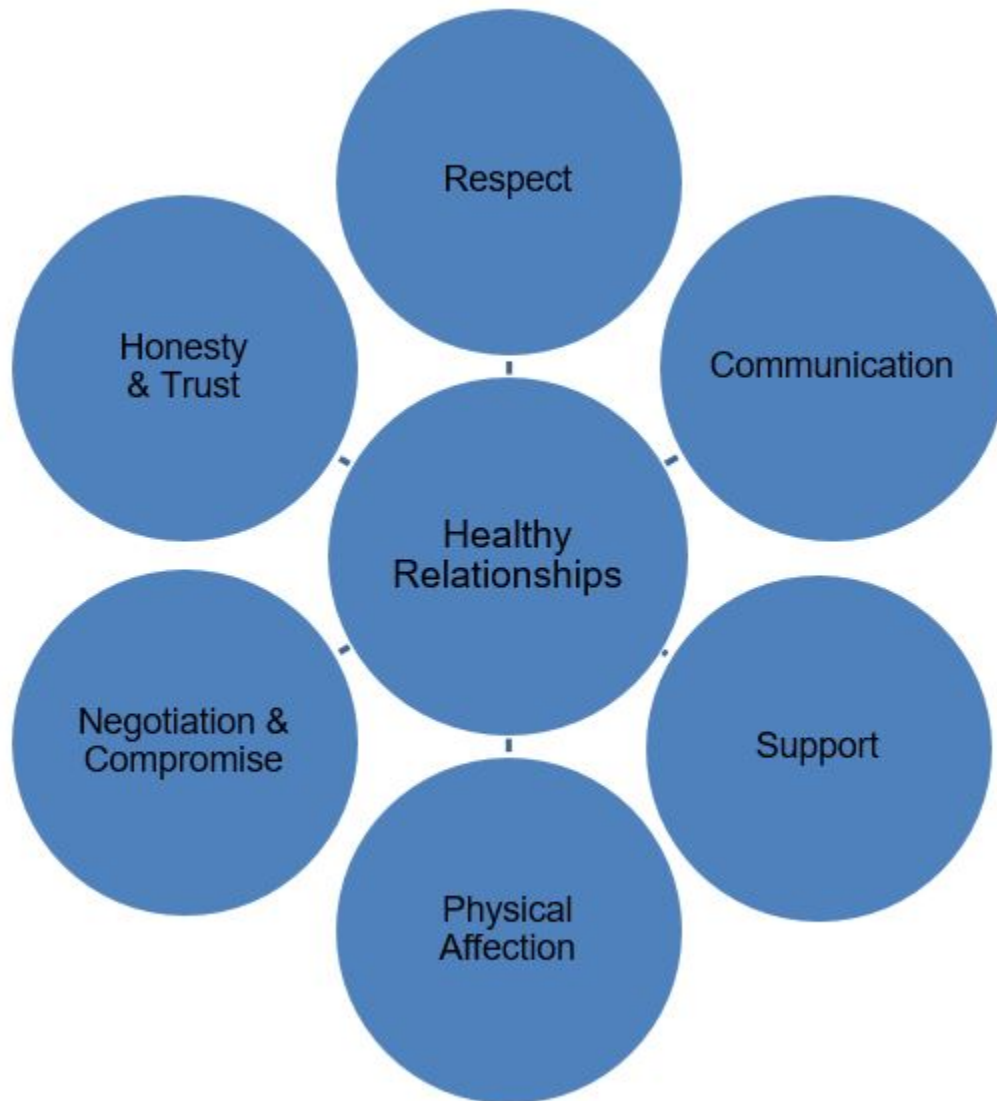
923 inclusive of various personal identities. In addition, the term “partner” should be used in
924 place of or in addition to “boyfriend/girlfriend” or “husband/wife” to avoid assumptions
925 about gender and sexual orientation. Some students may be non-monogamous and the
926 term “partner(s)” may also be used to be more inclusive.

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

936 Healthy and Unhealthy Relationships

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

942 Healthy Relationships



943

944 Long Description of Healthy Relationships available at

945 <https://www.cde.ca.gov/ci/he/cf/ch5longdescriptions.asp#chapter5link1>.

946

Respect	Honesty & Trust	Communication
<ul style="list-style-type: none"> • Honoring boundaries and privacy • Valuing your partner <byh>and others<eyh> 	<ul style="list-style-type: none"> • Being truthful • Not being jealous of time spent with others 	<ul style="list-style-type: none"> • Being able to express feelings and opinions • Knowing it's ok to disagree

947

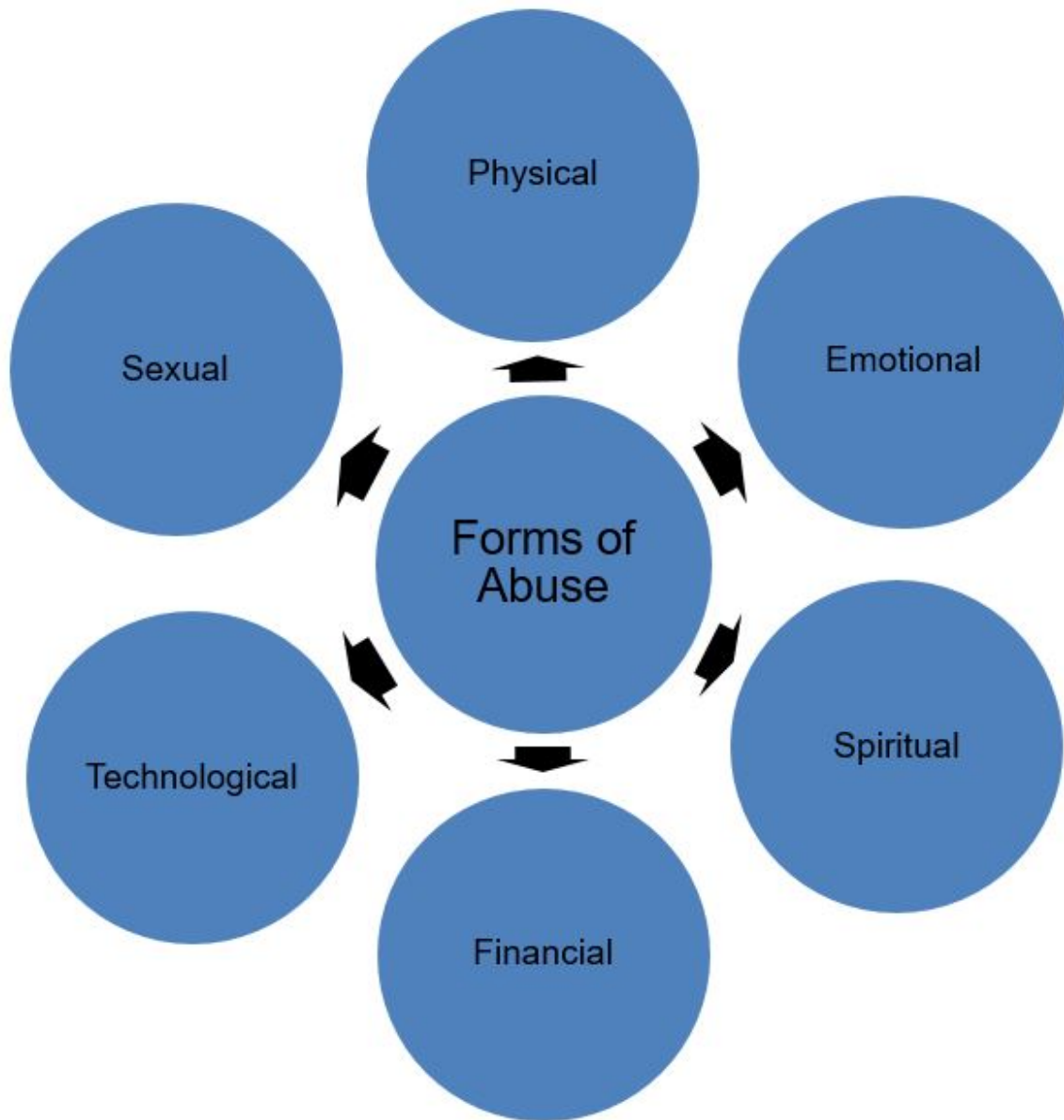
Support	Physical Affection	Negotiation & Compromise
<ul style="list-style-type: none"> • Encouraging personal growth and goals • Offering comfort 	<ul style="list-style-type: none"> • Getting consent for physical affection and sexual activity • Respecting boundaries 	<ul style="list-style-type: none"> • Having discussions instead of arguments • Being willing to find middle ground • <byh>Not always being the one to give in or compromise<eyh>

948 Source: WEAVE, Inc. (2017)

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

953 As students learn about the different forms of abuse, they are also able to provide
 954 examples of each type of abuse. Students research the short- and long-term impact of
 955 abusive relationships utilizing resources such as CDC for information on health
 956 consequences. The image below illustrates different forms of abuse.

957 Forms of Abuse



958

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

959 Source: WEAVE, Inc. (2017)

960 Classroom Example: Dating Violence and Unhealthy Relationships

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

970 **Standards:**

- 971 • 7–8.1.1.S Describe the differences between physical, verbal, and sexual violence
972 (Essential Concepts).
- 973 • 7–8.5.2.G Use a decision making process to examine the characteristics of healthy
974 relationships (Decision Making).
- 975 • 7–8.8.1.G Support and encourage safe, respectful, and responsible relationships
976 (Health Promotion).
- 977 • 7–8.5.1.S Use a decision-making process to examine risky social and dating
978 situations. (Decision Making).
- 979 • 7–8.5.2.S Apply a decision-making process to avoid potentially dangerous situations,
980 such as gang activities, violence in dating, and other social situations (Decision
981 Making).
- 982 • 7–8.6.2.S Create a personal-safety plan (Health Promotion).
- 983 • 7–8.8.2.S Design a campaign for preventing violence, aggression, bullying, and
984 harassment (Health Promotion).

985 **Supplies:**

986 Writing utensils and paper for group work

987 Healthy Relationships handout containing Forms of Abuse image (shown above)

988 **Lesson:**

989 <byh>January is Stalking Awareness Month,<eyh> February is Teen Dating Violence
990 Awareness Month, <byh>April is Sexual Assault Awareness Month,<eyh> and October
991 is Domestic Violence Awareness Month. Depending on the schedule of instruction,
992 these awareness months can be used to introduce the topics of healthy relationships
993 and adolescent dating violence or as an opportunity to reinforce earlier learning.

994 <byh>While awareness months may present an opportunity to introduce these topics,
995 instruction and conversation around issues of sexual violence should not be limited to
996 these months and can be taught and discussed throughout the school year.<eyh>

997 Ms. L <byh>informs her students<eyh> that she will be talking about sensitive subjects
998 <byh>before the start of instruction.<eyh> At the beginning of the activity, students are
999 reminded of classroom agreements to make sure everyone feels safe and accepted.

1000 Ms. L specifically points out the agreement the class made to treat others with respect,
1001 keep information shared by other students confidential, and be open-minded about
1002 differences in opinion and experiences. Ms. L provides students with a list of local
1003 resources as she explains that talking about violence and abuse can be difficult and
1004 may cause some to have an emotional reaction. She tells students to be aware of how
1005 the topic might be affecting them and to seek support or take a break if needed.

1006 Ms. L asks students what they know about teen dating violence or unhealthy
1007 relationships, including peer relationships. Students draw from previous learning to
1008 discuss unhealthy relationships, explaining that they have to do with one partner trying
1009 to maintain power and control over another. <byh>Different forms of abuse are meant to
1010 control the person being targeted. Coercive control is a pattern of behavior which seeks
1011 to take away the victim's liberty or freedom and to strip away their sense of self.<eyh>

1012 Ms. L makes the comparison that unhealthy peer relationships can have aspects similar

1013 to unhealthy romantic relationships. Ms. L asks students what the different forms of
1014 abuse could be in an unhealthy relationship. Students may come up with most or all of
1015 the six types of abuse, and Ms. L assists in naming forms of abuse students may not
1016 know. Ms. L writes the six forms of abuse (physical, emotional, sexual, financial,
1017 spiritual, and technological) on the whiteboard. After the six forms of abuse are
1018 identified, students break into small groups and are assigned one form of abuse per
1019 group. In the small groups, students discuss their assigned form of abuse and write
1020 down examples they have seen or heard. Ms. L walks around the room to check in with
1021 each group. The group assigned to discuss spiritual abuse expresses having difficulty
1022 coming up with examples. Ms. L explains that spiritual abuse can include abuse related
1023 to religion, culture, or an individual's sense of self. A student asks how someone can
1024 abuse another person's sense of self, and Ms. L explains that a person's sense of self
1025 could include how they feel about themselves, the language or languages they are most
1026 comfortable speaking, and also things they enjoy doing, such as listening to music,
1027 playing sports, painting, or spending time with friends. If someone doesn't allow their
1028 partner to do things they enjoy and that build their sense of self, the relationship is
1029 unhealthy and can be considered abusive in some cases. A student asks, "So, it can be
1030 spiritual abuse if my girlfriend doesn't let me hang out with my friends?" Ms. L nods her
1031 head in agreement and allows the group to continue brainstorming ideas.

1032 After the groups have time to discuss their assigned form of abuse, students share with
1033 the class the examples they identified.

1034 For physical abuse, students share examples that include threats of violence, hitting,
1035 slapping, kicking, biting, choking, and pulling hair. Ms. L applauds the group's
1036 contributions and adds punching a wall, blocking someone from moving or leaving, and
1037 intentionally putting someone in a dangerous or threatening situation. Ms. L also
1038 explains the difference between "choking," an accidental obstruction of the airway, and
1039 "strangulation," an external force used as a tactic of control and abuse. She explains
1040 that strangulation is very dangerous, increasing the risk of death in an abusive
1041 relationship.

1042 Examples for emotional abuse include put downs, name calling, humiliation, extreme
1043 jealousy, isolation from friends and family, withholding affection as a punishment,
1044 threatening to “out” someone, and stalking behavior.

1045 Examples for sexual abuse include not asking for permission to engage in sexual
1046 activity, forced sexual acts, pressure to have sex, any unwanted sexual activity, threats
1047 of sexual violence, and demanding/sending unwanted sexual pictures.

1048 Examples for financial abuse include destroying personal belongings, stealing, or
1049 forcing boyfriend/girlfriend/partner(s) to pay for things all the time, forcing or
1050 manipulating boyfriend/girlfriend/partner(s) to “earn” money, including exchanging sex
1051 for money or gifts.

1052 Examples for spiritual abuse include using religion to justify abuse, insisting on rigid
1053 gender roles, forcing boyfriend/girlfriend/partner(s) to do things against their beliefs,
1054 mocking beliefs or cultural practices, mocking or banning the language or dialect they
1055 speak, not allowing boyfriend/girlfriend/partner(s) to do things they enjoy or to better
1056 themselves, including interfering with their education.

1057 For technological abuse, students share examples that include cyber bullying, stalking,
1058 demanding passwords, sending sexually explicit photographs, demanding sexually
1059 explicit photographs, and taking photographs of someone without their knowledge. Ms.
1060 L takes this opportunity to talk more about “sexting” and cyber exploitation. Students
1061 discuss the dangers of the Internet and sharing sexually explicit photographs, even with
1062 a boyfriend/girlfriend/partner(s). As part of this discussion, students recognize that once
1063 they send or allow someone else to take an explicit photograph, they no longer have
1064 control of who sees it or where it may be shared, including online.

1065 After a thorough discussion of unhealthy and abusive relationships, Ms. L shifts the
1066 conversation to talking about healthy relationships. Ms. L asks the class what a healthy
1067 relationship looks like: *What would you want in a healthy relationship?* Students
1068 respond with examples such as love, trust, and respect. Ms. L provides a handout that

1069 shows equality at the center of healthy relationships. Students volunteer to read aloud
1070 each section of the Healthy Relationships handout.

1071 Ms. L divides students into small groups to examine the “Healthy Relationships”
1072 handout and list examples of what each component might look like in a relationship.
1073 After small-group discussion, students share with the class as a whole.

1074 After analyzing the differences between healthy and unhealthy relationships, the
1075 students work together to create a chart(s) of “Healthy vs. Concerning vs. Abusive
1076 Relationship Examples” (example below):

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

1077 Long Description of Healthy vs. Concerning vs. Abusive Relationship Examples is
available at <https://www.cde.ca.gov/ci/he/cf/ch5longdescriptions.asp#chapter5link3> .

1078 Source: WEAVE, Inc. (2017)

1079 Using the students' comparison chart(s), Ms. L provides scenarios for students to
1080 analyze in small groups. Scenarios include examples of different types of relationships
1081 in which students determine whether it is healthy, concerning, or abusive.

1082 Example scenarios:

1083 • Your boyfriend/girlfriend/partner(s) gets jealous because you want to hang out with a
1084 friend instead of spending time with them.

- 1085 • Your boyfriend/girlfriend/partner(s) gets upset and won't talk to you for days after an
1086 argument.
- 1087 • You miss your boyfriend/girlfriend/partner(s) when you do other things with your family
1088 or friends, but you have a good time anyway.
- 1089 • Your boyfriend/girlfriend/partner(s) demands your social media account passwords.

1090 Ms. L asks the class what they would do if they had a friend who was in an unhealthy or
1091 abusive relationship. One student says, "Tell my friend that their relationship is abusive."
1092 Another student says, "Tell an adult." Ms. L shares that there are safe and trusted adults
1093 at school, including herself, and encourages students to utilize school resources such
1094 as the principal, school nurse, <byh>school counselor,<eyh> school social worker, or
1095 school psychologist. Ms. L also reminds the students about the list she provided of local
1096 and online resources for students to explore on their own. Ms. L is also mindful of
1097 students in her class who may be in an unhealthy relationship and takes note of any red
1098 flags during this conversation. Ms. L follows up as appropriate with student supports
1099 and reporting if required per mandated reporting laws and school policies.

1100 To reinforce what they have learned, Ms. L asks the students to create a personal
1101 safety plan that can be applied to an unhealthy relationship and other situations that feel
1102 unsafe or uncomfortable. The safety plan includes identifying trusted adults, setting
1103 personal boundaries, and compiling emergency numbers or resources that they can
1104 access if needed.

1105 As part of a culminating class assignment, students organize a school-wide awareness
1106 event relating to either Teen Dating Violence Awareness Month in February or Domestic
1107 Violence Awareness Month in October. Students are reminded to be inclusive and
1108 reach out to campus clubs to assist with the event. This includes the campus LGBTQ+
1109 club, as dating abuse can be found in any type of relationship. Students plan and
1110 organize the event and research resources for students who may have experienced or
1111 are currently experiencing dating abuse. Students invite local agencies to participate in
1112 the event to share information about their services and resources with the students and
1113 school personnel.

1114 Two organizations with helpful age-appropriate Web sites for teen dating violence are
1115 Love is Respect and That's Not Cool.

1116 Sexual Violence: Consent, Sexual Assault, and Sex Trafficking

1117 <byh>While facilitating discussion about sexual violence, educators must be careful to
1118 avoid victim-blaming and heteronormative language as these attitudes may increase a
1119 survivor's guilt and shame around their experience(s).<eyh> As students increase their
1120 learning about sexual health and relationships, it is also important to discuss consent
1121 and the right to refuse sexual contact (7-8.1.9.G, Essential Concepts). Consent is an
1122 affirmative, conscious, and voluntary agreement to engage in sexual activity (*EC*
1123 Section 67386[a][1]). Students are provided with the definitions of consent and sexual
1124 assault. Using these definitions, students discuss and are able to understand that
1125 sexual assault is any unwanted sexual contact and that everyone has the right to
1126 establish personal boundaries and refuse sexual contact at any time. Sexual contact is
1127 not limited to sex acts and can include touching and kissing. Students are guided in
1128 discussion about the connection between the right to refuse sexual contact and
1129 personal ownership of one's body. While exploring this concept, students examine their
1130 own set of personal boundaries. Some students may not have previously identified their
1131 own personal boundaries, and this activity can provide an opportunity for students to
1132 explore them. Encourage students to write these ideas down or share some boundaries
1133 with the class. Putting personal boundaries into words can help students identify and
1134 enforce the limits they set for themselves. Students also discuss the importance of
1135 respecting the boundaries of others and the need to determine if consent is given prior
1136 to any sexual contact, including touching and kissing. Students learn that primary
1137 prevention begins with shifting the focus from preventing someone from becoming a
1138 victim of sexual assault to preventing someone from sexually assaulting another person.
1139 Students also understand that anyone can be sexually assaulted and anyone can
1140 commit sexual assault—and that sexual assault is not limited to heterosexual
1141 relationships. It can occur irrespective of one's gender or sexual orientation.

1142 Students understand that because consent is an affirmative, conscious, and voluntary
1143 agreement to engage in sexual activity, an individual cannot consent to sexual acts if
1144 they are under the influence of alcohol or drugs (7-8.2.3.G, Analyzing Influences).
1145 Because alcohol and other drugs can lower inhibitions, they are commonly associated
1146 with committing sexual assault. Many students do not recognize their experience as
1147 sexual assault or identify as a victim if they were under the influence of substances,
1148 and, as a result, often do not report the assault. It is also important for students to
1149 understand consent and the influence of alcohol and other drugs to prevent a student
1150 from becoming a perpetrator of sexual assault. Instruction should emphasize that
1151 silence or a lack of protest or resistance is not consent.

1152 Note: Health educators and all other school personnel should be mindful when using the
1153 word “victim” in the context of abuse, assault, and trafficking. Some individuals prefer
1154 “survivor” and others prefer more neutral phrasing, such as “person who has
1155 experienced abuse.” This preference may be influenced by a number of different
1156 factors, including the individual’s healing process. Honor the language of the individual.

1157 Students are provided with information on the different forms of sexual assault and
1158 sexual harassment (see table below), and research support resources such as the local
1159 rape crisis center, local law enforcement, and national organizations such as the Rape,
1160 Abuse & Incest National Network, more commonly referred to as RAINN.

1161 Sexual Assault and Sexual Harassment Definitions and Examples

Sexual Assault	Sexual Harassment
<ul style="list-style-type: none"> • Rape (forcing penetration of the victim’s body) • Attempted rape • Fondling or unwanted sexual touching • Forcing a victim to perform sexual acts, including oral sex or forcing the victim to penetrate the perpetrator’s body • Unlawful sex with a minor <p><i>Force is not always physical and can include emotional manipulation or coercion.</i></p>	<ul style="list-style-type: none"> • Verbal: catcalling, offensive sexual invitations or suggestions; comments about size or shape of a person’s body; comments about sexual orientation; sexually explicit jokes/comments; comments about the sexuality of a particular ethnic, cultural, or linguistic group; sexually based rumors and gossip; asking someone to go out repeatedly after being turned down; unwanted communication • Visual: writing or sending unwanted sexual notes/texts/e-mails, inappropriately looking at someone’s body part or for a long time, gesturing with a tongue/hands/mouth, acting out sexual gestures • Physical: any unwanted touching/ grabbing/pinching/hugging/kissing, intentionally bumping into someone’s body or rubbing up against them, blocking someone’s path

1162 Source: CA *Penal Code* Section 261 and WEAVE, Inc. (2017)

1163 Sexual assault is against the law and should be reported to authorities and trusted
 1164 adults (7-8.1.11.G, Essential Concepts). Students will need practice in the
 1165 communication skills necessary to report sexual assault. They brainstorm what they
 1166 would do if they are pressured to participate in sexual behavior and role play refusal

1167 skills and reporting assault (7–8.4.5.G, Interpersonal Communication; 7–8.7.1.G,
1168 Practicing Health-Enhancing Behaviors).

1169 According to the National Intimate Partner & Sexual Violence Survey (CDC
1170 <byh>2015<eyh>), <byh>30.5<eyh> percent <byh>(about 7.8 million victims)<eyh> of
1171 female rape victims were first victimized as a minor between the ages of 11–17. This
1172 initial assault is also an indicator of increased risk for further victimization as an adult;
1173 over a third of women who were raped as minors also reported being raped as adults
1174 (CDC 2010). Sexual assault impacts people of all genders, including 1 in 3 women and
1175 1 in 6 men (CDC 2010). Individuals impacted by sexual violence face a number of
1176 emotional, psychological, and physical consequences that students can research and
1177 identify (7–8.1.10.G, Essential Concepts). Students can utilize resources such as the
1178 CDC to research these consequences. Students should also be provided information on
1179 local and national organizations that offer support for healing from negative experiences
1180 such as sexual violence. It is important to note these consequences may occur in any
1181 combination and at any time in a person's lifespan after an assault.

1182 Impact of Sexual Assault

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

1183 Source: Centers for Disease Control and Prevention (2017)

1184 It is crucial that students understand the relationship between dating violence, sexual
 1185 assault, child sexual abuse, and sex trafficking. It can be useful to provide students a
 1186 visual to demonstrate the intersection of these issues such as the one shown below.

1187 Though not all forms of violence and abuse must be present to constitute sex trafficking,

1188 the graphic illustrates <byh>how these issues can intersect in many instances of sex
1189 trafficking of minors<eyh>. For example, a student may be sex trafficked by their partner
1190 which constitutes dating violence, repeated sexual assault, and child abuse because
1191 they are a minor. More information can be found in the appendix on sex trafficking.

1192 <byh> **Intersections of Sexual Violence**



1193

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

1194 **Source: WEAVE, Inc. (2017)**<eyh>

1195 Discussing healthy relationships and sexual assault can provide a relevant transition to
1196 educating students about sex trafficking. In California, the average age that a child is
1197 first brought into commercial sexual exploitation, or sex trafficking, is 12–14 for females
1198 and 11–13 for males (California Against Slavery Research & Education). This makes
1199 seventh and eighth grades a critical time to address sex trafficking prevention and the
1200 safety of students. Both educators and students should be aware of possible warning
1201 signs for sex trafficking. Students may benefit from a presentation on sex trafficking
1202 from a local non-profit agency that specializes in services for sex trafficking victims and
1203 educational trainings. School social workers or clinicians with specialized training should
1204 also be available to answer specific questions and provide support to students.

1205 Following instruction, students should be able to recognize warning signs and define
 1206 sex trafficking of minors as anyone under the age of 18 engaged in commercial sex
 1207 acts. They recognize that “commercial” is not limited to a monetary exchange.
 1208 Commercial sex acts can be an exchange of sex for anything of value, including food,
 1209 shelter, drugs or other substances, clothing, affection, protection, and other “gifts.”
 1210 Students also understand that trafficking can often begin as an unhealthy relationship,
 1211 where the trafficker may pose as a boyfriend/girlfriend/partner before and during the
 1212 sexual exploitation. By understanding the difference between healthy and unhealthy
 1213 relationships, students can identify potential traffickers and possible trafficking tactics.
 1214 However, it also important for students to understand that traffickers are sometimes
 1215 family members or peers

1216 Warning Signs of Sex Trafficking

For Students	For Teachers
<ul style="list-style-type: none"> • Controlling/dominating relationships • Pressure to keep relationship a secret • Monitored movement/communication • Physical or sexual abuse • Demanding sexually explicit photographs • Forcing boyfriend/girlfriend/partner to watch pornography • Pressure to have sex with other people • Gifts with the expectation of 	<ul style="list-style-type: none"> • Child under 18<byh> that may be<eyh>providing commercial sex <byh>(defined as sex trafficking)<eyh> • Signs of physical or sexual abuse • <byh>Signs of drug addiction<eyh> • Sexualized behavior • Sudden change in dress or appearance • Dresses provocatively or inappropriately for age/<byh>weather<eyh> • Unexplained money or gifts • Refers to much older boyfriend/

For Students	For Teachers
<p>something in return</p> <ul style="list-style-type: none"> Promises of money or other things of value <p>Blackmail</p>	<p>girlfriend/partner</p> <ul style="list-style-type: none"> <byh>Refers to frequent travel to other cities<eyh> Monitored movement/communication Frequent absences from school <byh>Runs away from home<eyh> Tattoos/branding Two cell phones <p>Unexplained STI or pregnancies</p>

1217 Source: WEAVE, Inc. (2017)

1218 Through discussion, students can explore the role media, especially social media, play
 1219 in promoting sex trafficking. Seventh and eighth graders recognize that domestic sex
 1220 traffickers may also be known as “pimps” and that pimp culture is glorified in
 1221 mainstream and social media. Ask students if the concept exists in other cultures and
 1222 what the word for “pimp” is in other languages they speak or understand. An activity to
 1223 explore this further is to ask students what comes to mind when they think of the word
 1224 “pimp.” Students may respond with examples such as “money,” “girls,” “expensive cars,”
 1225 “rap,” and “gold chains.” Students become aware that glorification of this lifestyle can
 1226 promote the sexual exploitation of youth. This lifestyle can be alluring to young people
 1227 who might also be vulnerable to peer recruitment and transactional (or commercial) sex.
 1228 For example, a peer has new clothes, jewelry, and money and uses them as a tactic to
 1229 lure new victims for their “boyfriend/girlfriend/partner” or trafficker. Students also
 1230 understand the legal consequences for sex traffickers, which they can research based
 1231 on state and federal laws.

1232 As students explore the role media and social media play in promoting sex trafficking,
 1233 students also discuss the potential dangers of sexual exploitation through social media
 1234 and the Internet (7–8.2.6.G, Analyzing Influences; 7–8.1.12.S, Essential Concepts).
 1235 Students build on previous discussions about sexual abuse in relationships and
 1236 understand that sexually explicit photographs that students take of themselves and
 1237 send to other students are sometimes used as blackmail to force or coerce victims into
 1238 sex trafficking. Sending and receiving explicit photographs of anyone under the age of
 1239 18 is also considered possession and/or distribution of child pornography, regardless of
 1240 the age of the sender and receiver.

1241 It is important to remember when discussing these sensitive issues that some students
 1242 may have experienced dating violence, sexual abuse, or sex trafficking. In some cases,
 1243 sexual abuse or sexual assault may be perpetrated by an adult or even a family
 1244 member. As a mandated reporter, follow mandated reporting laws and school policy if
 1245 there is a suspicion or student disclosure of abuse. If a student discloses, it is important
 1246 to practice active listening, be non-judgmental, respond with empathy and
 1247 <byh>provide<eyh> valid resources. Teachers should be aware of the warning signs
 1248 (see table below) and be prepared to intervene appropriately. Some of these warning
 1249 signs may also be indicators of mental health concerns, substance use, adverse
 1250 childhood experiences, and other issues among vulnerable youth who are not being sex
 1251 trafficked.

1252 Warning Signs of Unhealthy Relationships, Sexual Abuse, and Sex Trafficking

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

1253 Source: WEAVE, Inc. (2017)

1254 **Partnering with your school:** Plan a campus awareness event for World AIDS Day
 1255 (December 1) to educate peers and help to dispel common stereotypes about people
 1256 living with HIV (7–8.8.2.G, Health Promotion). Partner with the GSA Network
 1257 (transgender and queer youth uniting for racial and gender justice) to create an
 1258 LGBTQ+ student-run club (7–8.8.1.G, Health Promotion).

1259 **Partnering with your community:** Using valid and reliable Web resources, students
1260 create a resource guide of healthcare and health education agency providers including
1261 those who provide services to LGBTQ+ students for reproductive and sexual health
1262 services and how to locate accurate sources of information on reproductive, sexual, and
1263 mental health services in their community. The resource guide can be translated into
1264 the home languages of students to share with the other students and the community. It
1265 is important to ensure the accuracy of any translation. Resources must be vetted and
1266 approved for safety and medical accuracy before distribution or if being shared (7–
1267 8.3.2–3.G, Accessing Valid Information). This resource guide can also provide
1268 information about laws regarding minor access to reproductive health care, including
1269 confidential release from school to obtain sensitive services without parental notification
1270 and permission and confidentiality in insurance (including the Confidential Health
1271 Information Act). For resources, educators can reference the National Center for Youth
1272 Law for information on minor consent and confidentiality laws impacting adolescent
1273 health care access in California.

1274 **Partnering with the family:** Approximately 40 percent of school-aged children still
1275 learn about growth, development, and sexual health from their parents (SIECUS 2016).
1276 In accordance with the CHYA, comprehensive sexual health education must encourage
1277 students to engage in an open dialogue about human sexuality with their parent,
1278 guardian, or other trusted adult (7–8.4.1, 7–8.4.5.G, Interpersonal Communication).
1279 Students should be made aware that it is important to have someone that they feel
1280 comfortable speaking with and that someone at school such as a counselor or
1281 credentialed school nurse may be a resource. A creative way to begin the conversation
1282 with a family member may be for students to ask their parents, guardians, or caretakers:
1283 *Did you date? When did you first start dating? How old were you when you had your*
1284 *first boyfriend, girlfriend, or partner? How did you learn about sexual health? What are*
1285 *your expectations for my behavior?* The CHYA also supports the involvement of parents
1286 and guardians by requiring local districts to notify them their student will receive
1287 comprehensive sexual health education and HIV prevention education and to provide
1288 opportunities for parents and guardians to view the instructional materials prior to
1289 instruction. Schools should consider hosting a Family Preview Night to inform parents

1290 and guardians about topics that will be covered during comprehensive sexual health
1291 education and HIV prevention education and provide tools for facilitating conversations
1292 at home with their students. Parents and guardians may have their student excused
1293 from comprehensive sexual health education and HIV prevention education only by
1294 submitting a request in writing to the school. <byh>It is important to note that Education
1295 Code section 48205 requires schools officials to excuse students from school to attend
1296 confidential medical appointments. The school cannot require that the student have
1297 parent or guardian consent in order to attend the appointment and cannot notify parents
1298 or guardians. Confidential appointments are appointments to receive services that
1299 minors can obtain on their own consent under state or federal law (Cal. Ed. Code §
1300 48205(a)(3); see also Cal. Ed. Code § 46010.1; 87 Ops. California Attorney Gen. 168
1301 (2004)).<eyh>

1302 **Injury Prevention and Safety (S)**

1303 Health education teachers, administrators, and other educators play an important role in
1304 supporting students to learn the knowledge and skills necessary for injury prevention
1305 and safety. This content area includes the important topic of violence. Violence is a
1306 serious public health issue in our country. According to the CDC (2017a), youth violence
1307 refers to harmful behaviors leading to injury or death that begin in childhood. Various
1308 behaviors such as bullying, physical abuse such as hitting or slapping, sexual violence
1309 and harassment, electronic aggression, and gang and gun violence all fall under the
1310 scope of violence. A young person can be subjected to abuse, the perpetrator of abuse,
1311 a witness to the violence, or all of these. Those who survive violence often have lasting
1312 emotional trauma associated with the violence (CDC 2017a). Applying a standards-
1313 based curriculum focused on violence prevention skills and competencies can support
1314 the overall goal of preventing youth violence.

1315 In addition to statutory reporting mandates, all California school districts have mandated
1316 abuse and violence reporting policies and procedures in place. Teachers must follow
1317 mandated reporting laws. If you suspect or know a student is experiencing abuse,
1318 neglect, or violence, immediately file the necessary mandated report. After filing the

1319 mandated report, teachers should follow the school and district policies for next steps.
1320 For additional information, see the mandated reporting section of the Introduction
1321 chapter.

1322 There are many individual, familial, social, and community risk factors associated with
1323 youth violence including poor academic performance, low commitment to school, and
1324 school failure. No one factor causes youth violence. However, one clear protective
1325 factor is the engagement of teachers with their students. Schools that support an
1326 environment that does not tolerate aggression and bullying may have fewer incidences
1327 of violence (Lösel and Farrington 2012).

1328 School-based violence prevention programs that have proven to be ineffective include
1329 using scare tactics, peer-based education, and brief, content-only health education
1330 (Telljohann 2015). Effective standards-based safety instruction for the grades seven
1331 and eight should include active learning strategies and interactive teaching methods
1332 that are intellectually engaging, pique learners' curiosity, and provide ample social and
1333 physical learning opportunities (Edwards 2015; Telljohann 2015). Evidence-based
1334 instructional strategies provide the foundation for the instructional examples found in
1335 this chapter.

1336 Building on the safety, violence, and injury prevention content and applied practice
1337 students learned in sixth grade (6.2.1–2.3.S, Analyzing Influences; 6.4.1.S,
1338 Interpersonal Communication), students now further their knowledge and skills in this
1339 area by learning ways to prevent and reduce their risk of violence and injury and how to
1340 effectively address harassment should it occur. Though still standards-based, this
1341 section includes more methods- and strategies-based approaches versus content-
1342 specific lesson plans. Educators are encouraged to assess the unique climate and
1343 culture of their classes and communities versus implementing a “one size fits all”
1344 approach to the complex and multifaceted challenges of violence prevention.

1345 Provide students with opportunities to problem-solve and role-play various scenarios.
1346 One strategy may be to ask students to identify a recent conflict they viewed in a movie
1347 or on a television show. Working in small groups, students identify who the target of the

1348 conflict was and who started the conflict. If there were any bystanders or allies, what did
1349 they do? Who, if anyone, helped? Students provide solutions for how the conflict could
1350 have been avoided or positively resolved (7–8.1.1.–2.S, 7–8.1.5.S Essential Concepts).

1351 Students in grades seven and eight tend to first rely on themselves and their peers in
1352 times of need (Parent Toolkit 2017). Working in pairs or small groups, students create
1353 scenarios in which a student may need to seek the assistance of a trusted adult, family
1354 member, caretaker, counselor, or relative pertaining to a violence or injury. The student-
1355 created scenario is then given to another pair or group of students to brainstorm
1356 solutions. Students are asked to share their solutions including why they did or did not
1357 seek adult assistance. Students also discuss the positive experiences and challenges
1358 with each scenario. If students need ideas for their scenarios, the teacher can suggest
1359 examples: a student learns that another student has brought a gun to school and has
1360 the gun in their locker; a student learns that their friend is being harassed on social
1361 media by a group of students; or a student learns that his sibling has just joined a gang.
1362 This activity can also be applied using role playing of the student-created scenarios
1363 followed by a group discussion on the effectiveness and safeness of the actions taken
1364 (7–8.5.5.S, Decision Making; 7–8.7.2.S, Practicing Health-Enhancing Behaviors).

1365 Seventh and eighth grade students are particularly interested in activities such as
1366 sports, skateboarding, riding a bicycle or scooter, or being online and need guidance on
1367 how to safely participate in these activities. The National Center for Injury Prevention
1368 and Control under the CDC (2017d) reported that unintentional injury is the leading
1369 cause of death among youth 0 to 19 years of age in the United States. Motor vehicle
1370 crash injuries are the single leading cause of death for young people between the ages
1371 of 5 to 19. Some of the other leading causes of accidents and injuries for this age
1372 surround bicycle and pedestrian safety (CDC 2017). The National Safety Council has
1373 engaging presentations available online with examples of various injuries, including
1374 spider and snake bites, for students to view and analyze sources of information
1375 regarding injury and violence prevention (7–8.1.10–15.S, Essential Concepts; 7–
1376 8.3.1.S, Accessing Valid Information).

1377 Educating students about the warning signs of sudden cardiac arrest (SCA) and
1378 teaching them cardiopulmonary resuscitation (CPR) are two ways to connect students'
1379 interest in sports and recreational activities to health education. SCA is a potentially
1380 fatal heart condition that affects youth as well as adults. <byh>California state law
1381 requires certain protocol be followed each school year before a student participates in a
1382 school-sponsored athletic activity, which is defined as interscholastic athletics as
1383 governed by the California Interscholastic Federation (CIF), athletic contests or
1384 competition other than interscholastic athletics, cheerleading and noncompetitive
1385 cheerleading, club-sponsored sports activities and practices, interscholastic practices
1386 and scrimmages. For CIF activities, the school must collect and retain a copy of the
1387 sudden cardiac arrest information sheet required by the CIF for that pupil.<eyh>
1388 Information about the Eric Paredes Sudden Cardiac Arrest Prevention Act and
1389 resources related to SCA can be found on the CDE Eric Paredes Sudden Cardiac
1390 Arrest Prevention Act Web page and through the Eric Paredes Save A Life Foundation.

1391 Prompt initiation of cardiopulmonary resuscitation (CPR) by trained bystanders can
1392 double survival rates. Research confirms that schools are able to offer CPR to students
1393 despite time and budget constraints (Hoyme and Atkins 2017). *California Education*
1394 *Code* Section 51225.6 supports students learning hands-only (chest compressions-
1395 only) CPR at the high school level, but CPR training can be provided to students in
1396 grades seven and eight (7–8.1.10.S, Essential Concepts; 7–8.7.1.S, Practicing Health-
1397 Enhancing Behaviors). Schools and districts should consider providing funding for this
1398 potentially life-saving instruction. Local chapters of such organizations as the American
1399 Red Cross, the American Heart Association, local emergency medical service providers,
1400 or credentialed school nurses that may be able to provide hands-only CPR training at
1401 no or low cost. Students should be encouraged to obtain their First Aid/CPR or
1402 babysitting safety certification that includes CPR certification.

1403 Injury Prevention and Safety Learning Activities

1404 **Essential Concepts:** 7–8.1.5.S Explain how violence, aggression, bullying, and
1405 harassment affect health and safety.

1406 **Essential Concepts: 7–8.1.6.S** Identify trusted adults to whom school or community
1407 violence should be reported.

1408 **Accessing Valid Information: 7–8.3.1.S** Analyze sources of information regarding
1409 injury and violence prevention.

1410 **Interpersonal Communication: 7–8.4.1.S** Report to a trusted adult situations that
1411 could lead to injury or harm.

1412 Policy Practice

1413 Working in small groups, students investigate their school's or district's policy on
1414 harassment. Students compare and contrast their findings with one another, writing one
1415 document that outlines the policies. The policies can then be displayed in the
1416 classroom. Invite a school administrator to speak to your class about why and how the
1417 policy was established and how to report encountered harassment in a positive, non-
1418 punitive approach. As an extension of this assignment, students propose additions to
1419 the school policy.

1420 **Essential Concepts: 7–8.1.5.S** Explain how violence, aggression, bullying, and
1421 harassment affect health and safety.

1422 **Decision Making: 7–8.5.4.S** Evaluate why some students are bullies.

1423 **Decision Making: 7–8.5.5.S** Apply decision-making or problem-solving steps to
1424 hypothetical situations involving assault and intimidation, including sexual harassment.

1425 Bravery Line

1426 Using hypothetical scenarios on bullying or harassment that students write and create,
1427 students walk to a designated area of tape across the room that displays, *a high amount*
1428 *of bravery* on one side of the room and *minimal bravery* on the other. Students listen to
1429 various scenarios such as: Telling your friends to stop teasing a student who sits alone
1430 at lunch, helping other students resolve a conflict, or a student sharing they are gay.
1431 Students walk to the area along the tape where they feel requires more or less bravery.

1432 Students then write a reflective paper on why bullying may occur and why respectful,
1433 inclusive behavior of others is always necessary.

1434 **Analyzing Influences:** 7–8-2.2.S Evaluate individual, group, and societal influences
1435 that promote cooperation and respectful behaviors and those that promote violence and
1436 disrespectful behaviors.

1437 Photovoice

1438 Students explore external and internal influences related to violence including media
1439 and social media, family, guardian, caretaker, friends, culture, and their own values and
1440 beliefs by creating photos for display using a software or poster format. Students write a
1441 one-sentence title and a short summary for each photo. Ideally the students showcase
1442 eight to ten photos. Students present their photovoice project to their peers. For more
1443 information and resources, search online for *photovoice*.

1444 **Interpersonal Communication:** 7–8.4.5.S Describe characteristics of effective
1445 communication.

1446 **Interpersonal Communication:** 7–8.4.6.S Differentiate between passive, aggressive,
1447 and assertive communication.

1448 Conflict Resolution

1449 After interviewing a trusted adult regarding the adult’s experience positively resolving
1450 conflicts, students reflect and share how conflicts are resolved by writing their findings in
1451 a report or participating in a discussion. Unique cultural practices can be highlighted.

1452 **Essential Concepts:** 7–8.1.10.S Identify basic safety guidelines for emergencies and
1453 natural disasters.

1454 **Goal Setting:** 7–8.6.2.S Create a personal-safety plan.

1455 Safety Assessors

1456 Working in pairs, students assess the safety of their campus environment by recording
1457 or listing safety hazards they observe on campus. Students then create a master list of
1458 campus hazards and the best ways to address such hazards. Students complete the
1459 activity by writing a letter to the principal describing the issues and offering possible
1460 solutions. The letters are shared with the principal who is invited to come speak to the
1461 class regarding campus safety concerns. Students create a personal safety plan using
1462 valid and reliable resources. Students can also assess their local community near
1463 school and create a corresponding personal-safety plan.

1464 **Health Promotion:** 7–8.8.1–3.S Support changes to promote safety in the home, at
1465 school, and in the community.

1466 **Health Promotion:** 7–8.8.2.S Design a campaign for preventing violence, aggression,
1467 bullying, and harassment.

1468 **Health Promotion:** 7–8.8.3.S Demonstrate the ability to influence others' safety
1469 behaviors (e.g., wearing bicycle helmets and seat belts).

1470 National Youth Violence Prevention Week

1471 Youth Violence Prevention Week is in April. Organizations such as Students Against
1472 Violence Everywhere have many resources and teaching strategies to implement an
1473 awareness event on campus. Offer students a choice of activities, projects, or events to
1474 address youth violence that can be shared with the school or larger community.

1475 **Essential Concepts:** 7–8.1.9.S Describe the behavioral and environmental factors
1476 associated with major causes of death in the United States.

1477 **Accessing Valid Information:** 7–8.3.1.S Analyze sources of information regarding
1478 injury and violence prevention.

1479 YRBSS Detectives

1480 Using the CDC's Youth Risk Behavior Surveillance System (YRBSS), students access
1481 the top unintentional injuries that occur among students their age. Students may also

1482 compare and contrast California injury rates with national injury rates for adolescents.
1483 Students present the information in a creative way such as using an infographic to
1484 educate their peers. Students write a summary of the infographic to explain the data
1485 being presented.

1486 <byh> **Analyzing Health Influences 7-8.1.15.S:** Explain ways to reduce the risk of
1487 injuries (including oral injuries) that can occur during sports and recreational activities.
1488 **Cardiac Risk Assessment**

1489 Sudden cardiac arrest occurs from a heart condition that is often undiagnosed because
1490 youth don't necessarily recognize the warning signs of a potential heart condition. Or
1491 students may not want to feel differently, feel left behind because they can't keep up, or
1492 jeopardize play time if they complain about not feeling well. Teaching students to
1493 advocate for themselves is an essential component of health literacy. Have students
1494 compete a cardiac risk assessment to review the warning signs and family risk factors.
1495 The form can also be taken home and shared with parents who can help youth assess
1496 family history of heart conditions. Warning signs and risk factors are on the Sudden
1497 Cardiac Arrest Information Sheet required by the Eric Paredes Sudden Cardiac Arrest
1498 Prevention Act noted above and cardiac risk assessment forms can be found through
1499 the California Interscholastic Federation and the Eric Paredes Save A Life
1500 Foundation.<eyh>

1501

1502 **Accessing Valid Information:** 7–8.3.1.S Analyze sources of information regarding
1503 injury and violence prevention.

1504 Safety Video Vignettes

1505 Using in-class technology, working in pairs or small groups, students film short video
1506 vignettes on an identified safety or injury topic. Students write the educational video
1507 vignette script after researching valid and medically accurate content online. Consider
1508 seasonal themes in June, before the summer break, featuring the importance of sun
1509 protection, preventing heat exhaustion, or fireworks safety even though school may not
1510 be in session in July. Health education presented on fireworks safety before New Year’s
1511 Eve could be very timely and useful for preventing common injuries.

1512 **Health Promotion:** 7–8.8.3.S Demonstrate the ability to influence others’ safety
1513 behaviors (e.g., wearing bicycle helmets and seat belts).

1514 Safety Song

1515 In pairs or small groups, students create an injury prevention song on various safety
1516 topics. Students may want to share their song by presenting to other classes, at a Back-
1517 to-School night, in the school’s talent show, or via a recording posted on the school’s
1518 Web site.

1519 **Interpersonal Communication:** 7–8.4.2.S Use communication and refusal skills to
1520 avoid violence, gang involvement, and risky situations.

1521 **Interpersonal Communication:** 7–8.4.6.S Differentiate between passive, aggressive,
1522 and assertive communication.

1523 I Choose Refuse

1524 Substances such as alcohol or other drugs are often involved with accidents. Using a
1525 decision-making approach to a case study, students practice negotiation and refusal

1526 skills for various scenarios such as when someone who is drinking asks the student to
1527 get in the car they are driving or if a friend offers someone marijuana while they are
1528 skateboarding. Students differentiate between passive, aggressive, and assertive
1529 communication.

1530 **Interpersonal Communication:** 7–8.4.2.S Use communication and refusal skills to
1531 avoid violence, gang involvement, and risky situations.

1532 Safety Improv

1533 Using an improvisational performance model of stop and start (where students who are
1534 not on stage call out to the performing student to “stop” as they then take the performing
1535 student’s place and transition to a different performance based on the action of the
1536 student). For example, one student may be acting like they are skateboarding. Another
1537 student yells out, “stop” and takes the exact position of the student performing and then
1538 pretends they are surfing. Students act out various safety and injury prevention or
1539 response scenarios suggested by the students watching the improvisation until all
1540 students have had a chance to perform. Appropriate humor can be incorporated to
1541 make the activity engaging.

1542 **Essential Concepts:** 7–8.1.10.S Identify basic safety guidelines for emergencies and
1543 natural disasters.

1544 Safety PSA

1545 Students work together in pairs or small groups to research, write, and create a safety
1546 or injury prevention public service announcement (PSA) or commercial. Consider
1547 recording the PSAs or commercials depending on the classroom technology. Invite the
1548 theater arts or journalism teachers and students to collaborate on this project.

1549 **Health Promotion:** 7–8.8.1–3.S Support changes to promote safety in the home, at
1550 school, and in the community.

1551 **Health Promotion:** 7–8.8.2.S Design a campaign for preventing violence, aggression,
1552 bullying, and harassment.

1553 **Health Promotion: 7–8.8.3.S** Demonstrate the ability to influence others' safety
1554 behaviors (e.g., wearing bicycle helmets and seat belts).

1555 Student Safety Council

1556 Students create a campus-wide student safety council for campus-based advocacy and
1557 awareness. The safety council can be a subsidiary of the student council or other
1558 student leadership body. The goal of the student safety council is to promote student
1559 safety and wellbeing.

1560 **Partnering with your school:** No Name Calling Week occurs every January around
1561 the Martin Luther King, Jr., holiday and is inspired by the young adult novel *The Misfits*
1562 by James Howe. The story highlights the struggles of four students trying to survive
1563 seventh grade while being taunted for their height, weight, intelligence, sexual
1564 orientation, or gender identity. Consider hosting a student-led campus-wide No Name
1565 Calling week at your school to address bullying and harassment. Visit the No Name
1566 Calling week Web site for inspiration, lesson plans, and resources. The school teacher
1567 librarian or media center staff may create a book display on this topic with input from
1568 students on book selection (7–8.8.2.S, Health Promotion).

1569 **Partnering with your community:** Students develop a collective list of activities they
1570 are interested in or careers they may aspire to and draft invitation letters to contacts at
1571 local agencies. Some examples of individuals who can come to the class or the school
1572 as a guest speaker are an emergency physician, an emergency nurse, someone from
1573 the cybercrimes unit of a police department, an environmental health specialist, a health
1574 inspector, or someone from the local news station who can speak about how the media
1575 (and social media) cover accidents or injuries. Students write career aspiration papers
1576 based on the speaker's content (7–8.7.1.S, 7–8.8.1.S, 7–8.1.10.S, Essential Concepts).

1577 **Partnering with the family:** Working with their parent, guardian, caretaker, or other
1578 trusted adult, students discover possible home safety issues by using select items or
1579 sections from the CDC's "Healthy Housing Manual" to assess the health and safety of
1580 their home and environment. Parents who speak languages other than English may
1581 need the manual translated into those languages (ensure translation accuracy). From

1582 this home-safety assessment, students and their families can create a personal or
1583 family safety plan (7–8.1.10.S, Essential Concepts; 7–8.3.1.S, Accessing Valid
1584 Information; 7–8.6.2.S, Goal Setting).

1585 **Alcohol, Tobacco, and Other Drugs (A)**

1586 Promoting an alcohol, tobacco, and other drugs (ATOD)-free lifestyle is as rewarding as
1587 it is challenging. Seventh and eighth grade is an opportune time for students to learn the
1588 benefits that can occur from responsible decision-making. For example, students can
1589 investigate the long-term healthcare costs of using ATOD and appreciate the cost
1590 savings of an ATOD-free lifestyle. Though it may seem like a time when peer, media,
1591 and social media influence, adventurous behaviors, and high-risk environments
1592 abound—positive influences and practices are also making a positive impact (Pew
1593 Research Center 2015, Wood, 2007). Health education teachers play an important role
1594 in ATOD prevention education for students, but also as a significant role model. The
1595 complex issue of substance abuse prevention and substance use requires a
1596 comprehensive community approach, of which schools play a critical role in awareness
1597 and prevention efforts (CDC 2017a).

1598 Grades seven and eight are an important time for ATOD prevention as research reveals
1599 that some students this age are trying substances for the first time and consuming them
1600 more regularly than in late elementary years. It is also important to recognize that many
1601 students are not experimenting or engaging in ATOD use. Results of a national Pride
1602 Survey from International Survey Associates (2014) show that student's ATOD use
1603 increases in middle grades when compared to late elementary. For example, annual
1604 consumption of alcohol increases significantly from only 3.6 percent for students in
1605 grades four to six to 21.4 percent for students in grades six to eight. Annual marijuana
1606 use also increases from late elementary (0.5 percent) to middle grades (6.4 percent).
1607 The CDC reports (2017) that opioid use and deaths due to overdose from opioids are
1608 increasing in the U.S. Prescription medications, including opioids, are some of the most
1609 commonly misused drugs by adolescents, after tobacco, alcohol, and marijuana.
1610 Specific to California, results from the California Healthy Kids Survey (CHKS) (2015)
1611 confirm seventh grade is a particularly important year as students who report smoking

1612 tobacco (4.2 percent) are more likely to use alcohol and other drugs and engage in
1613 high-risk behavior such as gang involvement; seventh graders who use ATOD are also
1614 more likely to report school disengagement. Usage of substances almost doubles by
1615 ninth grade, making seventh and eighth grade a critical time for prevention education.

1616 Substance use costs our nation billions of dollars annually. Research confirms a
1617 positive correlation with underage substance use and misuse to poor academic
1618 performance, academic failure beginning in late elementary grades, low school
1619 attendance and lack of school commitment, and low high school completion rates
1620 (Substance Abuse and Mental Health Services Administration [SAMHSA] 2017).

1621 Adolescents at high-risk for engaging in substance use may exhibit more rebellious,
1622 antisocial tendencies, and a multitude of behavioral high-risk factors. Young people
1623 report many reasons for using ATOD including to have fun, relax, forget troubles, feel
1624 better, look cool, and to deal with the stress and pressures of school. Peer pressure
1625 along with external and internal influences and pressures may place youth at an
1626 increased risk for trying substances for the first time (CDC 2017a).

1627 Building on the foundational ATOD competencies students were introduced to in sixth
1628 grade, students continue to apply standards-based competencies. Instruction is
1629 evidence- and theory-based in hopes of preparing seventh and eighth grade students
1630 with the knowledge, skills, attitudes, and behaviors to choose and maintain a drug-free
1631 life. Other content areas such as physical activity as a healthy alternative to ATOD use;
1632 healthy coping behaviors in lieu of ATOD use (mental, emotional, and social health); or
1633 injury prevention and its connection with ATOD should be integrated into instruction
1634 when appropriate. Information is also provided to educate students on the effects of
1635 different drugs and how to reduce harms associated with their use including, but not
1636 limited to, remaining alcohol and drug free.

1637 Role-playing and case studies approaches are effective for learning about ATOD
1638 because they engage students' interest and elicit skill application. Students can
1639 problem-solve various solutions to different scenarios involving ATOD. Responsible
1640 decision-making can be applied. For example, students practice refusal skills in a
1641 scenario where they are offered a tobacco product, a ride home from someone who has

1642 been drinking, or a friend’s prescription drug taken from a parent’s medicine cabinet.
1643 Students learn that they should never take prescription drugs or pills from a friend; they
1644 should only use drugs prescribed to them by a doctor or other healthcare provider with
1645 supervised administration by a parent, guardian, or caretaker due to the possibility of
1646 serious or harmful consequences. Students may also be advised that even drugs used
1647 as prescribed, especially prescription opiates, can be highly addictive and can lead to a
1648 possibly fatal overdose. Students can also role-play what they would do if they were at a
1649 party where people are drinking and using drugs. Students this age want to maintain
1650 their image of being “cool” to their peers. Image management is an important topic to
1651 discuss with middle grades students who are concerned with both their in-person and
1652 online image. Interwoven in the role-playing are ways students can use assertive refusal
1653 skills but not lose their “coolness factor.” Solutions such as contacting a parent or
1654 trusted adult are important to include (7–8.2.1.A, 7–8.2.3.A, Analyzing Influences; 7–
1655 8.4.1.A, Interpersonal Communication; 7–8.5.1.A Decision Making).

1656 Originating from drug use and HIV prevention, harm reduction can provide a
1657 foundational methodology for teaching a variety of issues including ATOD. Harm
1658 reduction applies a practice, program, and policy approach. Recognizing students may
1659 engage in high-risk behaviors, it is important for them to have strategies and skills to
1660 mitigate harm from unsafe behaviors. Approaching these topics from a realistic
1661 perspective can be useful for students who are developing a more complex set of
1662 decision-making skills. Students can research harm reduction models online in
1663 preparation for a teacher-led discussion on harm reduction. Students discuss how
1664 effective, sustained behavior change occurs incrementally over time and meets the
1665 individual where they are at in the behavior-change process. Students analyze internal
1666 and peer influences that affect the use and abuse of alcohol and other drugs by
1667 exploring specific risks and harms associated with use, what causes the risk and harms,
1668 and what can be done to reduce the risk and harms of various ATOD substances
1669 including drug overdose (Harm Reduction International, 2017) (7–8.1.1.A, 7–8.1.8.A,
1670 Essential Concepts; 7–8.2.1.A, 7–8.2.3.A, Analyzing Influences; 7–8.4.1.A,
1671 Interpersonal Communications; 7–8.5.1.A, Decision-Making; 7–8.7.1.A, Practicing
1672 Health-Enhancing Behaviors). Students identify and practice positive alternatives and

1673 coping strategies when ATOD use occurs in a group setting. Additional learning
1674 activities can be found following the classroom example.

1675 Classroom Example: Consequences of Using ATOD

1676 **Purpose of the Lesson:** Students are learning that their actions have consequences
1677 and are still developing competencies in this area. Through interactive scenarios,
1678 students learn the many consequences of choosing to use ATOD.

1679 **Standards:**

- 1680 • 7–8.1.1.A Describe the harmful short- and long-term effects of alcohol, tobacco, and
1681 other drugs, including steroids, performance-enhancing drugs and inhalants (Essential
1682 Concepts).
- 1683 • 7–8.1.2.A (Describe the relationship between using alcohol, tobacco, and other drugs
1684 and engaging in other risky behaviors (Essential Concepts).
- 1685 • 7–8.1.6.A Explain the short- and long-term consequences of using alcohol and other
1686 drugs to cope with problems (Essential Concepts).

1687 **Supplies:**

1688 Several pieces of very large paper

1689 Round tables or tables organized so there are at least three tables for group discussion

1690 Students in Mr. D's health class are highly interested in what they are learning regarding
1691 alcohol, tobacco, and other drugs. Through a variety of learning strategies, they have
1692 learned about some of the short- and long-term risks of using ATOD. Mr. D would now
1693 like students to describe the short- and long-term effects of using ATOD, as well as the
1694 relationship between using ATOD and other risky behaviors, and explore some of the
1695 consequences of using ATOD.

1696 To prepare for this activity, Mr. D asks the students to count off (1, 2, 3) and are
1697 assigned to groups according to their number. Students in Group 1 research a current
1698 event, ideally involving someone close to the student's age who misused ATOD and

1699 experienced consequences associated with the usage. An example may be a teen
1700 arrested for driving under the influence and involved in a motor vehicle crash. Students
1701 in Group 2 are asked to each write hypothetical scenarios of someone misusing ATOD
1702 and a situation that could occur as a result. An example may be an eighth grade student
1703 being suspended for smoking on school property. Students in Group 3 are asked to
1704 write a short description of a film or television show where someone is depicted using
1705 ATOD and how their lives have changed because of ATOD use. Students exchange
1706 their scenarios with other groups. They then discuss how their lives would change in the
1707 various ATOD scenarios and explore how the situation could have had a different
1708 outcome if different decisions had been made. They also investigate the laws and
1709 consequences of violations (for example, fines or criminal records) associated with their
1710 respective scenarios. Mr. D is pleased to learn students identified insightful ways their
1711 life would be impacted as a result of the scenarios presented and how to prevent
1712 scenarios from occurring. As a culminating activity, Mr. D asks students to complete
1713 individual reflection summaries.

1714 Alcohol, Tobacco, and Other Drugs (ATOD) Learning Activities

1715 **Essential Concepts:** 7–8.1.7.A Explain why most youths do not use alcohol, tobacco,
1716 or other drugs.

1717 “Everyone is doing it...”

1718 Students predict what the state of California and national percentage rates are for
1719 underage drinking and using marijuana, tobacco <byh>products, and electronic
1720 smoking devices (ESD)<eyh> by youth in their age group. Students’ data predictions
1721 are captured on the white board or an electronic software program and projected for all
1722 students to see. Working in pairs, students investigate, compare, and analyze the actual
1723 rates of various ATOD behaviors using the CDC’s YRBSS for California and the
1724 California Healthy Kids Survey data available online. Students learn that most other
1725 adolescents their age are “not doing it.” A continuation of this activity, students write a
1726 research paper on a substance and incorporate evidence-based recommended
1727 prevention strategies

1728 **Essential Concepts:** 7–8.1.1.A Describe the harmful short- and long-term effects of
1729 alcohol, tobacco, and other drugs, including steroids, performance-enhancing drugs and
1730 inhalants.

1731 **Essential Concepts:** 7–8.1.2.A Describe the relationship between using alcohol,
1732 tobacco, and other drugs and engaging in other risky behaviors.

1733 **Essential Concepts:** 7–8.1.3.A Explain the dangers of drug dependence and addiction.

1734 **Essential Concepts:** 7–8.1.4.A Describe the consequences of using alcohol, tobacco,
1735 and other drugs during pregnancy, including fetal alcohol spectrum disorders.

1736 Debate

1737 Students can debate or write a persuasive essay on various ATOD topics such as
1738 should performance-enhancing drugs be legal; the pros and cons of legalized
1739 marijuana; should alcohol use or advertising be banned from television commercials,
1740 films, or popular media and social media; <byh>or present arguments on the benefits to
1741 banning the sale of tobacco products to those born after a certain year.<eyh> Students
1742 research valid and reliable resources online finding evidence for or evidence against
1743 their topic. If your school has a debate club, consider inviting a debate club leader as a
1744 guest speaker to share the principles of debating.

1745 **Essential Concepts:** 7–8.1.1.A Describe the harmful short- and long-term effects of
1746 alcohol, tobacco, and other drugs, including steroids, performance-enhancing drugs and
1747 inhalants.

1748 Fact or Fiction

1749 Using fact or fiction stickers that are made in advance, students indicate what they think
1750 is a fact or fiction about alcohol, tobacco products, or popular drugs such as marijuana,
1751 inhalants, or opioid-based prescription drugs used illicitly, in response to various
1752 statements or statistics posted around the room or displayed on large paper or poster
1753 board. Teachers correct any misinformation. As a group, students discuss the facts.

1754 Students can then be provided with a reflection document listing items such as, *I was*
1755 *surprised to learn... I did know that...* and *In the future, I...* to complete individually.
1756 (Resources may be found at the Harm Reduction Coalition and the Drug Policy
1757 Alliance.)

1758 **Practicing Health-Enhancing Behaviors:** 7–8.7.1.A Use a variety of effective coping
1759 strategies when there is alcohol, tobacco, or other drug use in group situations.

1760 **Practicing Health-Enhancing Behaviors:** 7–8.7.2.A Practice positive alternatives to
1761 the use of alcohol, tobacco, and other drugs.

1762 Photovoice

1763 Working in pairs or small groups, students showcase positive alternatives to using
1764 ATOD and positive coping strategies and refusal techniques when offered ATOD by
1765 creating photos for display using software or a poster format. Students write one-
1766 sentence captions describing each photo. Ideally the students showcase eight to ten
1767 photos. Students present their photovoice project to their peers. For more information
1768 and resources search online for *photovoice*.

1769 **Analyzing Influences:** 7–8.2.2.A Evaluate the influence of marketing and advertising
1770 techniques and how they affect alcohol, tobacco, and other drug use and abuse.

1771 Truth in Advertising?

1772 Working in small groups, students create picture collages from magazine
1773 advertisements or printed online samples of <byh>how alcohol<eyh> advertising
1774 attempts to influence young consumers (attempting to recruit lifelong customers). What
1775 do the students notice in the advertisements? Why are some ads more effective than
1776 others? Students then investigate the negative effects of drinking by researching the
1777 topics online. Students add two to three statistics on the negative effects of drinking to
1778 their collages and present their collages in class to their peers (adapted from Telljohann
1779 et al. 2015).

1780 **Essential Concepts:** 7–8.1.1.A Describe the harmful short- and long-term effects of
1781 alcohol, tobacco, and other drugs, including steroids, performance-enhancing drugs and
1782 inhalants.

1783 **Health Promotion:** 7–8.8.1.A Participate in school and community efforts to promote a
1784 drug-free lifestyle.

1785 ATOD Journalists

1786 Working with the school newspaper and/or independently to create a class magazine,
1787 students are assigned to research drug-related topics or categories of drugs (e.g.,
1788 prescription opioid-based drugs, marijuana, hallucinogens, sedatives, or narcotics).

1789 Working in small groups, students research various aspects of the drug including the
1790 name, short-and long-term effects on the body, reasons not to use the substance, and
1791 treatment. Each group writes a newspaper or magazine article on their assigned topic.

1792 A special issue of the student-created magazine can be distributed to the entire school.

1793 Special events such as National Drug and Alcohol Facts Week (usually the last week of
1794 January) or SAMHSA’s National Prevention Week in May can be used as a story lead

1795 in. In addition, students could create a fictitious cartoon strip or short animated video for
1796 the student newspaper or Web site showing two friends who, despite many temptations,

1797 choose an ATOD-free lifestyle. Each month their story unfolds in the cartoon strip or
1798 short animated video.

1799 **Health Promotion:** 7–8.8.1.A Participate in school and community efforts to promote a
1800 drug-free lifestyle.

1801 ATOD Campus Health Campaign

1802 See the Nutrition and Physical Activity Classroom Example for strategies that can be
1803 applied to ATOD content. Web sites such as Tobacco Free Kids have resources for
1804 school events.

1805 **Health Promotion:** 7–8.8.1.A Participate in school and community efforts to promote a
1806 drug-free lifestyle.

1807 Animated PSA

1808 Using a free digital program, students write and create an animated PSA or children’s

1809 book on the health effects of various ATOD products and ways to remain ATOD free.

1810 The activity can be further developed by having students present to local elementary

1811 school students or featuring the PSA or children’s book on the school’s Web site.

1812 (This activity also supports <bbh>CA CCSS for ELA/Literacy in writing <ebh> for

1813 different audiences.)

1814 **Essential Concepts:** 7–8.1.1.A Participate in school and community efforts to promote

1815 a drug-free lifestyle.

1816 A High Price to Pay

1817 Students calculate the monthly cost of smoking a pack or two packs of cigarettes a day

1818 or equipment costs and supplies for using <byh>electronic smoking devices

1819 (ESDs).<eyh> Then calculate the cost for 5, 10, and 20 years. Health education

1820 teachers can collaborate with mathematics teachers to make this an interdisciplinary

1821 activity. Through their research, students learn that smoking places one at risk for

1822 certain cancers, heart disease and stroke, emphysema, and chronic obstructive

1823 pulmonary disorder among other diseases and conditions. Students research and report

1824 on the personal healthcare cost and costs to society for medical care related to

1825 smoking. While the cost of smoking can be measured, students may realize that the

1826 diminished quality of life and loss of life due to smoking is immeasurable.

1827 **Goal Setting:** 7–8.6.1.A Develop short- and long-term goals to remain drug-free.

1828 ATOD Free

1829 Students enjoy learning about various ATOD issues from a guest speaker such as a

1830 police officer speaking about driving-under-the-influence checkpoints, local ATOD laws,

1831 and arrests; a drug counselor from a local treatment center; or someone who used

1832 ATOD prior but is now ATOD-free. Students can submit anonymous questions on index

1833 cards for the guest speaker ahead of time. This approach encourages more shy or
1834 reserved students to be engaged. Following the speaker's presentation, students reflect
1835 upon and journal their personal goals and life plan to remain ATOD-free. Some items
1836 included on their ATOD-Free Life Plan may be, *Being ATOD-free is important to me*
1837 *because...*, *Positive influences that keep me ATOD-free are...*, *What challenges may I*
1838 *face in trying to remain drug free?*

1839

1840 **Interpersonal Communication:** 7–8.4.1.A Use effective refusal and negotiation skills
1841 to avoid risky situations, especially where alcohol, tobacco, and other drugs are being
1842 used.

1843 Refusal Skills Practice

1844 Students use effective refusal and negotiation skills to avoid risky situations where
1845 alcohol, tobacco, and other drugs are being used. Students demonstrate basic
1846 assertiveness and refusal skill techniques to avoid ATOD use in a role play setting. The
1847 teacher first lists the steps in assertive communication: (1) Know your limits; (2) Make
1848 eye contact; (3) State the issue, for example, “I hear you saying you want me to drink
1849 this;” (4) State the consequence, for example, “If I drink beer, I won’t do well in the
1850 game tomorrow,” and (5) Provide an alternative. An example may be “Let’s go dance.”

1851 The teacher models the steps twice with a student volunteer who provides pressure to
1852 use ATOD in a scripted role play. Teacher performs a quick check for understanding
1853 among students on the steps. Students practice this in groups of four with one student
1854 is refuting peer pressure, two students providing the pressure, and one student
1855 providing peer feedback. Teachers should give students at least three scripted role
1856 plays to practice. The evaluation of student learning is achieved by having students
1857 perform the role play with teacher evaluation. Teachers are encouraged to obtain
1858 feedback from students on their confidence to apply this in their actual lives.

1859 **Partnering with your school:** As part of your campus ATOD health campaign, ask the
1860 teacher librarian to acquire and showcase in the school library books that address
1861 ATOD among youth such as *I’ve Got This Friend Who: Advice for Teens and Their*
1862 *Friends on Alcohol, Drugs, Eating Disorders, Risky Behaviors and More* by KidsPeace
1863 and Anna Radev (2007) and *On the Rocks: Teens and Alcohol* by Franklin Watts
1864 (2007). Encourage students to convene a discussion group or book club focused on
1865 health-related issues (7–8.8.1.A, Health Promotion).

1866 **Partnering with your community:** Encourage students to become familiar with local
1867 efforts to enforce tobacco and drinking laws regarding minors. Students can learn what
1868 local agencies, such as the county public health office and community-based
1869 organizations, do to serve those with ATOD issues in the community (7–8.8.1.A, Health
1870 Promotion).

1871 **Partnering with the family:** Students can share health education information on ATOD
1872 obtained in class with their parents, guardians, and caretakers. Students can begin to
1873 dialogue with their parents, guardians, and caretakers on their views on ATOD and their
1874 rules or expectations for their child regarding ATOD. Students can discuss with parents,
1875 guardians, and caretakers cultural traditions that involve ATOD and at what age it is
1876 considered culturally appropriate for young people to participate in these traditions (7–
1877 8.8.1.A, Health Promotion).

1878 **Mental, Emotional, and Social Health (M)**

1879 Most students in middle grades are experiencing emotional and physical changes
1880 brought on by the onset of puberty. Some seventh and eighth grade students can seem
1881 “moody” as they experience the many physiological changes their bodies are going
1882 through. Students may enjoy peer groups, courses, activities or clubs they did not
1883 consider when they were younger (Collaborative for Academic, Social, and Emotional
1884 Learning [CASEL] 2015). As a health education teacher, administrator, or other
1885 educator, you are in a unique role to support and encourage your students during a
1886 physically and emotionally challenging time. At this age, students are feeling many
1887 emotions but may not realize how these emotions impact their behavior. Building self-
1888 awareness through standards-based instruction on mental, emotional, and social health
1889 can foster academic success and emotional wellbeing for a lifetime. Learning activities
1890 that include goal setting assist students in self-discovery of their strengths and can be
1891 particularly important at this juncture.

1892 Research confirms mental health conditions are increasing among youth with estimates
1893 that one in five-to-ten children have a serious mental health issue with only a third
1894 receiving treatment (National Institute of Mental Health 2016). Mental health conditions

1895 are considered by some as the most pervasive chronic disease effecting 20 percent of
1896 students each year. Over \$250 billion is spent annually on childhood mental health
1897 conditions including anxiety disorders, attention deficit hyperactivity disorder (ADHD),
1898 autism spectrum disorders, bipolar disorder, borderline personality disorder, depression,
1899 eating disorders, and childhood-onset schizophrenia. Nationally, suicide is the second
1900 leading cause of death among adolescents aged 12 to 17 years old and the leading
1901 cause of death for children under 14 (CDC 2017) It is the third leading cause of death
1902 among California youth (KidsData 2016). The suicide rate among young people ages 10
1903 to 14 has been steadily rising, and doubled in the U.S. from 2007 to 2014 (CDC 2017).
1904 Some groups such as LGBTQ+ students are at higher risk for mental health issues
1905 including suicide. Major depressive episodes increased 37 percent among adolescents
1906 from 2005–2014 (Mojtabai, Olfson, and Han 2016).

1907 There are many resources available to assist teachers in providing instruction on
1908 suicide awareness and prevention, which can be a difficult topic to teach. Districts are
1909 responsible for providing teachers and other district and school personnel the tools to
1910 recognize and respond to warning signs as well as guidance on what to do or say when
1911 a student needs help. Schools are required under *EC* Section 215 to adopt a policy on
1912 suicide prevention, intervention, and postvention. The policy must address suicide
1913 awareness and prevention training for teachers. The CDE Model Youth Suicide
1914 Prevention Policy and other resources are available on the CDE Mental Health and
1915 Youth Suicide Prevention Web pages. The American Foundation for Suicide Prevention,
1916 National Alliance for Mental Health, and California Mental Health Services Agency also
1917 provide resources for schools.

1918 The National Association of School Psychologists identifies the following mental health
1919 issues experienced by students that negatively impact their academic performance and
1920 success.

1921 Mental Health Issues of Adolescent Students

- | | |
|------|-----------------------------------|
| 1922 | • Stress and anxiety |
| 1923 | • Problems with family or friends |

- 1924 • Disabilities
- 1925 • Thoughts of suicide or of hurting others
- 1926 • Academic difficulties
- 1927 • Worries about being bullied
- 1928 • Loneliness or rejection
- 1929 • Depression
- 1930 • Concerns about sexuality and gender identity
- 1931 • Alcohol and substance abuse
- 1932 • Fear of violence, terrorism, and war
- 1933 • Fear of being harassed or deported due to their immigration status

1934 Source: National Association of School Psychologists (2015)

1935 Research conducted by the CASEL (2015) confirmed that academic performance
1936 improves when a school's curriculum includes teaching students how to manage their
1937 stress and emotions and to practice empathy and caring behaviors. Educators, school
1938 counselors, and administrators play an important role in navigating students to
1939 appropriate services and referrals within the school setting. Establishing a caring,
1940 respectful, inclusive, and compassionate classroom and school climate sets the
1941 foundation for many of the standards-based instructional strategies covered under this
1942 content area and entire chapter.

1943 Building on mental, emotional, and social health content learned in grade six, students
1944 continue to apply standards-based competencies for positive mental health practices. At
1945 this age, students typically begin to understand what causes them stress. This becomes
1946 an opportune time to teach stress management. A standards-based instructional
1947 strategy for stress management is a weekly check-in activity that encourages students
1948 to monitor personal stressors and assesses healthy techniques for managing them (7–
1949 8.5.2.M). Educators should assess their classroom culture and climate for the
1950 appropriateness of this activity. Assure students they are in a safe environment and, if
1951 necessary, remind them of the expectations for a safe environment. Sitting in a circle,
1952 students pass an object such as a plush animal, figurine, or stress ball to discuss how

1953 their week is going. Students can begin with sharing how stressed they are feeling from
1954 a scale of one to ten, with ten being very stressed, and one being not stressed at all.
1955 Students should be reminded that while this classroom is a safe place, they do not have
1956 to discuss their feelings if it would be uncomfortable. Students are encouraged to
1957 provide more than one-word responses. If it seems as though students do not feel
1958 comfortable at first, begin the activity with recounting an event that happened in the past
1959 (e.g., the first day of school) and building each week from there. Students learn coping
1960 mechanisms for stress management from their peers and teacher and are encouraged
1961 to identify goals for handling stress in healthy ways such as meditation; talking about
1962 your problems or worries to a trusted adult; or exercise such as running, swimming, or
1963 hiking in local natural areas and parks (7–8.6.1.M, Goal Setting; 7–8.7.1.M; Practicing
1964 Health-Enhancing Behaviors).

1965 Students learn to monitor personal stressors and assesses healthy techniques for
1966 managing them by creating a personal stress management toolbox. Students decorate
1967 and personalize a box, such as a shoe box, on the outside and even the inside.
1968 Students place items or pictures of items that they identify as helping them relieve or
1969 cope with their stress or anxiety. Students can add or remove items as their stressors
1970 change (7–8.5.2.M, Decision Making; 7–8.7.1.M, Practicing Health-Enhancing
1971 Behaviors). For more advanced competencies, students research a self-selected topic
1972 covered in this content area and incorporate corresponding grade level data from the
1973 California Healthy Kids Survey. The research projects include recommendations on how
1974 middle grades students can adopt healthy coping strategies or seek help if personal
1975 stress management techniques are not effective (7–8.3.1.M; Accessing Valid
1976 Information).

1977 Role-playing and case studies approaches are effective for learning mental health
1978 content as they engage the interest of students and elicit skill application. After learning
1979 about warning signs and symptoms, students can problem-solve various solutions to
1980 different complex scenarios such as seeking help or assistance from a trusted adult for
1981 someone who is experiencing stress or depression or is at risk of harming oneself or
1982 others. Responsible decision-making can be applied as real-life situations arise.

1983 Students learn that people with mental health disorders often do not seek help, so
1984 outreach from concerned friends and teachers is important in caring for others.
1985 Technology and social media and their impacts on one’s mental health are important
1986 topics for discussion. Scenarios can be discussed such as how one feels if one is not
1987 being accepted, respected, or recognized by others on a popular social media site (7–
1988 8.3.2-4.M, Accessing Valid Information; 7–8.4.1.M, Interpersonal Communication; 7–
1989 8.5.1.M, Decision Making).

1990 An important standard in grades seven and eight is for students to identify the signs of
1991 various eating disorders (7–8.1.9, Essential Concepts). Ninety-five percent of eating
1992 disorders are diagnosed beginning at age 12. Eating disorders do not only affect
1993 females. Male students are also at an increased risk of body image concerns with the
1994 media and social media’s focus on being muscular, fit, and, in many cases, thin (Evans
1995 et al. 2017, CDC 2017). If a student discloses an eating disorder, they should be
1996 referred to a health center, clinic, or their pediatrician as eating disorders can become
1997 serious medical conditions requiring medical attention. To begin the discussion on
1998 eating disorders, students can watch films such as *Perfection* (2011) or *To The Bone*
1999 (2017). Following the viewing, students write a self-reflection summary on what they
2000 were surprised to discover and whether and in what ways they feel pressured by peers,
2001 media including social media, or family, guardians, or caretakers to look a certain way.
2002 Additional learning activities are found below.

2003 Mental, Emotional, and Social Health Learning Activities

2004 **Decision Making:** 7–8.5.2.M Monitor personal stressors and assess techniques for
2005 managing them.

2006 **Goal Setting:** 7–8.6.1.M Develop achievable goals for handling stressors in healthy
2007 ways.

2008 **Practicing Health-Enhancing Behaviors:** 7–8.7.1.M Demonstrate effective coping
2009 mechanisms and strategies for managing stress.

2010 Resiliency

2011 To begin the conversation, the teachers bounces a small ball on a safe wall in the
2012 classroom and catches it. Students then learn the definition of resiliency, “bouncing
2013 back.” A story of someone who had to be resilient during a challenging time is then
2014 shared by the teacher, for example Michael Jordan not making his high school
2015 basketball team or when a student fears deportation or is living in an unsafe
2016 neighborhood where shootings and gangs are common. Students reflect on, but do not
2017 share unless they volunteer to do so, an example of a tough time in their lives and how
2018 they handled the situation to “bounce back.” Students select a biography of a resilient
2019 person to read and write a short report on the resiliency of the person.

2020 **Practicing Health-Enhancing Behaviors:** 7–8.7.1.M Demonstrate effective coping
2021 mechanisms and strategies for managing stress.

2022 Two Great Things

2023 Students are encouraged to keep a nightly journal in which they write down at least two
2024 wonderful things that happened in their day or two things they are grateful for. This
2025 activity promotes wellbeing and happiness.

2026

2027 **Practicing Health-Enhancing Behaviors:** 7–8.7.1.M Demonstrate effective coping
2028 mechanisms and strategies for managing stress.

2029 Humor Break

2030 The old adage that “humor is the best medicine” has merit. Students can create a
2031 humor list of ideas (approved, age-appropriate, tasteful short videos from a movie or
2032 Web site) for the teacher to show whenever a laugh break is necessary. Show the
2033 videos after a particularly challenging test, during finals week, or after a serious topic is
2034 covered in class.

2035 **Health Promotion:** 7–8.8.1.M Promote a positive and respectful school environment.

2036 Mental Health Awareness Month

2037 Children’s Mental Health Awareness Month is typically celebrated the first week of May.
2038 Consider hosting a campus wide awareness event with a guest speaker or classroom
2039 displays to showcase various mental health education materials that students find
2040 through their research online or from local community organizations.

2041 **Essential Concepts:** 7–8.1.10.M Describe signs of depression, potential suicide, and
2042 other self-destructive behaviors.

2043 **Accessing Valid Information:** 7–8.3.2.M Describe situations for which adult help is
2044 needed, including intimidating and dangerous situations, and how to access help for
2045 oneself and others.

2046 **Accessing Valid Information:** 7–8.3.3.M Identify trusted adults to report to if people
2047 are in danger of hurting themselves or others.

2048 **Accessing Valid Information:** 7–8.3.4.M Analyze situations to determine whether they
2049 call for acts of caring among friends or require getting the help of trusted adults.

2050 **Interpersonal Communication: 7–8.4.1.M** Seek help from trusted adults for oneself or
2051 a friend with an emotional or social health problem.

2052 Friend Card

2053 Students create a small, wallet-sized card or electronic equivalent—or both—with
2054 contact information on who to call for assistance in case someone is feeling stressed,
2055 depressed, or seems to be at risk for hurting themselves or others. The card or
2056 electronic equivalent should include e-mail addresses, Web sites, phone numbers, or
2057 apps of mental health and suicide prevention resources and contact information.
2058 Students are provided with scenarios of when it would be appropriate to share the card
2059 or electronic information with others or use the card or electronic equivalent themselves.

2060 **Decision Making: 7–8.5.2.M** Monitor personal stressors and assess techniques for
2061 managing them.

2062 Lights Out

2063 Students experience a five-minute meditation silence break with the classroom lights
2064 off. Students are encouraged to meditate, deep breathe, or just unwind before
2065 beginning class or anytime they feel stress or anxiety. Invite students to notice sounds,
2066 thoughts, physical sensations as a way of staying grounded in the present moment and
2067 notice how sounds and thoughts come and pass by. This activity works well if class
2068 follows lunch or on a hot day.

2069 **Decision Making: 7–8.5.1.M** Apply decision-making processes to a variety of situations
2070 that impact mental, emotional, and social health.

2071 Decision Tree

2072 Students realize there is usually more than one choice in life by mapping out a
2073 challenging situation they are currently experiencing or have experienced before using a
2074 decision-tree format. The teacher may want to provide an example of common concerns
2075 students may be facing. A more active alternative to this activity is to play seated

2076 volleyball to keep a balloon in the air working as a team. After students identify the
2077 problem (keeping the balloon in the air while seated), they identify any alternative rules
2078 or outcomes and possible consequences, action, evaluation (Lynn Shoji in Telljohann
2079 2015).

2080 **Decision Making:** 7–8.5.2.M Monitor personal stressors and assess techniques for
2081 managing them.

2082 Erase Away Stress

2083 Students collectively write their stressors on a whiteboard in class. Examples such as a
2084 difficult class, getting along with parents, or making the soccer team are listed. On
2085 another whiteboard, students list one thing that they are happy about in their life. There
2086 is power in seeing the collective comments displayed in the room. A teacher-facilitated
2087 discussion on stress management follows. At the end of the activity, a student volunteer
2088 symbolically erases the stressors listed. An extension of this activity can be students
2089 develop a stress-relief technology meme (a short repeating video or graphic to be
2090 shared online) to be shown at the beginning of each class.

2091 **Essential Concepts:** 7–8.1.1.M Explain positive social behaviors (e.g., helping others,
2092 being respectful to others, cooperation, consideration).

2093 Marshmallow Challenge

2094 Students learn the importance of trust, teamwork, and positive social behaviors such as
2095 helping, cooperation, consideration, and being respectful to others by mastering the
2096 marshmallow challenge. Working in teams, students aim to create the tallest structure
2097 using dried spaghetti and one large marshmallow and tape. Find more free information
2098 on the marshmallow challenge online.

2099 **Essential Concepts:** 7–8.1.2.M Identify a variety of nonviolent ways to respond when
2100 angry or upset.

2101 Photo Journal

2102 Students share a series of photos of healthy and unhealthy ways anger is expressed.
2103 Examples of healthy ways include talking to one another, taking a deep breath or time
2104 out, writing a letter, or exercising. Unhealthy, inappropriate ways include yelling, hitting,
2105 violence, or destroying property. Photos can be set to music and played for their peers.
2106 The photo journal can be played for other classes or showcased on the school campus.

2107 **Goal Setting:** 7–8.6.1.M Develop achievable goals for handling stressors in healthy
2108 ways.

2109 Star Activity

2110 Prior to the activity, the teacher cuts out large construction paper stars for distribution,
2111 one to each student. Students are asked to label the points of the star with family,
2112 guardian, or caretaker; friends, feelings/emotions; school; spiritual/soul; and thinking. In
2113 the center, they write physical/body. Students list what is going well, what they would
2114 like to improve, and steps to improve on each star point. Students use the star as a
2115 guide to write personal goals. The personal goals are revisited in a few weeks to see if
2116 they are accomplished.

2117 **Practicing Health-Enhancing Behaviors:** 7–8.7.3.M Participate in clubs,
2118 organizations, and activities in the school and community that offer opportunities for
2119 student and family involvement.

2120 Book Club

2121 Students form book clubs to read and discuss books they choose from an age-
2122 appropriate list of books related to puberty, stress, self-esteem, eating disorders,
2123 substance abuse, depression, or other related topics. This activity can be cross-
2124 disciplinary in collaboration with an English language arts teacher or implemented
2125 across grades. The teacher librarian can showcase suggested books for the students or
2126 provide a list of books the students might enjoy.

2127 **Accessing Valid Information:** 7–8.3.3.M Identify trusted adults to report to if people
2128 are in danger of hurting themselves or others.

2129 **Accessing Valid Information:** 7–8.3.4.M Analyze situations to determine whether they
2130 call for acts of caring among friends or require getting the help of trusted adults.

2131 **Interpersonal Communication:** 7–8.4.1.M Seek help from trusted adults for oneself or
2132 a friend with an emotional or social health problem.

2133 A Friend in Need

2134 Working in small groups, students create scenario-based presentations using an
2135 electronic software program on how they would recognize a friend at-risk for an eating
2136 disorder, substance abuse, depression, or suicide. Students include the symptoms and
2137 signs, a demonstration how the friend would be approached, and referrals for the friend,
2138 as well as consideration of whether such an approach would be appropriate.

2139 Stress management does not only benefit students. It is also critical for teachers and
2140 administrators to maintain awareness of their own stressors and to take care of
2141 themselves regarding stress management. Teaching is one of the top professions for
2142 burnout. Being mentally and emotionally available for one's students means being there
2143 for oneself as well. Consider connecting with other positive student-centered educators
2144 and administrators for peer support or contact human resources for the Employee
2145 Assistance Program if available.

2146 An important aspect of emotional and social health is self-discovery (7–8.1.3-4.M,
2147 Essential Concepts). Students embark upon an activity in which they complete
2148 statements on a worksheet or in a journal, with assurance that their responses are only
2149 for them. The prompts below are examples to get students started on their journals, but
2150 students should also be encouraged to write about personal concerns.

2151 Example of Prompts for Self-Discovery Journals

- 2152 • I hope...
- 2153 • I hate...
- 2154 • When bullied, I...
- 2155 • When I am stressed...
- 2156 • I am most cheerful when...
- 2157 • I love...
- 2158 • I'm embarrassed when...
- 2159 • I have great respect for...
- 2160 • The person I admire most...
- 2161 • The person who means the most to me...
- 2162 • I wish...
- 2163 • The thing I am most afraid of...
- 2164 • When I am late, I feel...
- 2165 • When I am angry...
- 2166 • When I feel awkward, I...
- 2167 • When I want to show someone I like them...

2168 **Partnering with your school:** Students can become school advocates for mental,
2169 emotional, and social health by promoting a positive and respectful school environment.
2170 They can model behavior outlined in CASEL's *Framework for Social and Emotional*
2171 *Learning* core competencies of social and self-awareness and self-management in
2172 actions towards peers and community members that are based on perceived personal
2173 characteristics or sexual orientation (7–8.8.1.M, 7–8.8.2.M, Health Promotion). Students
2174 can create a campus-wide campaign to promote any of the issues covered in this
2175 section, such as lessening the stigma linked to mental health issues. See the classroom
2176 example in the Nutrition and Physical Activity section for more information on campus-
2177 wide campaigns. Students can also create a school club on stress management where
2178 they not only promote stress prevention at school but also plan and enjoy health-
2179 promoting activities together.

2180 **Partnering with your community:** Students create a resource directory of mental
2181 health services in the community (7–8.3.1.M, Accessing Valid Information) including
2182 immigrant and refugee services or invite mental health speakers including age-group
2183 peers who have struggled with mental health issues. Some community-based
2184 organizations have memorandums of understanding or agreements with schools to
2185 provide anger management, stress management, or grief counseling services. Teachers
2186 are encouraged to check with their school or district regarding the availability of
2187 services.

2188 **Partnering with the family:** Networking with parents, family members, guardians,
2189 caretakers, and friends of the students plays a role in developing an environment that
2190 fosters a student’s resiliency and a teacher’s bond with the student. Invite parents,
2191 guardians, and caretakers to a presentation on youth mental health issues, such as
2192 *Walk in Our Shoes*, and provide information about community mental health resources
2193 to support parents (7–8.7.3.M, Practicing Health-Enhancing Behaviors; 7–8.8.1.M,
2194 Health Promotion).

2195 **Personal and Community Health (P)**

2196 Personal and community health practices coupled with consistent health-enhancing
2197 behaviors are essential in preventing many infectious/communicable and chronic
2198 diseases and illnesses. Health education teachers play a pivotal role in supporting
2199 students in grades seven and eight in developing effective health-enhancing behaviors.
2200 These students are typically gaining even more of a sense of independence and
2201 autonomy, enjoying more unsupervised time with peers away from home, and making
2202 more independent decisions away from their parents. They are generally participating
2203 more in active sports and will often “try anything once” at this age, making them more
2204 susceptible to injury (Marotz 2015). At the same time, many students this age are
2205 becoming more aware of their community beyond home and school, making grades
2206 seven and eight an important time to analyze health issues that are challenging their
2207 greater community, including environmental factors such as those identified in <bbh>

2208 <bbh>California’s Environmental Principles and Concepts (EP&Cs).<ebh>The health of
2209 one’s community is an important influence in one’s overall health.

2210 Health education teachers can work in collaboration with the teacher librarian, school
2211 nurse, science teacher, or history–social science teacher or a community health leader
2212 to assist students in gathering information about a local environmental challenge (e.g.,
2213 noise, water, or air pollution; pesticides). Assign half the students to research how the
2214 environmental problem affects people’s health and half to research how people have
2215 contributed to the problem. Students write a research report to synthesize their findings.
2216 As a follow-up activity, students research evidence-based solutions for an
2217 environmental problem of interest to them and present their findings creatively (7–8.1.9–
2218 10.P, Essential Concepts). (This activity also connects to the <bbh> CA CCSS for
2219 ELA/Literacy W.7–8.10.)<ebh>

2220 This classroom example expands on the above activity, involves the students in their
2221 community, and supports civic engagement.

2222 Classroom Example: Is That in Our Air and Water?

2223 **Purpose of the Lesson:** Students gather and analyze information about air, water, or
2224 noise pollution in their local community. Using their data, they construction an argument
2225 that supports or refutes an explanation of the differential effects of pollution problems on
2226 various parts of their local community. Based on their arguments and discussions, the
2227 teacher guides a conversation about the topic of environmental justice. Students identify
2228 potential solutions to one of their local environmental problems and develop a campaign
2229 to information the community about their environmental concerns and potential
2230 solutions.

2231 **Standards:**

- 2232 • 7–8.1.9.P Identify ways that environmental factors, including air quality, affect our
2233 health (Essential Concepts).
- 2234 • 7–8.1.10.P Identify human activities that contribute to environmental challenges (e.g.,
2235 air, water, and noise pollution) (Essential Concepts).

- 2236 • 7–8.1.11.P Describe global influences on personal and community health (Essential
2237 Concepts).
- 2238 • 7–8.2.2.P Analyze how environmental pollutants, including noise pollution, affect
2239 health (Analyzing Influences).
- 2240 • 7–8.6.1.P Establish goals for improving personal and community health (Goal Setting).
- 2241 • 7–8.6.2.P Design a plan to minimize environmental pollutants, including noise at home
2242 and in the community (Goal Setting).
- 2243 • 7–8.8.2.P Demonstrate the ability to be a positive peer role model in the school and
2244 community (Health Promotion).
- 2245 • <bbh> **Environmental Principle and Concept (EP&C) I:** <ebh> The continuation and
2246 health of individual human lives and of human communities and societies depend on the
2247 health of the natural systems that provide essential goods and ecosystem services.
- 2248 • <bbh> **EP&C II:** The long-term functioning and health of terrestrial, freshwater, coastal
2249 and marine ecosystems are influenced by their relationships with human societies.
- 2250 • <bbh> **EP&C V:**<ebh> Decisions affecting resources and natural systems are based
2251 on a wide range of considerations and decision-making processes.
- 2252 • <bbh> **California Next Generation Science Standards MS-ESS3** <ebh>. Influence of
2253 Science, Engineering, and Technology on Society and the Natural World: All human
2254 activity draws on natural resources and has both short- and long-term consequences,
2255 positive as well as negative, for the health of people and the natural environment (MS-
2256 ESS3-1).

2257 **Supplies:**

2258 Dependent on the information campaign that students choose to implement

2259 Students in Mr. T's class are learning to identify ways that environmental factors,
2260 including air quality, affect our health and how human activities contribute to
2261 environmental challenges like air, water, and noise pollution. As part of this lesson
2262 series, they are also investigating how environmental pollutants, including noise
2263 pollution, can affect both their personal and community health. Mr. T teaches in a school
2264 with higher than average childhood asthma rates, so he wants to introduce students to

2265 the topic of environmental justice and give them the opportunity to investigate how
2266 pollutants can differentially affect various parts of a community and regions of the state.

2267 To initiate the lesson, Mr. T asks students to recall the word *pollution*, which means the
2268 contamination of the environment (including air, water, and soil) with chemicals or other
2269 damaging materials, including noise. As they begin the discussion, several of the
2270 students mention that one of their sisters or brothers is suffering from asthma and when
2271 they visited a doctor, they heard that asthma can be caused by air pollution. Mr. T asks
2272 if the students are aware of any other pollution problems in their local community. A few
2273 say that, when they walk home, they walk by a small creek that seems to have water
2274 that looks dirty. Mr. T tells students that for a few days, they are going to investigate
2275 pollution issues in the local community and gather information about the affects pollution
2276 could have on their personal health or the health of others in the community.

2277 After discussing a few of the possible local environmental pollution problems, students
2278 divide into teams and begin their research, gathering, reading, and synthesizing
2279 information from multiple sources about air, water, or noise pollution in their local
2280 community. Mr. T reminds them to use the research skills they have been developing in
2281 science and English language arts to assess the credibility, accuracy, and possible bias
2282 of each publication. Students also evaluate the research methods used and describe
2283 how the findings are supported or not supported by evidence. Mr. T asks students to
2284 take into consideration the differential impacts, if any, on the health of the community
2285 where the pollution is taking place, in comparison with other local communities.

2286 When they complete their collection of scientific data and other information, Mr. T
2287 reminds students of the practices they have learned about constructing oral and written
2288 arguments supported by empirical evidence and scientific reasoning. With these
2289 practices in mind, the student teams work together to create arguments that support or
2290 refute an explanation of the differential effects of the local pollution problem(s) on
2291 various areas in their local community. Based on the arguments they develop and the
2292 data they collected and analyzed, Mr. T guides students through a discussion of the
2293 concept of environmental justice.

2294 Mr. T has been working closely with Ms. J, the science teacher. Together, they facilitate
2295 a class discussion about which local environmental issue(s) the students want to help
2296 their community more fully understand. With a focus on their issue(s), students
2297 investigate a variety of sources to identify potential solutions to the problem and who in
2298 the community might be able to work on the implementation of a solution. Ms. J draws
2299 the students' attention to the idea that the byproducts of human activities enter natural
2300 systems and move between human social systems and natural systems, sometimes
2301 resulting in human health problems <bbh> (EP&C IV). <ebh>

2302 Students decide to develop a campaign to inform community members of their
2303 environmental concerns and potential solutions. Mr. T and Ms. J work together to guide
2304 students through the process of setting specific action goals including an advocacy plan
2305 for the alternative possible resolutions for the problems. Mr. T reminds them that there
2306 are many factors that influence decisions about the use of natural resources and how
2307 pollutants are handled in different communities <bbh> (EP&C V). <ebh>

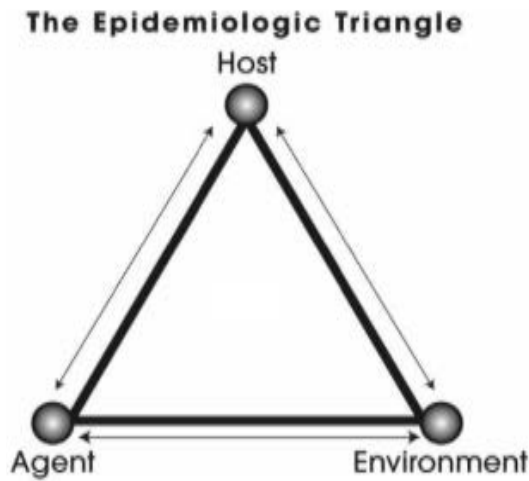
2308 The students develop a plan for informing people in their community about local
2309 environmental problems and how they may be affecting individual and community
2310 health. An important aspect of the students' campaign is sharing the possible solutions
2311 that they discovered and encouraging their families and other community members to
2312 work to promote solutions to the local environmental problems.

2313 Chronic diseases have replaced infectious diseases as the top causes of morbidity and
2314 mortality when compared to a century ago (World Health Organization 2017). Despite
2315 marked progress with immunizations and improved medical care for children, children's
2316 health issues such as obesity, asthma, diabetes, ADHD, autism spectrum disorders,
2317 stress related disorders, and trauma continue to be important health considerations in
2318 California and across the United States. Many children still experience access-to-care
2319 challenges along with a myriad of health disparities in their everyday life that negatively
2320 impact academic performance and success (CDC 2017a). Health education teachers
2321 are in powerful positions to empower their students to value and respect their personal

2322 health in a manner that positively impacts current and future practices. In grades seven
2323 and eight, instruction leads to more advanced personal health competencies.

2324 Students access valid information about preventing common communicable diseases
2325 by becoming infectious disease investigators. The field of epidemiology (study of
2326 causes and patterns of disease) introduces students not only to an intriguing future
2327 career to consider, but interesting new terms such as *host* (the who), *agent* (the what),
2328 *fomite* (an object that a virus or bacteria can live on), and *environment* (the where).
2329 Teachers introduce an epidemiology triangle for the infectious disease E-coli. The
2330 triangle depicts E-coli in food as the agent; the host, which includes people who
2331 consumed E-coli infected food in a restaurant; and in the environment (in the digestive
2332 track of animals and humans) where E-coli bacteria is found and spread (through
2333 infected feces). Working in pairs or small groups, using their epidemiology triangles
2334 (image shown below), students label an example of a host, agent, environment, and
2335 fomite (if applicable). Various infectious or foodborne illnesses can be assigned to each
2336 student team to avoid duplication. Using available technology, students can locate and
2337 print photos to illustrate their epidemiology triangle and research infectious diseases
2338 impacting California through the CDPH, Center for Infectious Disease Web site.
2339 Triangles are shared and posted in class (7–8.1.4.P, Essential Concepts; 7–8.3.2.M,
2340 Accessing Valid Information).

2341 The Epidemiological Triangle



2342

2343 Long Description of The Epidemiological Triangle is available at

2344 <https://www.cde.ca.gov/ci/he/cf/ch5longdescriptions.asp#chapter5link5>.

2345 Source: CDC 2012

2346 It is important for students to recognize that family members, guardians, and caretakers
2347 also greatly impact our health due to shared traits including genetics, the environment,
2348 lifestyle, culture, and learned behavior. For example, in some families, everyone is tall,
2349 or all members of the family eat a certain food at the holidays. Chronic diseases such as
2350 diabetes, cancer, and heart disease can also be present in families. Students create
2351 their own customized personal health plan for chronic disease prevention by
2352 researching and creating a family health tree, or friend tree for foster or adopted youth,
2353 which serves as the basis for a personalized health prevention plan. A student may
2354 include in their written plan that they will not smoke and will obtain regular medical
2355 exams to lower their personal risk for lung cancer. An alternative activity allows students
2356 to map out safe places for recreation or to find healthy snack options both in and around
2357 the school (7–8.1.4.P, Essential Concepts; 7–8.6.1.P, Goal Setting).

2358 Aside from promoting health-enhancing behaviors in students' lives, an important

2359 outcome of health education is behavior change. Students research the recommended
2360 guidelines for personal health practices and decide on one personal behavior-change
2361 goal they would like to accomplish in a semester (image of a decision-making model
2362 shown below). Goals could include proper tooth brushing and flossing, getting
2363 adequate rest and sleep, washing hands regularly, wearing protective gear for eyes
2364 (sunglasses and goggles in some sports), <byh>taking preventative measures to
2365 reduce sun exposure damage, and minimizing exposure to loud noises such as
2366 amplified music.<eyh> Students identify at least three ways they will measure their
2367 success with their behavior change and the supports they have for making this change
2368 (e.g., friends, family) in addition to any barriers. Students also identify how they plan to
2369 reward themselves in a healthy manner following the change. At the end of a
2370 designated period of time, students write a summary to reflect on the success and
2371 positive outcomes of their behavioral change (7–8.1.1.P, Essential Concepts; 7–8.5.1.P,
2372 Decision Making; 7–8.6.1.P, 7–8.6.3.P, Goal Setting).

2373 Because students in grades seven and eight may have greater self-awareness, they
2374 may be beginning to have a deeper understanding that their decisions have subsequent
2375 positive or negative outcomes. They may also be making more personal health
2376 decisions for themselves and becoming more aware of behavior changes they can
2377 make to maintain their wellbeing. Students create a decision tree that illustrates real-life
2378 examples of health decisions they have made and the impact of those decisions.
2379 Examples may be staying up late to watch videos or study for a test leads to poor sleep
2380 and feeling tired the next day. The outcome may be poor performance in school, sports,
2381 or activities. Another example is not drinking enough water or other fluids while playing
2382 sports leads to dehydration. The decision tree can include long term health effects such
2383 as increasing their risk of disease and chronic health conditions and the societal and
2384 personal financial costs of medical treatment. Students analyze the influences of
2385 culture, media, social media, and technology on their health decisions (7–8.2.4.P,
2386 Analyzing Influences) and the consequences of their decisions. They share with one
2387 another what they may do differently if the same situation occurs again.

2388 Decision-Making Model for Grades Six through Eight



2389

Long Description for Decision-Making Model for Grades Six through Eight

<https://www.cde.ca.gov/ci/he/cf/ch5longdescriptions.aspchapter5link6>.

2390 Source: Colorado Education Initiative, RMC Health 2017

2391 Personal health topics provide an opportunity to invite community experts to be guest
2392 speakers for your class or school with administrator or district approval. Subject matter
2393 related to injuries, emergency management, and community health is very specific, so
2394 certified, trained professionals are best. For example, someone from Donate Life
2395 California or someone who works in organ donation for a local hospital can come to
2396 your class or school to provide a presentation on organ and tissue donation. A local
2397 dental health professional such as a pediatric dentist, family <byh>general<eyh>
2398 dentist, or hygienist can discuss and demonstrate the importance of oral health, dental
2399 hygiene, and sports mouth guards (7–8.1.5-6.P, Essential Concepts; 7–8.7.1.P).

2400 Another important area of personal health is sun safety, a concern for many students in
2401 California, which has some of the highest skin cancer rates in the nation (National
2402 Cancer Institute 2016). Using online resources, student learn about the three types of
2403 ultraviolet rays and precautions that reduce the <byh>harmful<eyh> effects of sun
2404 exposure. See below for additional learning activities.

2405 Personal and Community Health Learning Activities

2406 **Essential Concepts:** 7–8.1.1.P Describe the importance of health-management
2407 strategies (e.g., those involving adequate sleep, ergonomics, sun safety, hearing
2408 protection, and self-examination).

2409 **Essential Concepts:** 7–8.1.8.P Identify effective protection for teeth, eyes, head, and
2410 neck during sports and recreational activities.

2411 **Essential Concepts:** 7–8.1.7.P Identify ways to prevent vision or hearing damage.

2412 Protective Gear Tips

2413 In pairs, students search online for the equipment needed to stay safe while enjoying
2414 sports and recreational activities (examples are a bicycle helmet, skateboarding wrist
2415 guards, or a mouth guard). Using valid and reliable Web sites, students create a tip
2416 sheet for the activity that lists the safety equipment. Students present the tip sheets in
2417 class.

2418 **Essential Concepts:** 7–8.1.1.P Describe the importance of health-management
2419 strategies (e.g., those involving adequate sleep, ergonomics, sun safety, hearing
2420 protection, and self-examination).

2421 **Essential Concepts:** 7–8.1.12.P Identify ways to reduce exposure to the sun.

2422 Social Media Sun-Safety Campus Campaign

2423 Using approved social media Web sites, students write and create a sun-safety
2424 campaign to educate fellow students on ways to reduce sun exposure and skin cancer
2425 risk. Sports-associated dehydration and heat illnesses should be included.

2426 **Accessing Valid Information:** 7–8.3.1.P Demonstrate the ability to access information
2427 about personal health products (e.g., deodorant, shampoo, sunscreen, and dental care
2428 products), and evaluate the information's validity.

2429 **Decision Making:** 7–8.5.2.P Apply a decision-making process when selecting health
2430 care products.

2431 Product Analysis

2432 Students are extremely interested in personal health products to use for their
2433 appearance. Working in pairs or small groups, students select an advertisement on a
2434 personal health product or a product infomercial. Students then research related health
2435 information from at least three valid and reliable Web sites. Students compare and
2436 contrast the advertising claims with what the product may actually do. Students should
2437 think critically and realize products may not always do what they claim.

2438 **Essential Concepts:** 7–8.1.3.P Identify Standard (Universal) Precautions and why they
2439 are important.

2440 **Practicing Health-Enhancing Behaviors:** 7–8.7.2.P Describe situations where
2441 Standard (Universal) Precautions are appropriate.

2442 Standard Precautions

2443 For activities related to standard precautions (formerly called universal precautions),
2444 students use technology to create a meme (a short repeating video or graphic to be
2445 shared online) for a standard precaution.

2446 **Essential Concepts:** 7–8.1.1.P Describe the importance of health-management
2447 strategies (e.g., those involving adequate sleep, ergonomics, sun safety, hearing
2448 protection, and self-examination).

2449 **Goal Setting:** 7–8.6.3.P Create a plan to incorporate adequate rest and sleep into daily
2450 routines.

2451 Sleep Plan

2452 Students identify healthy and unhealthy sleep habits by locating valid information online.
2453 Students then create a personal sleep plan for optimal health and academic
2454 performance.

2455 **Essential Concepts:** 7–8.1.9.P Identify ways that environmental factors, including air
2456 quality, affect our health.

2457 **Essential Concepts:** 7–8.1.10.P Identify human activities that contribute to
2458 environmental challenges (e.g., air, water, and noise pollution).

2459 **Analyzing Influences:** 7–8.2.2.P Analyze how environmental pollutants, including
2460 noise pollution, affect health.

2461 **Goal Setting:** 7–8.6.2.P Design a plan to minimize environmental pollutants, including
2462 noise at home and in the community.

2463 My Environmental Health Footprint

2464 Working in teams, students research air, water, or noise pollution to create a photo
2465 journal or poster project on their assigned topics. Areas may include how pollution
2466 impacts childhood asthma or the amount of lead in water and why this is important to
2467 consumers. Photos or posters are displayed with captions on how these environmental
2468 issues impact their community. Students identify an environmental protection issue
2469 related to health they would like to advocate for and set an advocacy and action goal
2470 they will accomplish.

2471 **Partnering with your school:** Working with campus administrators and parent
2472 volunteers, students plan, implement, and evaluate a health education fair. Students
2473 can host various booths on a variety of personal and community health topics. Fellow
2474 students, teachers, parents, administrators, parent-teacher volunteer groups, and
2475 school board members are invited to attend the informational event (7–8.8.2.P, Health
2476 Promotion).

2477 **Partnering with your community:** Students research the advocacy activities of various
2478 local nonprofit chapters such as the American Cancer Society, American Diabetes
2479 Association, Latino Coalition for a Healthy California, The Nature Conservancy of
2480 California (see EarthShare California for a list of other environmental organizations) to

2481 organize smaller, scalable school-based events to bring health education awareness to
2482 the community (7–8.8.2.P, Health Promotion).

2483 **Partnering with the family:** Students design and create a monthly or quarterly health
2484 newsletter or informational e-mail for parents, guardians, caretakers, and families on
2485 various personal and community health topics studied in class. The journalism teachers
2486 and students can share tips for creating newsletters or informational emails (7–8.1.1.P,
2487 Essential Concepts; 7–8.8.2.P, Health Promotion).

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