

DRAFT Chapter 6: Grades Nine Through Twelve

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 High school is a challenging but also exciting and rewarding time for most students as
3 they transition into young adulthood. Most teens are experiencing a higher level of
4 independence than in earlier grades. Students this age often have adult responsibilities
5 including driving, employment, romantic relationships, or caring for younger family
6 members, making standards-based competencies and instructional strategies that
7 foster responsible decision making a critical component of health education (U.S.
8 Department of Health and Human Services [USDHHS] 2017). Some students are
9 embarking on an exciting new experience with their first year of high school. Others are
10 progressing through their academic journey, while students in upper grades are
11 preparing for life after high school. Although it may seem students' behaviors are well
12 established, health education teachers continue to play a critical role in implementing
13 standards-based instruction, applying evidence-based curriculum and programs,
14 integrating medically accurate resources, and mentoring students to foster a lifetime of
15 healthy behaviors. Health education instruction is best provided by
16 credentialed health education teachers or a credentialed school nurse with a specialized
17 teaching authorization in health ideally in a stand-alone, year-long health class to best
18 meet students' need for high-quality, effective health education.

19 Physiologically, the teen years are particularly active with many developmental and
20 hormonal changes occurring. The ability to reason, think abstractly and critically, solve
21 complex problems, and evaluate consequences are continuing to develop for most but
22 will not be fully developed until young adulthood. All adolescents develop at different
23 rates, and some may feel awkward as hormonal changes continue to occur.

24 Physiologically, some students are fully mature in high school while others continue to
25 mature after high school. Some transgender students may be taking medications
26 (puberty blockers or hormone therapy) to more closely align the physical characteristics
27 of their body with their gender, while others may be transitioning socially without
28 medical intervention. For all students, this is a period of great change (Bucher and
29 Manning 2010).

30 Most teens are generally healthy. However, substance misuse, risky sexual behaviors,
31 mental health issues, and obesity are very real concerns for many youth. Results from
32 the California Healthy Kids Survey (CHKS) (2015) confirm that 29 percent of high
33 school students report using alcohol; 20 percent are using marijuana; 22 percent are
34 using other drugs; and 9 percent of eleventh graders were current tobacco users,
35 making high school a necessary time for ongoing prevention and harm reduction
36 education. In California, 32 percent of students in grades nine through twelve report
37 ever having sexual intercourse, approximately 10 percent lower than the national
38 average. Nationally, one in four adolescents experience verbal, emotional, physical,
39 sexual, or adolescent dating abuse annually (Centers for Disease Control and
40 Prevention [CDC] 2015d). The CHKS also reported mental health issues are a particular
41 concern for California high school students with data confirming that slightly over 30
42 percent of ninth and eleventh graders reported feeling sad or hopeless almost every day
43 for two weeks or more in the past 12 months which caused them to discontinue a
44 normal activity. Health education teachers and administrators play a pivotal role in
45 supporting students to learn and adopt healthy behaviors that promote lifelong good
46 health.

47 High school students typically develop more complex relationships than in previous
48 years; it is important for them to explore these complexities and gain a deeper
49 understanding of healthy relationships. This understanding includes advanced learning
50 about the different types of relationship violence and the cycle of abuse. Because
51 sexual health education is thoroughly discussed in ninth through twelfth grades, it is
52 also important to address sexual assault, affirmative consent, and cultural influences
53 that shape attitudes towards sex and sexual violence. High school students are also at-
54 risk for sex trafficking, which is a growing global problem and must be addressed in the
55 classroom. Normalization of relationship abuse and sexual violence contribute to
56 students' lack of awareness and ability to self-protect or reach out for help. Teenagers
57 are exposed to sex in the media, online, and by peers and receive a number of negative
58 and confusing messages regarding gender roles, relationships, and violence. Giving
59 students the tools they need to protect themselves from sexual violence and risky

60 behavior means addressing these issues honestly, directly, and accurately through
61 prevention education and supportive interventions.

62 Providing students with ample opportunities to build a solid foundation in health
63 education promotes positive social and emotional behaviors and practices and supports
64 a lifetime of good health and productivity. Mental health also plays an important part in
65 high school health education as most teens begin to develop more resiliency and self-
66 esteem, a greater sense of self-identify, and a greater ability to communicate, resolve
67 conflict, and empathize with others. Students in grades nine through twelve may also be
68 experiencing stress and anxiety due to the many academic responsibilities, family
69 expectations, college preparation, peer and social pressures, and organized sports and
70 activities (American Academy of Pediatrics [AAP] 2017, USDHHS 2017), making stress
71 reduction an important skill to learn and develop. Other causes of severe stress,
72 including traumatic life events such as witnessing community violence and racism,
73 disproportionately affect the mental health of students of color (Priest et al., 2013).
74 Depression and anxiety rates among teens are rising (Mojtabai, Olfoson, and Han,
75 2016), and so, too have suicide rates. Between 2007 and 2015, the suicide rate for
76 adolescent girls aged 15–19 doubled, and for boys, it rose 30 percent (CDC 2017c).
77 Mental, emotional, and social health education is a critical part of ensuring that all
78 students are able to learn and thrive in high school and beyond.

79 Though technology can be a positive tool for learning, high levels of exposure to social
80 media and technology (electronic devices and activities such as texting, gaming,
81 watching movies, and checking social network sites) are a concern for this population
82 (AAP 2017, USDHHS 2017). Teens greatly benefit from physical activity; proper
83 nutrition; sufficient sleep; and healthy, trusting relationships with peers and adults—and
84 the overuse of technology can be a barrier to realizing these benefits. Research
85 confirms that learning the principles of good health in high school leads to positive
86 academic performance, retention, and successful degree completion; healthy students
87 become healthy adults (AAP 2017, CDC 2017).

88 Through standards-based instruction, students in grades nine through twelve learn the
89 physical, academic, mental, and social benefits of physical activity and how nutrition
90 impacts their short- and long-term personal health. Nutrition and physical activity are
91 critical to health education as our state and nation continue to be challenged by an
92 obesity epidemic that is leading to many chronic diseases (CDC 2017). Students also
93 learn essential skills for injury and violence prevention; strategies for optimal mental,
94 social, and personal health; and responsible decision-making.

95 Health instruction <byh>is best<eyh> provided by credentialed health education
96 teachers or credentialed school nurses with a specialized teaching authorization in
97 health who have the knowledge necessary to effectively teach comprehensive health
98 education. While guest speakers and video resources can be an important
99 supplemental resource for health education, the primary instruction is the responsibility
100 of the credentialed health education teacher. Guest speakers and media resources
101 including books and videos should always be vetted for appropriateness, for compliance
102 with state statutes, and to ensure the content they are providing is valid, age
103 appropriate, and medically accurate. Establishing a caring, respectful, inclusive, and
104 compassionate classroom and school climate sets the foundation for many of the
105 standards-based instructional strategies covered in this chapter. When designing
106 instruction and creating examples that require using names, teachers are encouraged to
107 use names for people that reflect the diversity of California. Motivation, engagement,
108 and culturally and linguistically responsive practices are essential to ensuring all
109 students achieve the health education standards. For additional guidance on creating
110 an inclusive learning environment, see the Access and Equity chapter.

111 **Health Education Standards for Grades Nine Through Twelve**

112 All six of the content areas (Nutrition and Physical Activity; Growth, Development, and
113 Sexual Health; Injury Prevention and Safety; Alcohol, Tobacco, and Other Drugs
114 [ATOD]; Mental, Emotional, and Social Health; and Personal and Community Health)
115 are covered in the grades nine through twelve health education standards. All eight
116 overarching standards are addressed in each of the six content areas. It should be

117 noted that content areas are presented in the same order as the standards; however,
118 content areas such as ATOD; Mental, Emotional, and Social Health; and Growth,
119 Development, and Sexual Health may be taught after the other content areas to foster
120 skill development and scaffolding of more complex health issues and to ensure the
121 development of a safe environment necessary for learning. Ninth through twelfth grade
122 students will need instructional support, guidance, and resources to learn and practice
123 the skills and health behaviors in the eight overarching standards.

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

125 High school students demonstrate greater autonomy in their food choices because their
126 preferences and tastes are more established. They may be earning money, which
127 allows them to purchase foods or beverages of their choice. Unhealthy food and snack
128 options are accessible in vending machines, campus student stores, convenience
129 stores, and by going to fast food establishments with friends (United States Department
130 of Agriculture [USDA] 2017).

131 Proper nutrition and physical activity greatly impact an adolescent's academic
132 performance and can prevent obesity and obesity-related health concerns for youth,
133 support the maintenance of a healthy body weight, and address issues of under
134 nourishment (AAP 2017, Centers for Disease Control and Prevention [CDC] 2017,
135 USDA 2017). Maintaining a healthy body weight is essential for good health. Students
136 this age are still experiencing increased appetites associated with puberty growth spurts
137 which continue on average until age 17. In addition, teens may be eating high-fat, high-
138 Calorie, high-sodium or high-sugar foods and beverages due to a variety of external and
139 internal influences including social, cultural, behavioral, or environmental influences. In
140 addition, according to the Robert Wood Johnson Foundation (2016), 34 percent of 10–
141 17-year-olds in California were overweight or obese. The results from the statewide
142 fitness test reveal that less than 63 percent of ninth grade students have a body
143 composition that is within the Healthy Fitness zone (California Department of Education
144 [CDE] 2018). Research confirms that adolescents engage in seven and a half hours of
145 screen time (texting, gaming, watching movies or television, using apps, browsing or

146 shopping online, or engaging in social media on computers, tablets, and smart phone
147 devices) a day. High amounts of screen time are linked to an increased level of obesity
148 and decreased levels of exercise among adolescents (Rosen et al. 2014).

149 In high school, students' nutrition habits are generally well-established; however,
150 <byh>knowledge and behavioral skills reinforcement<eyh> of the importance of proper
151 nutrition that includes an abundance of fruits and vegetables, lean proteins
152 <byh>including beans, peas, and soy products,<eyh> calcium-rich foods, and whole
153 grains is important. <byh>Nutrition education is a continuum of learning experiences to
154 develop knowledge and skills that become lifelong healthy practices (Contento,
155 2016).<eyh> Since most teens do not receive their recommended amount of calcium,
156 iron, and zinc. Iron is particularly important for menstruating teens who are losing iron
157 each month (American Academy of Pediatrics [AAP] 2017, USDA 2017). Calcium and
158 vitamin D are also critical for teens as their bones continue to grow until age 18, when
159 their bones then become the densest and strongest they will ever be. Building healthy
160 bones at this young age helps to prevent osteoporosis later in life (AAP 2017).

161 Through programs, policies, and learning opportunities, schools play a key role in
162 establishing positive environments that promote and support healthy practices and
163 behaviors such as regular physical activity and nutritious meal and beverage choices
164 (CDC 2017a). School and district policies should also address food allergies and the
165 need for substitute foods that provide students the same kinds of nutrients. If a teen's
166 diet includes a variety of fruits and vegetables, whole grains, lean protein, and calcium
167 rich foods each day, they should be receiving adequate nutrition. High-sugar and high-
168 fat food and beverages, including fruit juices (limit to eight to twelve ounces a day),
169 should be "sometimes" foods. Popular beverages that are marketed to teens include
170 energy and sports drinks. Sports drinks are not necessary to replace electrolytes if
171 teens receive proper nutrients and hydration with water, <byh>milk, or plant-based
172 alternative beverages.<eyh> Energy drinks are never recommended for consumption as
173 they contain caffeine, high amounts of sugar or sweeteners, and herbal supplements.
174 Energy drinks can place a teen at risk for seizures or other injuries and are particularly
175 harmful when combined with alcohol (AAP 2017; Temple et al. 2017). Search the U.S.

176 USDA Web site and other reliable, medically accurate resources for the most current
177 food groups and recommended portion sizes along with activities.

178 Students research and critically analyze current nutrition and physical activity topics in
179 the media for accuracy and validity. Examples include genetically modified organisms,
180 commonly referred to as GMO, used in foods, the meaning of the word *organic*, how to
181 decipher labels on food packaging, spotlighting a new fitness trend, or uncovering the
182 truths behind popular diet claims. Students summarize their findings and present them
183 in a creative format. A free technology polling program can be used to interactively
184 survey those watching the presentation and simultaneously provide feedback. Students
185 are encouraged to include local and national nutrition and physical activity data for
186 youth or adults obtained from the CHKS, California Department of Public Health
187 (CDPH) or local county health department, Robert Wood Johnson Foundation's County
188 Health Rankings, or the CDC's Youth Risk Behavior Survey (YRBS) in their research.
189 Multiple content areas can also be integrated. For example, students research, write,
190 and summarize findings and give a presentation on how proper nutrition and physical
191 activity can lead to more positive mental health outcomes and lowered stress or why
192 injury prevention is an important component of physical activity (9–12.1.1.N, 9–12.1.2.N,
193 9–12.1.10.N, Essential Concepts; 9–12.2.3.N, Analyzing Influences; 9–12.3.4.N,
194 Accessing Valid Information). (This activity aligns with the <bbh> **California Common**
195 **Core Standards for English Language Arts/Literacy [CA CCSS for ELA/Literacy], CA**
196 **CCSS for ELA/Literacy, W.9–12.1, SL.9–12.4–6.**)<ebh>

197 Opportunities to support teens when they are making healthy choices surrounding
198 nutrition and physical activity are always encouraged. This can be demonstrated by
199 using supportive language and informing students that eating is one of life's greatest
200 pleasures and that consumption of all foods can be balanced for an overall healthy
201 lifestyle. Reframing nutrition vernacular away from "don't" and "you shouldn't" can be
202 more effective with teens who have a strong sense of independence. For example, it is
203 alright to eat sweets once in a while in balance with healthy foods and physical activity.
204 Cultural considerations of students' eating customs and nutrition choices should always
205 be handled with sensitivity and inclusion. In addition, sensitivity to students' food

206 decisions that are based on moral and ethical reasons should be validated and
207 respected. Some students may be vegetarian or vegan by choice and should be
208 included in discussions about proper nutrition in accordance with their dietary
209 restrictions. <byh>Students can reference the Healthy Vegetarian Eating resource
210 available at the Dietary Guidelines for Americans Web site.<eyh> This topic can be a
211 rich opportunity for evidence-based discussions about how people make conscious
212 <byh>and subconscious<eyh>decisions about the food they eat. Food allergies and
213 how they affect food choices is another topic for discussion as is researching foods that
214 provide similar nutrients to foods to which people are allergic. Students can also learn
215 about mindfulness and how to eat in a more peaceful environment, focusing on what
216 they are eating, without technological devices or distractions, and encouraging family
217 members to do the same (9–12.4.1.N, Interpersonal Communication).

218 Working in pairs, students assess their personal nutrition needs and physical activity
219 levels and then identify two individual nutrition goals and two physical activity goals they
220 want to achieve by the end of the semester through daily practices. The goals should
221 start out small and obtainable. Students are encouraged to continue to log their food
222 and beverage consumption and physical activity or journal their reflections on their own
223 <byh>or by using a technology app.<eyh> Every month, students share their progress
224 with the teacher or one another by summarizing how they are progressing toward their
225 goals (9–12.6.1-.3.N; Goal Setting; 9–12.7.2.N; Practicing Health-Enhancing
226 Behaviors). (This activity aligns with the <bbh>CA CCSS for ELA/Literacy, W.9–12.10.)
227 <ebh>

228 Guidelines for physical activity can be found at USDHHS, Physical Activity Guidelines
229 for Americans: Youth Physical Activity Recommendations; the American College of
230 Sports Medicine’s Youth Physical Activity in Children and Adolescents; and the CDC’s
231 Youth Physical Activity Guidelines.

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

235 builds self-esteem, confidence, muscle, and bone strength. Social skills and academic
236 performance including concentration and retention are also positively influenced by
237 physical activity. *Physical education* is the instructional mechanism through which
238 students learn to be physically active by demonstrating knowledge, motor, and social
239 skills (Society of Health and Physical Educators 2017). *Physical fitness* is defined as a
240 set of attributes that people have or achieve related to their ability to perform physical
241 activity. It can be further defined as a state of well-being with a low risk of premature
242 health problems and the energy to participate in a variety of physical activities
243 (President’s Council on Physical Fitness and Sports Definitions for Health, Fitness, and
244 Physical Activity, UUSDHHS 2012). Physical activity is essential to adolescent growth
245 and development. Some students at this age are very physically active via participation
246 of school sponsored sports, organized community sports, or activities such as dance,
247 martial arts, or cheerleading. Other students are not as physically active and engage in
248 physical activity periodically, but not consistently or for the recommend amount of time
249 per day (CDC 2017). Some adolescents may spend more time socializing with their
250 friends and/or engaged in technology-related activities (texting and online social media
251 on their electronic devices, playing video games, or watching television) than in physical
252 activity, placing them at an increased risk for obesity-related childhood diseases such
253 as diabetes. Other students may experience barriers to participating in physical activity
254 such as a lack of access to a safe area to exercise or for recreation, transportation
255 challenges, or limited funds to participate in exercise programs or obtain equipment
256 (AAP 2017, CDC 2017b, Rosen et al. 2014).

257 State statute requires that all high school students attend at least 400 minutes of
258 physical education each 10 school days (CDE 2016), unless otherwise exempted. In
259 California, 38 percent of adolescents do not participate in physical education and 19
260 percent are not meeting the recommended daily amount of 60 minutes of vigorous
261 activity a day (University of California Los Angeles Center for Health Policy Research
262 2011). Therefore, your work as a health education teacher or an administrator is critical
263 in promoting and incorporating this essential practice within and beyond the school day
264 to help students experience a lifetime of good health. This section provides ideas for

265 integrating physical activity both in and away from school and in your health education
266 instruction.

267 As high school students continue to experience physical changes related to puberty in
268 the early years and even following puberty, they may feel awkward about their bodies.
269 An empowering message to students is to inform them that physical activity can help
270 them feel in control of their bodies as they experience the physical and emotional
271 stressors that occur with the many physical changes. It is important to emphasize that
272 not everyone has to be an athlete, nor is everyone naturally athletic or able to engage in
273 various physical activities. Some students have limited physical abilities or physical
274 challenges. Some students are motivated by group or team sports and activities versus
275 individual sports and activities. Activities such as dance, fencing, archery, skating,
276 hiking, yoga, and cycling are just as valuable to one's overall health as sports such as
277 basketball or soccer and also play a pivotal role in positive mental health. Encouraging
278 students to understand that everyone develops at their own pace will give them the
279 reassurance and confidence they may need. With support, students discover physical
280 activity options that they will, hopefully, adopt for a lifetime of healthy practices and
281 behaviors. In the classroom example below, students learn that health behavior is
282 influenced by internal and external influences.

283 Classroom Example: Analyzing Influences

284 **Purpose of the Lesson:** High school students learn how their physical activity behavior
285 is influenced by various factors.

286 **Standards:**

- 287 • 9–12.2.6.N Analyze internal and external influences that affect physical activity
288 (Analyzing Influences).
- 289 • 9–12.3.6.N Describe internal and external influences that affect physical activity
290 (Assessing Valid Information).

291 Students in Ms. G's health class are very interested in what they are learning regarding
292 nutrition and physical activity. Through a variety of strategies, they have learned about
293 the importance of personal goal setting and planning for proper nutrition and physical
294 activity. Ms. G would now like students to explore how internal and external influences
295 impact physical activity and nutrition.

296 Working in pairs or small groups, Ms. G's students describe and analyze the positive
297 and negative internal and external influences on physical activity by identifying various
298 examples of each. Students identify positive influences such as individuals who can be
299 role models, peer and family support for exercise, a safe place or local park in which to
300 exercise, group- and school-sponsored sports or activities, physical activity apps, and
301 online information and resources on physical activity. Some of the negative influences
302 identified are a lack of access to a safe place to exercise, lack of peer or family support,
303 low or no self-motivation, or excessive use of technology (social media, texting, or
304 watching videos) in lieu of exercising. Ms. G's students write a short summary, write a
305 brief "mock news" report, design a creative piece, or use an electronic mapping app to
306 highlight the positive and negative influences and recommend solutions for some of the
307 barriers identified. Students provide three valid and credible citations to support their
308 findings. (This activity also connects to the <bbh>CA CCSS for ELA/Literacy, W.9–
309 12.1–2, 7–9).<ebh>

310 More nutrition and physical activity learning activities can be found below and at the
311 California Department of Education's Healthy Eating and Nutrition Education Web page.
312 *The Nutrition Education Resource Guide for California Public Schools, Kindergarten*
313 *Through Grade Twelve* (CDE 2017) serves as a resource to plan, implement, and
314 evaluate instructional strategies for a comprehensive nutritional education program and
315 is available on the Web site. Further teaching strategies for physical activity can be
316 found in the *Physical Education Framework for California Public Schools: Kindergarten*
317 *Through Grade Twelve* available on the CDE Curriculum Framework Web page.

318 Nutrition and Physical Activity Learning Activities

319 **Goal Setting:** 9–12.6.1.N Assess one’s personal nutrition needs and physical activity
320 level.

321 **Practicing Health-Enhancing Behaviors:** 9–12.7.2.N Critique one’s personal diet for
322 overall balance of key nutrients.

323 Energy Balance

324 Referencing their food journals, students calculate how many calories they normally
325 expend a day versus how many calories they typically consume and compare their
326 caloric consumption with the daily recommendation. A diagram of a scale balance can
327 be printed as a graphic support for the activity. Using the metaphor of a car, students
328 learn that their bodies need fuel (energy) to run. Energy (fuel) is converted from calories
329 obtained from food and beverages. Three types of nutrients provide calories
330 (carbohydrates, protein, and fat). Students learn there are three ways the body uses
331 energy: basal metabolism, physical activity, and thermic effect of food by researching
332 these terms online with guidance from the teacher. Students discover that ideally the
333 scale is balanced between food consumed and energy expended. Focus is then
334 directed to physical activity. Students research the caloric expenditure of their various
335 activities. An extension of this activity can be a healthy cooking demonstration to
336 sample healthy foods or <byh>students researching the physiological and
337 neurophysiological effects of foods high in sugar.<eyh> See Drexel University’s grades
338 9–12, *Eat Right Now: Understanding Energy Balance* for a detailed lesson plan. (See
339 the body image section of this chapter to support students for whom this may be a
340 triggering activity.)

341 **Essential Concepts:** 9–12.1.5.N Describe the relationship between poor eating habits
342 and chronic diseases such as heart disease, obesity, cancer, diabetes, hypertension,
343 and osteoporosis.

344 **Essential Concepts:** 9–12.1.8.N Describe the prevalence, causes, and long-term
345 consequences of unhealthy eating.

346 **Health Promotion:** 9–12.8.2.N Educate family and peers about choosing healthy foods.

347 Chronic Disease Epidemiology

348 Students choose a chronic disease to research such as heart disease, various cancers,
349 diabetes, hypertension, or osteoporosis. Their written investigation will include a
350 description of the causes of their disease, the prevalence, the relationship between poor
351 nutrition and an increased risk for the disease, and recommendations for healthy
352 alternatives that decrease one’s risk for illness. Their research could include
353 investigating medical costs for individuals and society related to preventable chronic
354 diseases. Students will create a radio advertisement promoting healthy food choices to
355 help prevent their chronic disease to share with the class.

356 **Analyzing Influences:** 9–12.2.1.N Evaluate internal and external influences that affect
357 food choices.

358 **Analyzing Influences:** 9–12.2.2.N Assess personal barriers to healthy eating and
359 physical activity.

360 **Goal Setting:** 9–12.6.2.N Develop practical solutions for removing barriers to healthy
361 eating and physical activity.

362 Snack Smarts

363

364 Students first journal their snacking for three days using <byh>a notepad or electronic
365 journaling app.<eyh> They record the reason they ate the snack e.g., (hunger,
366 boredom, convenience, their schedule) and then determine whether the reason would
367 be considered an internal or external influence. They note if the influence supported
368 healthy eating and what barriers might have prevented healthier choices. Students
369 discuss their journals and learn that many people snack due to boredom and tend to
370 over-snack while watching television or distracted by technology. The teacher will share
371 pictures of the nutrition labels for common snack foods so that students can compare
372 the caloric intake and recommended portion sizes. They can then determine which of
373 the foods have the lowest fat and/or calorie content or the highest nutritional value.

374 They can identify healthier alternatives to their favorite snacks such as eating bean or
375 <byh>carrot chips<eyh> that are high in fiber in place of potato chips. <byh>Students
376 reimagine one of their own favorite snacks and come up with ways to make it healthier,
377 for example by replacing potato chips with kale chips.<eyh> Students will use a goal-
378 setting process to develop a practical solution for removing a personal barrier to
379 healthier snacking. <byh>Whenever possible, incorporate fresh produce grown by the
380 students themselves to increase their motivation to eat it.<eyh> Optional: Sample
381 healthy snack foods can be distributed for tasting. The National Institute of Health’s
382 “Read It Before You Eat It Nutrition Facts” label guide may be used as a resource.

383 **Essential Concepts:** 9–12.1.3.N Explain the importance of variety and moderation in
384 food selection and consumption.

385 **Essential Concepts:** 9–12.1.4.N Describe dietary guidelines, food groups, nutrients,
386 and serving sizes for healthy eating habits.

387 **Practicing Health-Enhancing Behaviors:** 9–12.7.1.N Select healthy foods and
388 beverages in a variety of settings.

389 **Health Promotion:** 9–12.8.2.N Educate family and peers about choosing healthy foods.

390 Think Before You Drink

391
392 Teens often consume large amounts of sugary soda or sweetened beverages, which
393 leads to a high consumption of empty calories. To begin the activity, a student volunteer
394 can demonstrate how many teaspoons of sugar are in a typical can of soda or
395 sweetened coffee drink by actually pouring teaspoons of sugar into a clear measuring
396 cup. Students research the sugar, calorie, fat, and caffeine content of the beverages
397 they typically consume. Students then research the importance of water for hydration,
398 cell movement, and body development. Students collectively compile a list of
399 beverages, including healthier beverages, and their related nutrition content to display
400 on the white board and/or using a shared electronic writing program. The collective
401 document is printed as a resource for future reference and to share with family

402 members and peers. <byh>Students then prepare a healthy alternative to soda or
403 energy drinks such as a fruit-infused water, an herbal tea, or a smoothie. As they enjoy
404 together, they review the health benefits of replacing a soda or energy drink with this
405 alternative.<eyh>

406 **Essential Concepts:** 9–12.1.3.N Explain the importance of variety and moderation in
407 food selection and consumption.

408 **Essential Concepts:** 9–12.1.4.N Describe dietary guidelines, food groups, nutrients,
409 and serving sizes for healthy eating habits.

410 **Essential Concepts:** 9–12.1.7.N Describe nutrition practices that are important for the
411 health of a pregnant woman and her baby.

412 **Interpersonal Communication:** 9–12.4.1.N Analyze positive strategies to
413 communicate healthy eating and physical activity needs at home, at school, and in the
414 community.

415 **Decision Making:** 9–12.5.1.N Demonstrate how nutritional needs are affected by age,
416 gender, activity level, pregnancy, and health status.

417 Registered Dietitians Recommendations: Case Studies

418 Using brief case studies of various populations with different activity levels (e.g.,
419 someone who is pregnant, a physically active teen, an elderly man, someone with
420 diabetes, a student who uses a wheelchair, or a woman who does not exercise),
421 students work in pairs to research and provide recommended nutritional needs and
422 meal plans for varied individuals. Search online at the National Center for Case Study
423 Teaching in Science for sample case studies that include a recommended solution or
424 outcome to share with students.

425 **Interpersonal Communication:** 9–12.4.1.N Analyze positive strategies to
426 communicate healthy eating and physical activity needs at home, at school, and in the
427 community.

428 **Practicing Health-Enhancing Behaviors:** 9–12.7.5.N Participate in school and
429 community activities that promote fitness and health.

430 **Health Promotion:** 9–12.8.2.N Educate family and peers about choosing healthy foods.

431 Breakfast Educators

432 The California Healthy Kids Survey (2015) reports that close to 40 percent of high
433 school students do not eat breakfast. Upper-grade students provide peer education
434 (supervised by their teacher) to first period classes and during lunch to educate lower-
435 grade students on the importance of breakfast. Students research and create short
436 classroom presentations or fun games to present on the importance of a healthy
437 breakfast. Interesting facts such as the multiple names of sweeteners used in cereals
438 (e.g., corn syrup, molasses, agave nectar, brown sugar) are shared. Questions can be
439 asked and then answered in an interactive or game format. Healthy breakfast snack
440 ideas or snacks themselves can be shared. The breakfast educators also use other
441 platforms such as the school’s announcement system, video monitors, sports events,
442 Web site, or social media to deliver nutrition information. <byh>The criteria for a healthy
443 and nutritious breakfast is established or vetted by the teacher. Students provide
444 information of why their researched breakfast items are healthy. Students are
445 encouraged to search for common breakfasts in other cultures or countries and non-
446 traditional breakfast items.<eyh>

447

448 **Analyzing Influences:** 9–12.2.1.N Evaluate internal and external influences that affect
449 food choices.

450 **Analyzing Influences:** 9–12.2.5.N Analyze the impact of various influences, including
451 the environment, on eating habits and attitudes toward weight management.

452 **Accessing Valid Information:** 9–12.3.5.N Describe community programs and services
453 that help people gain access to affordable, healthy foods.

454 Food Deserts

455 Students learn what a food desert (an urban area where it is difficult to find and access
456 fresh, affordable, healthy foods) is through their own research. Students write a short
457 report to share what they have learned about causes and possible solutions. This
458 activity can be an interdisciplinary activity with a <bbh>connection to history–social
459 science<ebh> as students learn about how land use decisions are made at the local
460 level and how those decision impact the availability of healthy foods. <bbh>(This activity
461 also connects to the CA CCSS for ELA/Literacy W.9–12.7–9, SL.9–12.4.)<ebh>

462 **Essential Concepts:** 9–12.1.13.N Describe the amounts and types of physical activity
463 recommended for teenagers' overall health and for the maintenance of a healthy body
464 weight.

465 **Goal Setting:** 9–12.6.3.N Create a personal nutrition and physical activity plan based
466 on current guidelines.

467 60 Minutes Every Day

468 Using information from the CDC Web site on physical activity, students discuss the
469 benefits of exercise such as maintaining a healthy body, controlling weight, improving
470 mental health and mood, strengthening bones and muscles, and reducing the risk of
471 cardiovascular disease, type 2 diabetes, and some cancers. They rank the benefits to
472 them personally. Referring again to the CDC site, the students discuss the amounts and
473 types of physical activity recommended for teenagers, noting what health benefits are
474 provided by each type of activity. Students will then create a physical activity plan to
475 show how they will achieve 60 minutes of daily activity. The chart should include the
476 type of activity (aerobic, muscle strengthening, and/or bone strengthening), the activity
477 they will be doing, how many minutes they will do it, and the benefit of the activity.

478 **Accessing Valid Information:** 9–12.3.3.N Describe how to use nutrition information on
479 food labels to compare products.

480 **Health Promotion:** 9–12.8.1.N Advocate enhanced nutritional options in the school and
481 community.

482 What Should We Choose?

483 Students review the nutritional value for one of the foods offered in the school cafeteria,
484 student store, or snack bar that has a nutrition label. In pairs, students compare their
485 two food items. They then present to the class a description of how they determined
486 which food is healthier and a suggestion on how the school might improve the nutritional
487 value for one or both foods.

488 **Accessing Valid Information:** 9–12.3.2.N Evaluate the accuracy of claims about food
489 and dietary supplements.

490 Too Good To Be True?

491 Students will work in pairs to explore an advertisement for a current food or dietary
492 supplements. They will determine if the claims for the product are, or are not, accurate,
493 looking for factors such as who is promoting the product, if there is research to back up
494 the claims, and does the product’s advertisement use techniques such as guaranteeing
495 results or making claims in the fine print.

496 **Interpersonal Communication:** 9–12.4.1.2 Practice how to refuse less-nutritious foods
497 in social settings.

498 Practicing Positive Refusal Skills

499 Students will brainstorm ideas on how to respond to six different situations where they
500 might need to refuse less-nutritious foods. Examples might include being offered
501 unhealthy choices by a grandparent, deciding what to order when sharing a meal with
502 friends, spending the night at a friend’s house, or attending a sporting event. For
503 example, students might say “no thank you” to the grandparent. If the grandparent
504 offers again, they might accept the food and then just eat a little of it <byh>or have
505 polite reasons to share why they do not want to eat the offering.<eyh> When sharing a

506 meal with friends, they might suggest a more nutritious option to go with the less-
507 nutritious food such as eating a salad and splitting a pizza or politely declining <byh>a
508 sugary beverage from a friend. Students may also find creative solutions such as
509 patronizing a restaurant that can modify foods based on personal lifestyle preferences
510 or food allergies.<eyh> Once the students have brainstormed their lists for each
511 situation, they will take turns practicing their refusal skills. Each number on a dice will be
512 assigned a different scenario. When a student rolls the dice, they will practice
513 responding to the corresponding scenario.

514 **Practicing Health-Enhancing Behaviors:** 9–12.7.5.N Participate in school and
515 community activities that promote fitness and health.

516 Yoga Stretch Break

517 Chair yoga is a great way to stretch and take a 5–10 minute break during long class
518 periods. Students explain why activity breaks are important to learning and wellness.

519 **Partnering with your school:** Students participate in school activities that promote
520 health, nutrition, and physical activity by creating a school-wide health campaign (See
521 the Classroom Example in the nutrition and physical activity section of the Grades 7 and
522 8 chapter.) Students advocate for and educate peers by convening a student health
523 council that is governed under the student council or serving as a student representative
524 to the school board or parent-teacher association. Students may also lead an effort to
525 ensure the student store and school vending machines comply with state nutrition policy
526 guidelines (9–12.7.5.N, Practicing Health-Enhancing Behaviors; 9–12.8.1-2.N, Health
527 Promotion).

528 **Partnering with your community:** Service learning is another meaningful way high
529 school students learn about nutrition and apply what they have learned in class. Service
530 learning goes beyond the basic tenets of volunteerism by providing greater
531 accountability and civic responsibility, clearly articulated program goals and outcomes,
532 and performance evaluation. As part of the evaluation process students engage in
533 critical reflection of what was learned via written self-reflection reports and presentations

534 with the ultimate goal of an enriched learning experience for the student as well as a
535 strengthened community (National Commission on Service Learning, 2002). Students
536 analyze the internal and external influences that affect food choices and the personal
537 barriers to healthy eating, describe community programs and services that help people
538 gain access to affordable healthy foods, and advocate for enhanced nutritional options
539 in the school and community by partnering with various nutrition-based nonprofits or
540 grant-funded programs such as First 5 California, Meals on Wheels, a local community
541 garden, or a food bank. <byh>As an extension of this activity, students determine the
542 mission of the agencies and how their mission impacts the nutritional needs of the
543 populations they serve. Teachers and administrators can search Dietary Guidelines for
544 Americans, Healthy Eating Patterns for resources and<eyh> the California School-
545 Based Health Alliance Web site for additional California nonprofit agencies (9–12.2.1.N,
546 Analyzing Influences; 9–12.3.5.N, Accessing Valid Information; 9–12.8.1.N, Health
547 Promotion). (This activity aligns with the <bbh>CA CCSS for ELA/Literacy, W.9–12.1,
548 and the California English Language Development Standards [ELD Standards] ELD
549 Standard PI.9–12.9–12a.)<ebh>

550 Advocacy can be an empowering experience for teens. Students research safe walking
551 and play spaces and learn how much open space a community might need, then
552 compare their findings to resources in their local community. Students design a free,
553 safe, and accessible skate park in their community and share their plans with city
554 officials or advocate for safer walking and play spaces in their community. <byh>Or
555 students advocate for nutrition and healthy food choices for all populations.<eyh>
556 Students learn various levels of advocacy strategies such as self-reflective advocacy
557 essays or writing letters to community leaders and elected officials. For student-led
558 advocacy resources, search Lessons in Advocacy for Future Health Professionals by
559 Health Occupations Students of America (9–12.8.1.N, Health Promotion).

560 **Partnering with the family:** Parent engagement and support improves adolescent
561 learning, development, and health (CDC 2017a). Create a welcoming, inclusive climate
562 for parents, guardians, and caretakers. Host a family health fair that includes health
563 screenings provided by trained professionals. Survey parents, guardians, or caretakers

564 or host a town hall meeting to solicit their input on the health and nutrition topics or
565 issues they would like to see included in the school's curriculum.

566 Students participate in school and community activities that promote fitness and health
567 and educate family and peers about choosing healthy foods by disseminating health tips
568 through newsletters and handouts, the school's Web site, and social media sites (9–
569 12.7.5.N, Practicing Health-Enhancing Behaviors; 9–12.8.1-2.N, Health Promotion).

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

571 The California Healthy Youth Act (CHYA) (*Education Code [EC] sections 51930–51939*)
572 took effect in January 2016 and was updated in 2017 to include human trafficking. The
573 law requires school districts to provide all students integrated, comprehensive,
574 medically accurate, and unbiased comprehensive sexual health and human
575 immunodeficiency virus (HIV) prevention education at least once in junior high or middle
576 school and at least once in high school. Under the CHYA, comprehensive sexual health
577 education is defined as education regarding human development and sexuality,
578 including education on pregnancy, contraception, and sexually transmitted infections.
579 The CHYA lists many required topics including information on the safety and
580 effectiveness of all FDA-approved contraceptive methods, HIV and other sexually
581 transmitted infections (STIs), gender identity, sexual orientation, healthy relationships,
582 local health resources, and pupils' rights to access sexual health and reproductive
583 health care. The CHYA also requires that instruction on pregnancy include an objective
584 discussion of all legally available pregnancy outcomes. Students must also learn about
585 the Safe Surrender Law. Information on the law on surrendering physical custody of a
586 minor child 72 hours of age or younger, pursuant to Section 1255.7 of the California
587 *Health and Safety Code* and Section 271.5 of the California *Penal Code*. The CHYA
588 requires that districts notify parents and guardians of the instruction and provide them
589 with opportunities to view the curriculum and other instructional materials. Districts must
590 allow parents and caretakers to excuse their student from instruction if they so choose,
591 using a passive consent ("opt-out") process in which parents and guardians must
592 request in writing that their student be excused from the instruction. Districts may not

593 require active consent (“opt-in”) by requiring that students return a permission slip in
594 order to receive the instruction.

595 Comprehensive sexual health instruction must meet each of the required components of
596 the CHYA. Instruction in all grades is required to be age-appropriate, medically
597 accurate, and inclusive of students of all races, ethnicities, cultural backgrounds,
598 genders, and sexual orientations, as well as students with physical and developmental
599 disabilities and students who are English learners. Students must receive sexual health
600 and HIV prevention instruction from trained instructors. When planning lessons, check
601 the CDE Sexual Health Web page for up-to-date information.

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

608 Instruction and materials on sexual health content must affirmatively recognize diverse
609 sexual orientations and include examples of same-sex relationships and couples.
610 Comprehensive sexual health instruction must also include gender, gender expression,
611 gender identity, and the harmful outcomes that may occur from negative gender
612 stereotypes. Students should not be separated or segregated by any gender or other
613 demographic characteristic. Students should also learn skills that enable them to speak
614 to a parent, guardian, or trusted adult regarding human sexuality—an additional
615 requirement of the CHYA.

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

- 617 1. protect their sexual and reproductive health from HIV, other sexually transmitted
618 infections, and unintended pregnancy;
- 619 2. develop healthy attitudes concerning adolescent growth and development, body
620 image, gender, sexual orientation, relationships, marriage, and family;

- 621 3. promote understanding of sexuality as a normal part of human development;
- 622 4. ensure pupils receive integrated, comprehensive, accurate, and unbiased sexual
623 health and HIV prevention instruction and provide educators with clear tools and
624 guidance to accomplish that end; and
- 625 5. have healthy, positive, and safe relationships and behaviors.

626 This chapter is organized to provide standards-based sexual health resources and
627 instructional strategies consistent with the CHYA; however, this chapter does not
628 address all of the content required under the CHYA. It is important for educators to
629 know their district’s protocol, resources, and procedures for implementing
630 comprehensive sexual health instruction to ensure that instruction fully meets the
631 requirements of the CHYA and other state statutes. Use peer-reviewed medical journals
632 or reliable Web sites such as the CDC, AAP, American Public Health Association, and
633 American College of Obstetricians and Gynecologists as sources of information that is
634 current and medically accurate. Additional collaboration with district-level curriculum
635 specialists, credentialed school nurses, <byh>school counselor<eyh>, <byh>your
636 school or districts Title IX coordinator<eyh>, or qualified community-based
637 organizations and agencies can assist in providing medically accurate information that
638 is objective, inclusive, and age-appropriate.

639 High school students, particularly in the early years, continue to experience many
640 developmental changes. Students at this age are typically enjoying increased social
641 independence that may include dating or being in an exclusive relationship. Students
642 are forming bonds with their peers that tend to be more intensive and rewarding.
643 Intellectually, students in upper grades may be nearing adulthood yet may still exhibit
644 impulsive or risky behavior, limited planning skills, and a lack of understanding of how
645 their actions can lead to long-term consequences (USDHHS 2017a).

646 Teaching sexual health education can be interesting for many teachers, but may also be
647 a subject of trepidation. Schools and districts should ensure their educators have the
648 training, resources, and support to teach these subjects effectively—and that the school

649 environment is welcoming, inclusive, and safe for LGBTQ+ students (Sexuality
650 Information and Education Council of the United States [SIECUS] n.d., USDHHS Office
651 of Adolescent Health 2017).

652 Adolescents are developing the attitudes, knowledge, and skills needed to become
653 sexually healthy adults (SIECUS 2016). The SIECUS (n.d.) states, “Sexuality education
654 is a lifelong learning process of acquiring information. As young people grow and
655 mature, they need access to accurate information about their sexuality.” The percentage
656 of teens engaging in sexual activity has decreased since 1988 and contraception use
657 has continued to increase since the 1990s leading to the lowest unintended adolescent
658 pregnancy rate in years. In California, 32 percent of students in grades nine through
659 twelve report ever having sexual intercourse, approximately 10 percent lower than the
660 national average (CDC 2015d). Despite this promising news, one in eight adolescent
661 women will become pregnant before the age of 20, which also impacts their lives and
662 their partner’s. Youth between the ages of 13 and 19 account for close to half of the
663 STIs diagnosed nationwide each year (CDC 2015c). Approximately 20 percent of teens
664 ages 15–19 in California are diagnosed with an STI each year (CDPH 2015). Sexually
665 transmitted infection is the more medically accurate and inclusive term commonly used
666 in place of sexually transmitted diseases (STDs), which is the term used in the health
667 education standards. Health education teachers serve as a resource for students by
668 keeping abreast of current, medically accurate sexual health research and inclusive
669 terminology and abbreviations such as LGBTQ+ and STI. Health education teachers
670 also serve as resources for important topics such as vaccinations. Health education
671 teachers are encouraged to consult the CDC for vaccine guidelines for various
672 infectious diseases including human papillomavirus (HPV) and hepatitis A and B. Health
673 education teachers and administrators play a pivotal role in supporting students to learn
674 and adopt positive sexual health behaviors and healthy relationship practices and
675 create an inclusive and safe, school climate.

676 Setting a standards-based foundation of comprehensive sexual health knowledge such
677 as anatomy and physiology, reproductive options, contraceptives and barrier methods,
678 and diverse <byh>and healthy<eyh> relationships <byh>free from violence<eyh> is

679 proven to have a positive influence on academic performance and retention, pregnancy
680 prevention, and STI and HIV prevention. Standards-based comprehensive sexual health
681 education can also support a reduction in sexual risk-taking behaviors once students do
682 become sexually active (Davis and Niebes-Davis 2010). Positive health practices that
683 are established during adolescence, such as safer sex precautions and developing a
684 healthy body image, can have a lifetime of positive implications that impact one's sexual
685 health and overall wellbeing.

686 Building on growth, development, and sexual health content provided in earlier grades,
687 instruction in high school should include opportunities for students to learn and analyze
688 important concepts and theory and apply skill-based instructional activities in a safe,
689 open, inclusive, supportive, unbiased, and judgment-free environment.

690 Integration with the <bbh>[CA CCSS for ELA/Literacy and CA ELD Standards](#)<ebh>
691 occurs when students are extensively discussing, reading, and researching about
692 growth, development, and sexual health topics for deep learning. Students achieve
693 further mastery by first researching valid, reliable, and medically accurate health content
694 in support of health literacy and then presenting and listening to other students report
695 their research findings. Writing research papers, making scholarly presentations, and
696 using digital sources and technology to publish students' writing are encouraged in any
697 subject matter but can be particularly beneficial in comprehensive sexual health. By
698 engaging in these activities, students explore sexual health topics including STI/HIV
699 prevention, growth and development, reproduction, and healthy relationships (Standard
700 1: Essential Concepts). Research and writing can be approached in a wide array of
701 scholarly approaches including analyzing and summarizing issues of the CDC's
702 Morbidity and Mortality Weekly report (MMWR) that pertain to adolescent sexual health.
703 Students may write papers on current event topics related to growth, development, and
704 sexual health. Another creative writing assignment is for students to write a monthly
705 column for the school newspaper specific to growth, development, and sexual health.
706 The column can be formatted as a "Dear Abby" or Love Line approach where students
707 research responses to questions submitted by other students (Standard 1: Essential

708 Concepts, 9–12.8.3.G, Health Promotion). (The activities above connect to the<bbh>
709 CA CCSS for ELA/Literacy, W.9–12.7–9, SL.9–12.4–6.) <ebh>

710 Case studies are also effective tools for illustrating sexual health topics such as
711 assessing situations that could lead to pressure for sexual activity and to STIs, HIV, or
712 unintended pregnancy (9–12.2.1.G, 9–12.2.4.G, Analyzing Influences). They can also
713 be used to examine differences in growth and development and physical appearance,
714 gender and gender stereotypes, and sexual orientation (9–12.1.10.G, Essential
715 Concepts). Case studies can be read aloud and then discussed as a whole group or in
716 small groups. Students can apply problem-solving and decision-making models to
717 brainstorm outcomes, solutions, and recommendations for case studies on an array of
718 sexual health issues (Standard 5: Decision Making). Case studies can be adapted from
719 online resources such as the National Center for Case Study Teaching in Science and
720 Howard University’s School of Medicine’s AIDS Education and Training Center.

721 Role playing or brief skits using valid and reliable content in scripts, researched and
722 written by the students and reviewed by their teacher, can also be effective in applying
723 Standard 4: Interpersonal Communication (9–12.4.1-3.G, Interpersonal
724 Communication). These activities provide an engaging way for students to analyze how
725 interpersonal communication affects relationships, use effective verbal and nonverbal
726 communication skills, and demonstrate effective communication skills. The health
727 education teacher can partner with the theater arts program in their school or
728 community for a collaborative effort that can be showcased for the entire school. As a
729 variation to this approach, students can work in pairs to practice assertiveness training,
730 negotiation, or refusal skills. Students are provided with short vignette dialogues and
731 prompts for this activity. Vignette topics should be conveyed objectively and may
732 include pregnancy options and the decision to parent, have an abortion, or choose
733 adoption. Under CHYA, students are encouraged to speak to parents, guardians, and
734 other trusted adults regarding human sexuality and can role-play asking difficult
735 questions in class. Another option is using a fact-versus-myth discovery approach
736 during which students explain and summarize factual concepts of conception,
737 pregnancy, and HIV through facilitated discussion. Fictitious myths are identified and

738 clarified by the facilitator or by responding to anonymous questions from students that
739 are submitted in advance. Teachers are encouraged to reference the CHYA for required
740 sexual health and healthy relationship topics as well as the district's approved sexual
741 health curriculum for content ideas (9–12.1.2.G, 9–12.1.5.G, Essential Concepts).

742 Students develop as global citizens by watching documentaries such as *No Woman, No*
743 *Cry* (2010) that shows how women in different countries struggle with access to care
744 and maternal health issues, including women in the United States; *Half the Sky: Turning*
745 *Oppression into Opportunity for Women Worldwide* (2012); the HIV documentary written
746 for teens, *It's Not Over* (2014); or *Let's Talk About Sex* (2012). <byh>Students research
747 state and national policies related to sexual health locally and globally.<eyh> Thoughtful
748 discussion follows viewing the documentaries and students write reflection papers after
749 the discussion (9–12.1.7.G., Essential Concepts; 9–12.2.G, Analyzing Influences).

750 An instructional approach that covers many of the standards under Standard 1:
751 Essential Concepts and Standard 2: Analyzing Influences is to invite a panel of sexual
752 health experts to address student questions. The panel members must be vetted to
753 meet both statutory and district requirements. Students first research valid and reliable
754 resources online or at the school library on an area of growth, development, and sexual
755 health. Resources may be Web sites, texts, novels, or stories that elicit questions. Using
756 a secure box, students anonymously submit their questions to their health education
757 teacher, a sexual health educator, or panel of sexual health experts. The panel should
758 be diverse and include individuals of different genders and sexual orientations and be
759 representative of the range of races, ethnicities, and national origins of the students.
760 Ideally, the panel also includes someone the students can relate to in more of a peer
761 capacity such as a college-age health education student who is comfortable speaking
762 about issues and is well-versed in sexual health. Anonymous questions submitted by
763 students are pre-screened for appropriateness. The facilitator, often the students'
764 teacher, reads the questions out loud for the expert or panel to answer. As a
765 culminating activity, students write a 3-2-1 reflection essay (three things the student
766 learned, two things the student found interesting, and one question the student has)
767 following the panel presentation.

768 Students learn about and are able to describe the short- and long-term effects of
769 HIV/AIDS and STIs and evaluate how growth, development, relationships, and sexual
770 behaviors are affected by internal and external influences. Students are able to identify
771 local resources that provide reproductive and sexual health services. Guest speakers
772 from the local public health department, sexual health clinic, or nonprofit organizations
773 such as Planned Parenthood may have well-informed sexual health educators and age-
774 appropriate materials on conception or pregnancy/STI/HIV prevention (9–12.3.2.G,
775 Accessing Valid Information). Speakers may be bilingual and represent students’
776 ethnicities and cultures. All guest speakers must be vetted and meet statutory
777 requirements and local educational agency policy.

778 Seeing and touching samples of various contraceptives can be an impactful learning
779 experience for students. Evidence-informed comprehensive sexual health resources
780 such as San Francisco Unified School District’s *Be Real. Be Ready. Smart Sexuality*
781 *Education* and *Advocates for Youth 3Rs: Rights, Respect, Responsibility* are available
782 for free online. Contact the school’s teacher librarian or media specialist to access or
783 obtain related materials, including materials in multiple languages. The credentialed
784 school nurse or <byh>school counselor<eyh> may also be a resource for instructional
785 materials and a guest speaker. Additional standards-based learning activities that also
786 support the CHYA provisions can be found below.

787 Growth, Development, and Sexual Health Learning Activities

788 **Essential Concepts:** 9–12.1.7.G Describe the short- and long-term effects of HIV,
789 AIDS, and other STDs.

790 <byh>Please note that the California Health Education Standards use the term Sexually
791 Transmitted Diseases (STDs), however the more current, inclusive, medically accurate
792 term according the CDC and subsequently used in this framework is Sexually
793 Transmitted Infections (STIs).<eyh>

794 **Essential Concepts:** 9–12.1.8.G Analyze STD rates among teens.

795 **Decision Making:** 9–12.5.4.G Evaluate the risks and consequences associated with
796 sexual activities, including HIV, other STDs, and pregnancy.

797 STI Reflection

798 <byh>Human Papilloma Virus (HPV) is the most common STI. According to the CDC
799 (2018), 79 million Americans, most in their late teens and early adulthood, have HPV,
800 which is associated with some cancers, including oropharyngeal cancer. The CDC
801 recommends HPV vaccination for girls, boys, and young adults.<eyh>

802 Students complete a series of questions regarding STIs/HIV including:

- 803 • When I hear the words STI, I think/feel...
- 804 • Various STIs include...
- 805 • The best way to avoid getting an STI is...
- 806 • Some common symptoms of an STI are...
- 807 • Discussing STI status with current and future partners is important because...
- 808 • If I thought my friend or partner had an STI, I would...
- 809 • I would be tested for an STI at...
- 810 • Getting tested before and after having sex with a new partner is important
811 because...
- 812 • If I tested positive for an STI, I would...
- 813 • It is important for an infected partner to tell their partner(s) because...

814 Students discuss their reflections in small groups. Students then choose an STI as a
815 topic for a written research summary. They create and deliver a presentation using an
816 electronic or other creative format. The presentation includes information on the short-

817 and long-term effects of the disease, rates of infection among teens, prevention,
818 symptoms, and treatment.

819 **Accessing Valid Information:** 9–12.3.1.G Analyze the validity of health information,
820 products, and services related to reproductive and sexual health.

821 **Accessing Valid Information:** 9–12.3.2.G Identify local resources concerning
822 reproductive and sexual health, including all FDA-approved contraceptives, HIV/STD
823 testing, and medical care.

824 Where Do I Go to Get Tested? Where Do I Go for Contraceptives?

825 Working in groups, students research local community resources where teens can go to
826 get tested for STI/HIV and pregnancy and to obtain contraceptives. Low and no cost
827 alternatives such as public health clinics should be mentioned. Students investigate the
828 programs that help pay for these preventive medical service such as Family PACT or
829 Medi-Cal. They also research California laws regarding minors' access to reproductive
830 health care, including the right to excuse themselves from campus to obtain confidential
831 medical services without parental permission or notification and the right to
832 confidentiality in insurance under the Confidential Health Information Act. Students
833 strategize on creative and concise ways to disseminate the information.

834 **Essential Concepts:** 9–12.1.7.G Describe the short- and long-term effects of HIV,
835 AIDS, and other STDs.

836 **Accessing Valid Information:** 9–12.3.2.G Identify local resources concerning
837 reproductive and sexual health, including all FDA-approved contraceptives, HIV/STD
838 testing, and medical care.

839 STI Rap

840 Small groups of students will research an assigned STI as well as a list of local
841 community resources where teens can go to get tested for an STI/HIV. Students also
842 investigate California laws regarding minors' access to reproductive health care and the
843 costs of these preventive medical services. They then create and present to the class a

844 song, poem, talk show, or puppet show. The presentation must include at least ten facts
845 such as the causes of their assigned infection (virus or bacteria), treatment, prevention
846 or risk reduction (abstinence, condom use, limiting partners), and where a teen might
847 get testing or treatment. Students are encouraged to present in a way that is informative
848 as well as interesting and creative.

849 **Essential Concepts:** 9–12.1.12.G Evaluate the safety and effectiveness (including
850 success and failure rates) of <byh>FDA-approved contraceptives<eyh> in preventing
851 HIV, other STDs, and pregnancy.

852 Contraception Evaluators

853 The students participate in a station activity on a variety of contraceptive methods. At
854 each station they complete a worksheet covering how the method works, how it is
855 used, possible side effects, and the safety and effectiveness in preventing pregnancy,
856 STIs (referred to as STDs in the health education standards), and HIV. The teacher
857 reviews the worksheet for any misinformation and assigns students to groups of four.
858 Each student has a small white board or sign with one of the four major types of
859 contraceptives written on it (behavioral, hormonal, long acting reversible contraceptives
860 [LARC], and barrier). The groups will evaluate the contraceptive methods by lining up to
861 various prompts. Prompts might include “line up from least to most effective in
862 preventing the spread of STIs,” “line up from the least safe to most safe when
863 considering possible side effects,” or “line up according to the method teens are least to
864 most likely to use.” As students show their white boards to the class, they can be asked
865 to explain their reasoning so that the teacher can correct any misinformation.

866 **Practicing Health-Enhancing Behaviors:** 9–12.7.1.G Describe personal actions that
867 can protect sexual and reproductive health (including one's ability to deliver a healthy
868 baby in adulthood).

869 <bbh>CA CCSS Reading Standards for Literacy in Science and Technical
870 Subjects 6–12:<ebh> Reading 9–10 #3 Follow precisely a complex multistep

871 procedure when carrying out experiments, taking measurements, or performing
872 technical tasks, attending to special cases or exceptions defined in the text.

873 Barrier Method Demonstration

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

883 **Health Promotion:** 9–12.8.3.G Support others in making positive and healthful choices
884 about sexual behavior.

885 Sexting

886 <byh>Sexting is defined as the sending of sexually explicit messages or images by
887 mobile device<eyh> (Webster Dictionary, 2018). Students can learn the possible
888 negative, legal, and lasting consequences of sexting by researching and analyzing
889 current events related to sexting and then discussing the outcomes. (See Burlingame
890 (California) School District’s Middle School Sexual Health Education Web site for video
891 and other sexting resources for teens.) With their peers as the intended audience,
892 students create an informational flyer highlighting one or more of the consequences of
893 sexting.

894 **Analyzing Influences:** 9–12.2.4.G Assess situations that could lead to pressure for
895 sexual activity and to the risk of HIV, other STDs, and pregnancy.

896 <byh>What are Risky Situations?

897 After leading a discussion and providing definitions and information on sexual risk
898 including STIs and HIV, and pregnancy, <eyh> teachers ask students to brainstorm a list
899 of situations that might lead to non-consensual sexual activity such as drinking at a
900 party or renting a hotel room for after a school dance. Students discuss why they feel
901 those situations could place them at risk for unwanted sexual activity and/or what
902 influences might affect their decision making in those situations. They also suggest
903 ways to lessen the risk for each situation. For example, students might have a buddy
904 system if they are going to a party so that they can watch out for each other.

905 **Goal Setting:** 9–12.6.2.G Identify short- and long-term goals related to abstinence and
906 maintaining reproductive and sexual health, including the use of FDA-approved
907 condoms and other contraceptives for pregnancy and STD prevention.

908 Protecting Myself

909 Students will write a goal for a teen hoping to maintain their sexual health. The goal
910 should include action steps such as using condoms correctly and consistently if sexually
911 active; having a conversation with their partner <byh>about<eyh> boundaries;
912 identifying their closest healthcare providers, including school nurses <byh>and school
913 counselors<eyh>; and knowing California laws regarding minor consent and confidential
914 medical release, such as the <byh>Yes Means Yes law.<eyh> The health benefits of
915 maintaining this goal should be clearly shown.

916 Ninth through twelfth grade students continue to explore and develop their individuality
917 and identity. As such, students may have various gender identities and sexual
918 orientations. *Sexual orientation* refers to a person's romantic and sexual attraction.
919 *Gender identity* refers to one's internal, deeply-held sense of being male, female,
920 neither of these, both, or other gender(s) and may not necessarily correspond with an
921 individual's sex assigned at birth <byh>(adapted from WEAVE, Inc., 2018).<eyh> There
922 are an infinite number of ways an individual may identify or choose to express their
923 individuality and sense of self, including gender. Students may not conform to the social
924 norms of binary gender identities of male and female (e.g., gender non-binary, gender
925 nonconforming, androgynous, genderqueer, gender fluid), and it is important to be as

926 sensitive and responsive to students' needs as possible. Be mindful of students'
 927 identified gender pronouns and be aware not to make assumptions based on
 928 appearance. Teachers should affirmatively acknowledge the existence of relationships
 929 that are not heterosexual by actively using examples of same-sex couples in class
 930 discussions and using gender neutral language when referencing gender identity and
 931 relationships to create an inclusive and safe environment. It also is important that
 932 educators are mindful that some students are not comfortable discussing their gender
 933 identity or sexual orientation and ensure a student's gender identity or sexual orientation
 934 is never revealed or discussed with anyone without the student's consent. This is
 935 especially pertinent when educators communicate with other students, teachers, or
 936 students' families.

937 Common Gender Pronouns and Gender Neutral Language

Male/Masculine Normative	Female/Feminine Normative	Gender Neutral
He	She	They (Singular)
His	Hers	Their (Singular)
Him	Her	Them (Singular)
Boyfriend	Girlfriend	Partner/Significant Other

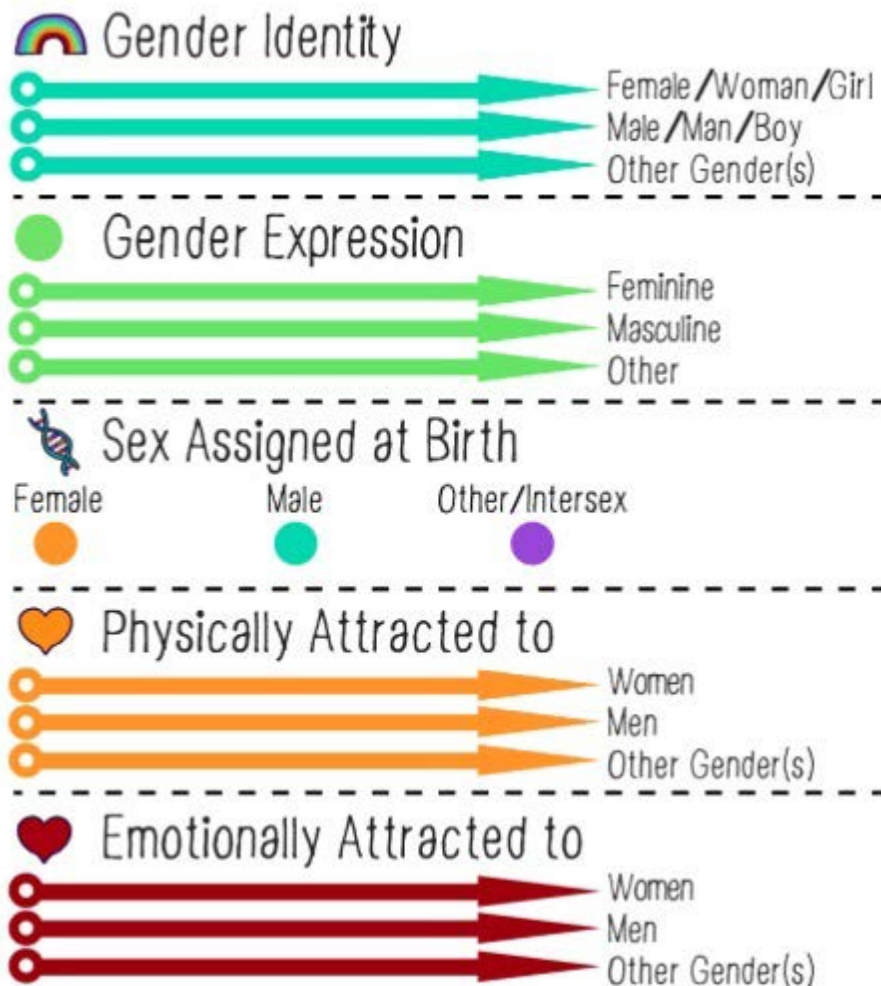
938 Common <byh>**Sexual**<eyh> Orientations

Sexual Orientation	General Attraction
Heterosexual	Different sex or gender

Sexual Orientation	General Attraction
Gay or Lesbian	Same sex or gender
Bisexual	Both opposite and same sex or gender
Asexual	No sexual attraction
Pansexual	All sexes and genders
Polysexual	Many sexes and genders, but not all
Queer	Not heterosexual

939 Gender and sexuality are often fluid and do not always fit neatly into these categories.
 940 This can be challenging for some to grasp, including educators and students. The
 941 image below provides a visual representation that may be helpful for students’
 942 understanding.

943 Gender and Sexuality Continuum



944

Long Description of Gender and Sexuality Continuum is available at <https://www.cde.ca.gov/ci/he/cf/ch6longdescriptions.asp#chapter6link1>.

945 Source: Trans Students Educational Resources, graphic adapted with permission

946 Invite a guest speaker from a local LGBTQ+ center to provide support and information
947 regarding gender and sexuality. It is beneficial to have representatives from different
948 organizations and diverse cultures and ethnicities. This diversity may help students who
949 are struggling with or exploring their identity or acknowledging attractions that may differ
950 from their peers. It can also help other students understand that differences in sexual
951 attraction and gender expression are normal and respected (9–12.5.5.G, Decision

952 Making; 9–12.1.10.G, Essential Concepts). Talking about these differences can be
953 related to discussion about prejudice and discrimination. Students can come to
954 understand that although some people may hold different personal beliefs than they do,
955 which may make respecting differences challenging for them, discrimination is not
956 acceptable. As students discuss bullying and sexual harassment in ninth through twelfth
957 grades, they learn to take a stand against discrimination and object appropriately to
958 teasing of peers and community members that is based on perceived personal
959 characteristics and sexual orientation (9–12.8.3.M, Health Promotion). For example, if a
960 student is teased for being “gay,” it is considered harassment and discrimination
961 regardless of the student’s sexual orientation. Students can organize a Diversity Day
962 that brings awareness to these differences and celebrates diversity of all kinds on
963 campus. Many high school campuses have a Genders-Sexualities Alliance (GSA) or
964 LGBTQ+ club that can provide support for students as well as resources for students
965 wanting more information. <byh>If a student club does not exist, teachers can consider
966 leading an effort to begin one with students.<eyh>

967 High school offers an opportunity for students to develop skills in preparation for their
968 adult lives. While teens may view themselves as young adults, they still need a safe
969 environment to further explore their sense of identity, interest in relationships, and
970 overall perspective of the world. It is important to note that while students seek
971 autonomy and independence, they also seek belonging, acceptance, and purpose.
972 There is increased pressure to be in a relationship and fit within expected social norms,
973 especially regarding gender and physical appearance. This increased need for
974 acceptance and pressure to fit in may also increase students’ vulnerability and risk for
975 dating violence, sexual assault, and sex trafficking. Ninth through twelfth grade is a
976 critical time to provide more comprehensive and advanced learning in these areas.

977 It is important to establish a safe learning environment, one in which students feel
978 comfortable and supported by peers and teachers when discussing sensitive topics.
979 Prior to discussing these areas of instruction, develop classroom guidelines that
980 promote a mutually respectful, non-judgmental, and confidential space for students to
981 honestly share experiences and opinions. Students should agree to the classroom

982 guidelines and keeping other students' personal information confidential and within the
 983 classroom. Students should be informed that teachers and other school personnel are
 984 mandated reporters of child abuse and will need to break confidentiality if anyone
 985 discloses information that indicates harm to self or others. (Teachers must follow
 986 mandated reporting laws. After filing the mandated report, teachers should follow the
 987 school and district policies for next steps. For additional information, see the mandated
 988 reporting section of the Introduction chapter.)

989 Students are aware of the different forms of dating abuse from learning in earlier grade
 990 levels, <byh> as discussed in Chapter 5: Grades Seven and Eight.<eyh> It is relevant
 991 and beneficial to revisit this topic as many youth are impacted by dating violence,
 992 whether through personal experience or someone they know; and instruction in these
 993 topics is also required by the California Healthy Youth Act.<byh> Nearly 1.5 million high
 994 school students nationwide experience physical abuse by a dating partner in a single
 995 year (CDC 2003), and<eyh> one in three teens will experience teen dating violence (Liz
 996 Claiborne Inc. and The Family Fund), and most do not report or even recognize their
 997 experience as abuse. Students can research domestic violence and teen dating
 998 violence to learn more about its prevalence and impact and resources for support for
 999 themselves or others. It is important for students to understand that relationship abuse
 1000 or intimate partner violence impacts people of all genders and sexual orientations and is
 1001 about one person having power and control over another. It is not limited to physical
 1002 violence. <byh> Different forms of abuse are meant to control the person being targeted.
 1003 Coercive control is a pattern of behavior which seeks to take away the victim's liberty or
 1004 freedom and to strip away their sense of self.<eyh> Through further discussion and
 1005 research, students can assess characteristics of harmful or abusive relationships (9–
 1006 12.7.5.S), including the six forms of relationship abuse shown in the table below.

1007

1008 Forms and Examples of Abuse

Forms of Abuse	Examples of Abuse
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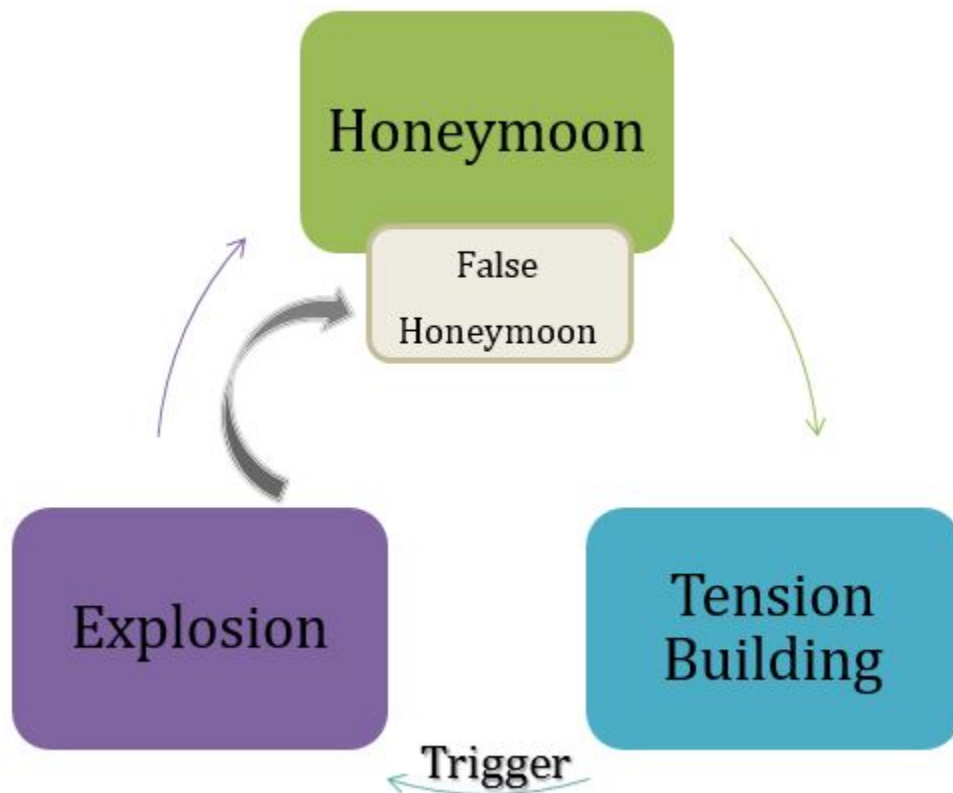
Forms of Abuse	Examples of Abuse
Physical	Hitting, slapping, kicking, biting, <byh> pushing, shoving, <eyh> pulling hair, blocking or preventing partner from moving or leaving, punching a wall, and strangulation
Emotional	Put downs, name calling, humiliation, isolation from friends and family, threatening to “out” someone who identifies as LGBTQ+, and stalking behavior
Sexual	Forced sexual acts, pressure to have sex, any unwanted sexual activity, withholding affection or sex as a punishment, <byh> reproductive coercion, <eyh> unwanted viewing/making pornography, <byh> unwanted sexting, <eyh> including demanding/sending unwanted sexual pictures
Financial	Destroying personal belongings, stealing, forcing partner to pay for things all the time, forcing or manipulating partner to “earn” money, including exchanging sex for money or gifts

Forms of Abuse	Examples of Abuse
Spiritual	Using religion to justify abuse, forcing others to adhere to rigid gender roles, forcing partner to do things against their beliefs, mocking beliefs or cultural practices, not allowing partner to do things they enjoy or to better themselves, including interfering with their education
Technological	Cyber bullying, stalking, sending explicit photographs, sharing explicit photographs and/or video with others or posting online, possession or distribution of child pornography, demanding e-mail or social media passwords, taking photographs of someone without their knowledge

1009 An advanced discussion about relationship violence is appropriate for ninth through
1010 twelfth graders as dating relationships become more prevalent. Students are more
1011 independent, which allows for more time with a partner and the potential for students to
1012 view their relationship as increasingly exclusive, committed, and intimate. As students
1013 revisit the different forms of abuse, they also learn about the cycle of abuse. See the
1014 figure below for a visual representation of the cycle of abuse. The cycle begins the
1015 same way that most other relationships begin, with romance, attraction, and emotional
1016 connection. This part of the cycle is called the *honeymoon* phase. In an unhealthy or
1017 abusive relationship, the next phase is called the *tension building* phase, which victims
1018 of abuse often describe as feeling as if they are walking on eggshells. As tension builds,
1019 there is ultimately an *explosion* or abusive incident when abuse occurs during the third
1020 phase. Because relationship violence occurs in a cycle, the relationship reenters the
1021 honeymoon phase after an explosion or abusive incident. This is often referred to as a
1022 *false honeymoon* phase, during which the perpetrator will apologize, may shower the

1023 victim with gifts or praise, and give a false sense of hope that the abuse was an isolated
1024 incident and will never happen again. Students understand that this false-honeymoon
1025 part of the cycle can keep individuals in an abusive relationship. The abusive
1026 relationship cycles through the phases repeatedly and usually escalates in severity and
1027 frequency of abuse.

1028 Cycle of Abuse



1029

Long Description of Cycle of Abuse is available at
<https://www.cde.ca.gov/ci/he/cf/ch6longdescriptions.asp#chapter6link2>.

1030 Source: WEAVE, Inc. (2017), adapted from the Cycle of Abuse developed by Lenore
1031 Walker, Ed.D. (1979)

1032 Teachers provide scenarios that students analyze to determine whether it is an example
1033 of a healthy or unhealthy relationship. Students put the scenarios into three categories:
1034 (1) Healthy, (2) Concerning/Unhealthy, and (3) Abusive. Students explain their rationale
1035 for putting the scenarios into a particular category. These insights can prompt

1036 discussion about what students value and tolerate in relationships and even challenge
1037 their current beliefs about what is healthy or unhealthy.

1038 Example scenarios:

1039 • My partner says they do not like any of my family or friends and does not want me
1040 spending time with any of them.

1041 • My partner respects my boundaries, stops if they see I am uncomfortable, or asks
1042 for my consent prior and during any sexual activity.

1043 • My partner demands my social media passwords and/or monitors my activity
1044 through social media.

1045 • My partner threatens to hurt themselves if I break up with them.

1046 • My partner and I discuss our future goals and encourage each other to succeed.

1047 • I have to tell my partner everything I am doing and who I am with, or my partner gets
1048 upset.

1049 • My partner shows up unexpectedly while I am out with friends.

1050 • My partner and I argue all the time.

1051 • My partner is jealous when I talk to people my partner thinks I am interested in.

1052 • My partner pressures me to have sex.

1053 • My partner stops me when I try to leave their house after an argument.

1054 • My partner and I talk openly and honestly about STIs and/or pregnancy prevention.

1055 • My partner and I both have friends that we can hang out with, without each other.

1056 • I try to listen and understand before I get upset with my partner.

- 1057 • My partner sometimes makes fun of me in front of our friends.
- 1058 • My partner keeps asking me to send nude pictures of myself, even though I don't
1059 want to.
- 1060 • My partner "likes" all of my posts on social media.
- 1061 • My partner gets upset when I do not respond to text messages right away.
- 1062 • My partner took a video of us having sex without me knowing.
- 1063 • My partner pays my cell phone bills and, in exchange, asks me to hook up with their
1064 friends.
- 1065 • My partner asks if I am okay with different levels of physical affection.

1066 As students determine what is healthy and unhealthy in a relationship, it is beneficial to
1067 further discuss characteristics of healthy relationships, dating, committed relationships,
1068 and marriage (9–12.1.3.G, Essential Concepts). Working in small groups, students
1069 identify characteristics of a healthy relationship and agree on a few examples to present
1070 to the class for discussion. Some examples that should be discussed are equality,
1071 communication, honesty, trust, respect, support, and compromise (9–12.4.1.G,
1072 Interpersonal Communication; 9–12.1.3.M, Essential Concepts). (Refer to the Grades
1073 Seven and Eight chapter for a handout on healthy relationships.)

1074 Students can write a private letter, which is not meant to be sent or turned in but rather
1075 used as a form of self-expression and reflection, to someone they know who is in an
1076 abusive relationships or who has exhibited abusive behavior. Some students may not
1077 have been impacted by relationship violence or be ready to acknowledge that they have
1078 been affected. In this case, students can write the letter from the perspective of what
1079 they would say if they ever become involved in an abusive relationship or know
1080 someone who is in the future. Remind students to be cautious regarding victim-blaming
1081 language and instead focus on care, compassion, and concern for safety. This activity
1082 allows students to express and process their honest thoughts and feelings about

1083 relationship violence and how they may have been impacted. It may also help students
1084 articulate how they would stand up to violence or abuse. It is important to acknowledge
1085 that there may be students in the classroom who have engaged in abusive behaviors.
1086 Calling attention to this fact can challenge students to evaluate their own actions and
1087 behaviors within a relationship. Students may want to take this opportunity to write a
1088 letter of apology or make a personal commitment to change with a reminder that this is
1089 a personal and private letter and should not be sent. Encourage students to turn this
1090 self-reflection activity into action and take a stand against relationship violence and
1091 abuse (9–12.8.1.G, Health Promotion).

1092 Some students may choose to share their letter and/or seek support after the exercise.
1093 Teachers must report suspected abuse as required by state statutes and should also
1094 offer the student additional support and resources. Others may not actively seek
1095 support, but may show signs of being triggered by this exercise. Teachers, as well as
1096 other educator, should pay attention to cues that may indicate a student needs
1097 additional support, such as withdrawal, sadness, anger, or any shift from normal
1098 behavior. They should provide all students with information on local domestic violence
1099 agencies and school support systems such as counseling and guidance offices.
1100 Students may benefit from more anonymous online resources, such as the Love is
1101 Respect Web site of the National Domestic Violence Hotline. Students may also benefit
1102 from making a connection with helpful people and resources in the community. Inform
1103 students that many services available at domestic violence agencies, youth service
1104 agencies, and suicide prevention hotlines and organizations are confidential and do not
1105 require parental consent to access (e.g., counseling and support hotlines). Invite a local
1106 domestic violence agency to present information about dating violence and locally
1107 available resources and services. Information about domestic violence organizations
1108 can be an important resource for students who are exposed to abusive adult
1109 relationships. These agencies are usually experienced in providing presentations to
1110 youth and can help facilitate discussion about the issue. They can also provide safety
1111 planning information and counseling services for students who are in an unhealthy or
1112 dangerous situation (9–12.5.3.G, 9–12.5.1.S, Decision Making).

1113 It is important for students to examine how culture, media, and peers influence an
1114 individual's view of self and others (9–12.2.2.G, 9–12.2.5.G, Analyzing Influences).
1115 Students may compare themselves to peers and people portrayed in the media. Media
1116 plays a significant role in developing students' attitudes about gender, body image, and
1117 relationships. By high school, students have already been exposed to various media
1118 influences through music, television and movies, video games, advertisements, and
1119 social media. While media may be moving towards including more diversity, there are
1120 still strong messages regarding gender roles, norms, attractiveness, and relationship
1121 dynamics. Women in the media tend to be thin and hypersexualized: men may be
1122 muscular and sexualized as well. Screening a documentary such as *Miss*
1123 *Representation* (2011) or *The Mask You Live In* (2015) can help facilitate a discussion
1124 about the impact of mass media and gender socialization on self-image and
1125 relationships with others. Ask students to question the examples of gender and
1126 sexuality they see in media and to critically evaluate those examples.

1127 Bullying and harassment may occur if students do not conform, or are perceived as not
1128 conforming, to social norms to look or act a certain way. Sexual harassment is also a
1129 form of bullying and can often be found on high school campuses. While young men
1130 can be the subject of such abuse, women and transgender youth are disproportionately
1131 victims of sexual harassment.

1132 Examples of Sexual Harassment

Verbal	Visual	Physical
--------	--------	----------

Verbal	Visual	Physical
<ul style="list-style-type: none"> • catcalling • offensive sexual invitations or suggestions • comments about size or shape of a person's body • comments about sexual orientation • sexually explicit jokes or comments • sexually based rumors and gossip • asking someone to go out repeatedly • unwanted communication 	<ul style="list-style-type: none"> • writing or sending unwanted sexual notes/texts/e-mails • inappropriately looking at someone's body part or for a long time • gesturing with a tongue/hands/mouth • acting out sexual gestures 	<ul style="list-style-type: none"> • any unwanted touching, grabbing, pinching, hugging, or kissing • intentionally bumping into someone's body or rubbing up against them • blocking someone's path

1133 Source: WEAVE, Inc. (2017)

1134 Schools have anti-bullying and sexual harassment policies that teachers should discuss
 1135 with students and then guide students in addressing these problems. Students can
 1136 research and describe California laws regarding bullying, sexual violence, and sexual
 1137 harassment (9–12.1.8.S, Essential Concepts; 9–12.5.2.S, Decision Making). Students
 1138 need multiple opportunities to learn and practice skills in order to appropriately intervene
 1139 when witnessing violence, bullying, or sexual harassment. With sufficient practice,

1140 students can be empowered to report dangerous situations, seek adult support, or stand
1141 up for someone being bullied, harassed, assaulted, or abused if it safe to do so (9–
1142 12.1.8.M, Essential Concepts). This is called bystander intervention.

1143 Sexual harassment is sometimes the precursor to sexual assault, as violence that is
1144 normalized can often escalate. *Rape culture* also contributes to sexual violence and is
1145 an important concept to discuss with students in ninth through twelfth grades.

1146 Normalization, desensitization, and acceptance of sexual violence are the essence of
1147 rape culture. Examples of rape culture include the objectification of women and
1148 feminine-presenting people, glamorization of sexual violence in music and film,
1149 minimizing sexual violence or blaming the victim of sexual assault, and misogyny.

1150 <byh>Objectification of men and concepts of extreme forms of masculinity may also be
1151 problematic if it promotes harmful and rigid gender stereotypes.<eyh> Students may not
1152 relate to this as a social issue if they believe that rape culture does not exist or if they
1153 think they do not participate in or perpetuate it. Students need teacher guidance to think
1154 critically about how they may or may not contribute to rape culture. Possible responses
1155 to sexual violence that reflect rape culture are listed below.

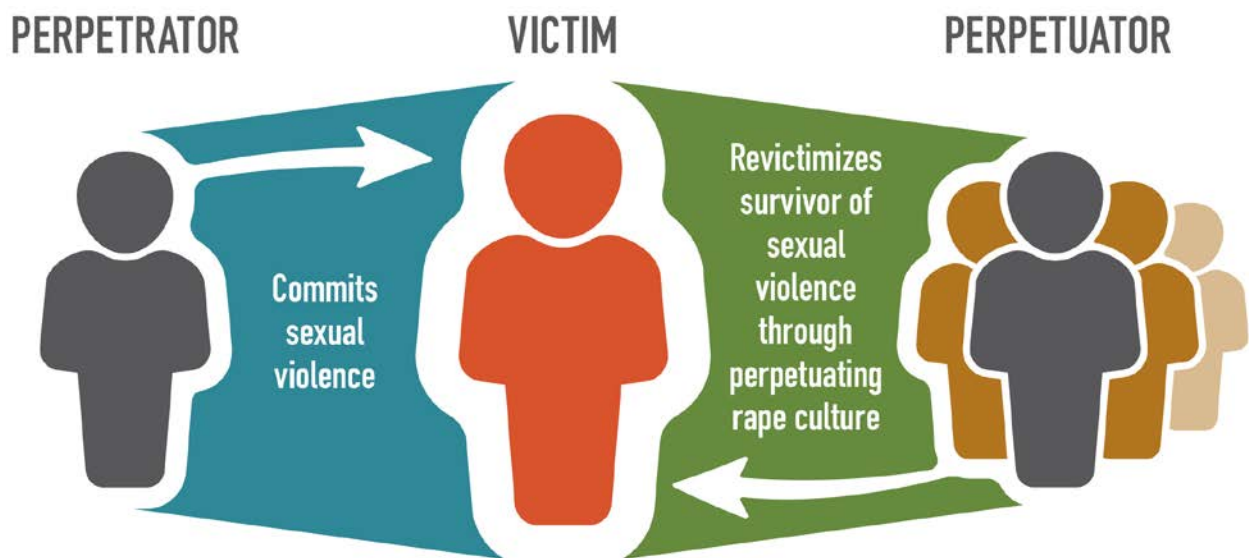
1156 Comments that Reflect Rape Culture

- 1157 • They shouldn't have worn that.
- 1158 • They shouldn't have had so much to drink.
- 1159 • It doesn't impact me
- 1160 • <byh>Real men can't be raped.<eyh>
- 1161 • Laughing at rape jokes doesn't mean I'm going to rape anyone.
- 1162 • Women need to empower themselves to say "no."
- 1163 • They shouldn't put themselves in risky situations.
- 1164 • What about false accusations?

- 1165 • I don't condone sexual violence, but I don't want to get involved.
- 1166 • They've had sex before—they're in a relationship.

1167 Much of rape culture has to do with victim blaming, lack of bystander intervention, and
1168 an overall lack of empathy, as illustrated in these examples. Exploring this further will
1169 help students understand the basic concept of rape culture and examine ways they may
1170 unknowingly perpetuate the problem. Students should be encouraged to make a
1171 commitment to stop perpetuating rape culture and work toward promoting positive
1172 change at school, within the community, and beyond. The figures below may provide a
1173 visual representation for students to gain a better understanding of how victims of
1174 sexual violence may also be revictimized by those who perpetuate rape culture.

1175 <byh> Rape Culture and Sexual Violence



1176

1177 Long Description of Rape Culture and Sexual Violence is available at
1178 <https://www.cde.ca.gov/ci/he/cf/ch6longdescriptions.asp#chapter6link3>.

1179 Source: WEAVE, Inc. (2017) <eyh>

1180 This image represents the impact of individual actions by perpetrators of sexual
1181 violence and those who also contribute to rape culture by perpetuating normalization
1182 and acceptance of sexual violence. The image does not represent equal weight of the

1183 trauma endured by the individual—rather, it is meant to demonstrate that both can be
1184 traumatic, which victims/survivors may experience differently. For example, it can be
1185 triggering and re-traumatizing for a student who has been sexually assaulted and then
1186 overhears rape jokes. This not only is traumatic in the moment, but it can also hinder
1187 the healing process. The following image provides examples of how a victim of sexual
1188 violence may be re-victimized over time and is not necessarily linear.

1189 **Revictimization and Ongoing Trauma**



1190

Long Description of Revictimization and Ongoing Trauma is available at <https://www.cde.ca.gov/ci/he/cf/ch6longdescriptions.asp#chapter6link4>.

1191 Source: WEAVE, Inc. (2017)

1192 Students may also better understand the issue of sexual violence and victim blaming
1193 through expanding their knowledge about sexual assault and consent. According to the
1194 National Intimate Partner & Sexual Violence Survey (CDC 2010), 29 percent of female
1195 rape victims were first victimized as a minor between the ages of 11–17, making <byh>
1196 **middle school and**<eyh> high school critical times to discuss culture change and non-
1197 victim blaming prevention strategies. It is important to address affirmative consent, the
1198 right to refuse sexual contact, and laws related to sexual behavior and the involvement
1199 of minors (9–12.1.9.G, Essential Concepts). Students learn in earlier grade levels the

1200 definition of sexual assault and consent and revisit this topic in ninth through twelfth
 1201 grades. Examples of sexual assault include rape, attempted rape, unwanted sexual
 1202 touching, and unwanted sexual acts such as oral sex. It is important to remind students
 1203 that sexual assault is not limited to heterosexual relationships and is inclusive of same-
 1204 sex relationships and other gender dynamics.

1205 **Definitions of Sexual Assault and Affirmative Consent**

Sexual Assault	Consent
Any unwanted sexual contact or sexual activity, whether through force, emotional manipulation, or coercion	Affirmative, continuous, conscious, and voluntary agreement to engage in sexual activity

1206 Source: CA Penal Code Section 261 and WEAVE, Inc. (2017)

1207 Using these definitions, students are able to analyze and conclude that consent cannot
 1208 occur if someone is unconscious or under the influence of alcohol or drugs. Students in
 1209 their teenage years may be more likely to use alcohol and other drugs than in younger
 1210 years, and they should be aware of the relationship between these substances and
 1211 sexual activity. Because alcohol and other drugs can lower inhibitions, they are common
 1212 facilitators of sexual activity including non-consensual sexual activity (9–12.1.9.A,
 1213 Essential Concepts). The potential for non-consensual sexual activity increases if both
 1214 individuals are under the influence of alcohol or drugs. <byh>Use of alcohols and other
 1215 drugs may also increase the risk of perpetrating sexual violence.<eyh> Many teens do
 1216 not recognize their experience as sexual assault or identify as a victim if they were
 1217 under the influence of substances, and, as a result, often do not report the assault.
 1218 Addressing this misunderstanding in the classroom and having students analyze sexual
 1219 behavior and influences can help them avoid potentially dangerous situations (9–
 1220 12.5.1.S, Decision Making).

1221 Students must understand that compliance or the absence of refusal is not affirmative
 1222 consent. Individuals who are faced with unwanted sexual activity may react in different
 1223 ways and may not resist the assault. This is a normal trauma response and important to

1224 discuss with teenagers, as some may blame themselves for what is perceived as
1225 compliance, silence, or lack of resistance. Other students may feel pressured to engage
1226 in sexual activity based on actual or perceived social norms, which should be analyzed
1227 and assessed (9–12.2.3.G, Analyzing Influences). Students should also learn and
1228 discuss the idea that respecting consent and refusal also means accepting that
1229 individual's right without pressure, shame, or debate. Challenging the concept of
1230 entitlement to sexual activity promotes primary prevention efforts.

1231 This is an appropriate time to ensure that students know how to access local sexual
1232 assault response services including access to emergency contraception and counseling
1233 and their rights to obtain these services. Because there is pressure from both social
1234 norms and individuals to engage in sexual activity, it is important for students to
1235 determine their own personal boundaries and practice affirmative consent and refusal
1236 skills (9–12.7.6.M, Practicing Health-Enhancing Behaviors). Knowing their personal
1237 boundaries can also help students evaluate and avoid risky or potentially dangerous
1238 situations and empower students to report sexual assault and molestation (9–12.4.2.S,
1239 Interpersonal Communication; 9–12.5.1.S, Decision Making). Students are led in a
1240 discussion that explores and identifies the physical response to feelings and emotions.
1241 From this discussion, students can learn how to be aware of the physical sensations in
1242 their body when trust and respect are present compared to when a boundary is being
1243 crossed. Students are guided in discussions about the right to refuse sexual contact,
1244 including in dating relationships, long-term relationships, and marriage. Students can
1245 advocate for violence prevention and work to create a school and community where
1246 sexual assault is not tolerated (9–12.8.1.S, Health Promotion). This also means
1247 supporting peers in making positive and healthful choices about sexual behavior (9–
1248 12.8.3.G, Health Promotion) and protecting their rights to personal boundaries and
1249 affirmative consent. Students can research support resources such as the local rape
1250 crisis center, law enforcement agencies, and local and national organizations including
1251 hotlines and support centers and distribute the information to other students. As an
1252 engaging and entertaining activity, students can participate in a poetry slam <byh>visual
1253 art, film, music, or theater<eyh> to explore issues of sexual violence through a creative
1254 voice.

1255 As students approach adulthood, they may become involved with an older romantic
1256 interest who may already be a legal adult. Referencing earlier discussions about healthy
1257 relationships can encourage students to analyze unequal power dynamics in an adult-
1258 minor relationship and relationships with large age differences. Students who are in an
1259 autonomous stage of development yet still growing in maturity may have a skewed
1260 perspective of adult intent with a minor. For example, students may believe their adult
1261 partner understands them like no one else or recognizes that they are mature for their
1262 age. This can be a red flag for sexual assault, molestation, and, potentially, sex
1263 trafficking.

1264 It is important for educators to build an awareness of sex trafficking and its impacts on
1265 youth. Sex trafficking is a growing social problem, and youth are especially at risk of
1266 being victimized. In California, the average age that a child is first brought into
1267 commercial sexual exploitation, or sex trafficking, is 12–14 for females and 11–13 for
1268 males (California Against Slavery Research & Education). Young people are vulnerable
1269 to this type of exploitation, and some high school students may currently be or have
1270 already been commercially sexually exploited. Students can use compare and contrast
1271 concepts, which they learned in language arts and English language development
1272 classes, to describe similarities and differences between sex trafficking and other forms
1273 of sexual violence and abuse previously discussed. One example of how to approach
1274 sex trafficking prevention education is provided in the classroom example below.

1275 Classroom Example: Sex Trafficking

1276 **Purpose of Lesson:** High school students are at-risk for sex trafficking and preventive
1277 education in school is critical in protecting youth. Students can also play a role in
1278 creating change through awareness, advocacy, and promotion of healthy relationship
1279 behaviors.

1280 **Standards:**

- 1281 • 9–12.2.4.G Assess situations that could lead to pressure for sexual activity and to the
1282 risk of HIV, other STDs, and pregnancy (Analyzing Influences).

1283 • 9–12.3.4.G Evaluate laws related to sexual involvement with minors (Accessing Valid
1284 Information).

1285 • 9–12.1.2.S Recognize potentially harmful or abusive relationships, including
1286 dangerous dating situations (Essential Concepts).

1287 • 9–12.3.1.M Access school and community resources to help with mental, emotional,
1288 and social health concerns (Accessing Valid Information).

1289 **Lesson:**

1290 <byh>At the beginning of the year, Mr. H informs students about his role as a mandated
1291 reporter.<eyh> Before starting this lesson, students are reminded of classroom
1292 agreements to ensure everyone feels safe and accepted. Mr. H specifically points out
1293 the agreement the class made to treat others with respect, keep information shared by
1294 other students confidential, and be open-minded about differences in opinion and
1295 experiences. Mr. H provides students with a list of local resources as he explains that
1296 talking about violence and abuse can be difficult and may cause some to have an
1297 emotional reaction. He tells students to be aware of how the material might be affecting
1298 them and to seek support if needed.

1299 Mr. H begins the lesson by asking students to “Take a Stand.” Students respond to
1300 statements regarding their current knowledge and opinions about sex trafficking. Mr. H
1301 asks the students if they agree or disagree that: slavery still exists today; they know
1302 what human trafficking and sex trafficking are; sex trafficking is a problem in their area;
1303 students can be sex trafficked; sex trafficking can be prevented; sex trafficking can be
1304 eradicated. After the exercise, Mr. H explains that sex trafficking is a type of human
1305 trafficking and a form of modern-day slavery. Students draw from learning in social
1306 science classes to describe what slavery is. A student explains their understanding of
1307 slavery and says, “Slavery is when someone is owned by another person or whose
1308 freedom is restricted.” Mr. H acknowledges that this definition is fitting for human
1309 trafficking as well. He adds that anyone under the age of 18 who is engaged in
1310 commercial sex acts is considered a victim of trafficking, not a criminal. Students ask

1311 what commercial sex is, and Mr. H explains that it is any sexual act that is exchanged
1312 for something of value. This can include an exchange of sexual acts for money, food,
1313 clothing, shelter, drugs, or other “gifts.” Forms of sex trafficking include involvement in
1314 prostitution, pornography, escort services, and strip clubs.

1315 Mr. H recognizes that some students may have unknowingly been trafficked, are being
1316 groomed by a trafficker, have been approached by a recruiter, or could be in the future.
1317 He explains this to the class and shares examples of these scenarios. Mr. H references
1318 earlier learning about healthy and unhealthy relationships and explains how traffickers
1319 often exploit their victims by first pretending to be a romantic partner. This happens
1320 through a process called *grooming*, in which a trafficker identifies a vulnerability, gains
1321 the victim’s trust, and then exploits them for the purpose of commercial sex and
1322 monetary gain. “Who doesn’t want to feel wanted, loved, and accepted? Traffickers
1323 know that, and use it to their advantage,” says Mr. H. Traffickers or recruiters for
1324 traffickers are often looking for victims with a vulnerability to exploit and may pose as
1325 romantic partners or friends or offer false employment opportunities such as in modeling
1326 or acting. It is common for peers to recruit for traffickers and offer a lifestyle of easy
1327 money and expensive possessions. This lifestyle may be appealing to some youth, but
1328 Mr. H reminds students that traffickers are looking to exploit and profit from victims, not
1329 help them. Regardless of willing participation, minors engaged in this activity are
1330 considered victims. Sex trafficking is illegal, no matter the age of the victim. Traffickers
1331 maintain power and control over victims using coercion and violence and often threaten
1332 or harm youth who seek to exit that lifestyle and its associated abuse.

1333 Mr. H gathers background information about current popular social media apps, as he
1334 understands that traffickers often use social media to find, groom, and exploit victims.
1335 Mr. H discusses these apps with students, asking questions about the purpose of each
1336 app, level of privacy, and level of perceived safety. There are apps in which the purpose
1337 is to connect with a stranger, some to anonymously share personal information and
1338 possible vulnerabilities before making connections, and others to casually hook up with
1339 or meet people in person. Mr. H explains that traffickers can hide behind the anonymity
1340 of these apps and other social media platforms in order to gain the trust of a potential

1341 victim. A trafficker may ask to meet a youth or request incriminating photos or videos
1342 that the trafficker will later use to blackmail the potential victim. While many traffickers
1343 begin as strangers to the victim, some youth are exploited by peers or family. Gang
1344 involvement can also put youth at risk, as gangs often view women and girls as property
1345 and see potential profit in exploiting them.

1346 Students explore the relationship between sex trafficking and dating violence, sexual
1347 assault, and child abuse. Through group discussion, students are able to identify
1348 overlapping components of each of these issues and recognize that not all sex
1349 trafficking victims experience all forms of violence. Students discuss how sex trafficking
1350 can look like an unhealthy relationship. Referring to the different forms of dating or
1351 relationship violence, students make the connection that sex trafficking can fall under all
1352 six forms of abuse—physical, emotional, sexual, spiritual, financial, and technological.
1353 Often times, victims are forced or manipulated into participating in commercial sex and
1354 because minors cannot consent to these acts, this is considered to be repeated sexual
1355 assault. While high school students may see themselves as adults and not identify as
1356 children, they can still recognize how adults may exploit minors in a way that meets the
1357 definition for child sexual abuse. By understanding the difference between healthy and
1358 unhealthy relationships, students can guard themselves against potential traffickers. Mr.
1359 H provides a visual for students to conceptualize the intersections of sexual violence.
1360 For example, a student may be sex trafficked by their partner which constitutes dating
1361 violence, repeated sexual assault, and child abuse because they are a minor. Mr. H
1362 explains that while the graphic illustrates intersections of sexual violence, not all forms
1363 of violence and abuse must be present to constitute sex trafficking.

1364 <byh>The figure below illustrates the intersections of sexual violence.



1365

Long Description of Intersections of Sexual Violence is available at <https://www.cde.ca.gov/ci/he/cf/ch6longdescriptions.asp#chapter6link5>.

1366

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

1367

Because some students in Mr. H's class may be impacted by sex trafficking in some way, he provides supportive resources and encourages students to reach out to trusted adults. Mr. H recognizes that while some students may recognize parents, guardians, and caretakers as trusted adults, others may not. Mr. H identifies other potential trusted adults such as teachers, school support staff, religious leaders, coaches, law enforcement personnel, and staff of community organizations. Some students may have experienced abuse by adults that others identify as safe. Mr. H is empathetic and supportive if a student expresses discomfort and makes note of this possible red flag. He also reports any suspicion of child abuse, including commercial sexual exploitation of children or sex trafficking, as required by mandated reporting laws.

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1377 Mr. H assigns a research project in which students analyze why sex trafficking exists
1378 and possible ways to address this global problem that also may occur in their
1379 community. Students research the prevalence of sex trafficking and are alarmed at how
1380 widespread it is. In analyzing its existence, some students relate the problem to the
1381 overt hypersexualization and objectification of women portrayed in the media, in
1382 addition to pornography and sex industry. Students discover that research
1383 demonstrates a link between pornography and sex trafficking. They further evaluate the
1384 role pornography plays in promoting sex trafficking and creating demand from the
1385 buyers of sex. Pornography may normalize sexual violence and its viewers may
1386 become desensitized to its impact, not understanding that many individuals featured in
1387 the photographs or videos are actually being trafficked as minors or otherwise forced or
1388 manipulated into participation. It is not uncommon for pornography to reflect rape
1389 culture, and it can sometimes be a form of sex trafficking. Students can also relate this
1390 concept to economic studies of supply and demand. If there is no demand for the
1391 purchasing of sexual acts, there would be no need for the supply of sex trafficking
1392 victims. In analyzing this concept, many students <byh>may<eyh> conclude that even
1393 willing participation in the sex industry may promote sex trafficking.

1394 The students decide that they would like to organize a school-wide awareness event in
1395 which expert speakers, including survivors of sex trafficking, present at an assembly
1396 and offer smaller group discussions on campus after the assembly. The students
1397 express an understanding that human trafficking is a human rights issue and work
1398 toward creating a violence prevention club to address issues such as interpersonal
1399 violence, harassment, and sex trafficking at their school.

1400 Mr. H commends the students for their ideas and efforts and encourages students to get
1401 in touch with local agencies that provide services for victims of sex trafficking. Students
1402 research additional agencies that they can support in their advocacy efforts and can use
1403 as resources. Mr. H also identifies himself as a supportive person and reminds students
1404 of the support services available on campus and in the community.

1405 It is important to remember when discussing these sensitive issues, some students may
1406 have experienced relationship violence, sexual abuse, or sex trafficking. In some cases,
1407 sexual abuse or sexual assault may be perpetrated by an adult. If a student discloses
1408 abuse, it is important to practice active listening, be non-judgmental, and respond with
1409 empathy, in addition to following mandated reporting laws and district protocols.
1410 Teachers have a unique opportunity to provide prevention education as well as observe
1411 behavior and possible warning signs of a student who may be in an abusive
1412 relationship, experiencing child sexual abuse, or being trafficked for commercial sexual
1413 exploitation. More information about sex trafficking can be found in the Appendix.

1414 The table below summarizes warning signs that can indicate a person is in an unhealthy
1415 or abusive relationship or a victim of sex trafficking. It is important to note that some of
1416 these warning signs may also be indicators of mental health concerns, substance use,
1417 adverse childhood experiences, and other issues among vulnerable youth who are not
1418 being sex trafficked.

1419

1420 Warning Signs

<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

1421 Source: WEAVE, Inc. (2017)

1422 **Partnering with your school:** Students encourage, advocate for, and support others
1423 by planning a school-wide awareness event on December 1 for World AIDS Day,
1424 <byh>Walk a Mile in Her Shoes, or Denim Day<eyh> (9–12.8.1-3.G, Health Promotion)
1425 or a Take Back the Night event (9–12.8.2.G, Health Promotion). Partner with GSA
1426 Network (transgender and queer youth uniting for racial and gender justice) to create an
1427 LGBTQ+ student-run club (9–12.1.10.G, Essential Concepts). Promote a school-wide
1428 read featuring the book, *S.E.X.: The All-You-Need-to-Know Sexuality Guide to Get You*
1429 *Through Your Teens and Twenties* (2016) by Heather Corinna.

1430 **Partnering with your community:** Students identify local resources for reproductive
1431 and sexual health and evaluate laws related to sexual involvement with minors by
1432 inviting the local American Civil Liberties Union chapter, local Planned Parenthood,
1433 CDPH, CDE, <byh>or other verified medically accurate organizations<eyh> to provide a
1434 professional development presentation on the California Healthy Youth Act for teachers,
1435 administrators, school board members, and parents, guardians, and caretakers. Using
1436 valid and reliable Web resources, students create a local resource guide of medical,
1437 health, and clinical providers, including those who provide services to the LGBTQ+
1438 population, for reproductive and sexual health services that includes how to locate
1439 accurate sources of information on reproductive health in their community (9–12.1.9.G,
1440 Essential Concepts; 9–12.3.2.G, 9–12.3.4.G, Accessing Valid Information).

1441 **Partnering with the family:** Approximately 40 percent of youth still learn about growth,
1442 development, and sexual health from their parents (SIECUS 2016). In accordance with
1443 the CHYA, encourage students to engage in an open dialogue with their parents,
1444 guardians, or other trusted adults about human sexuality. Students should be made
1445 aware that it is important to have someone that they feel comfortable speaking with
1446 when needed and that someone at school such as a <byh>school<eyh> counselor or
1447 credentialed school nurse can be a resource. A creative way to begin the conversation
1448 with parents, guardians, or caretakers may be for students to ask their parents,
1449 guardians, or caretakers: *When did you first start dating? When did you have your first*
1450 *boyfriend, girlfriend, or partner? How did you learn about sexual health?* Under the
1451 CHYA, parents and guardians must be notified that their student will receive

1452 comprehensive sexual health and be allowed to view the materials prior to instruction.
1453 Consider creating a CHYA community by hosting an education materials review night or
1454 encouraging administrators to share sexual health materials on the school district's Web
1455 site. Parents and guardians may have their student excused from comprehensive
1456 sexual health education and HIV prevention education only by submitting a request in
1457 writing to the school.

1458 **Injury Prevention and Safety (S)**

1459 High school students are potentially engaging in various activities that make them more
1460 prone to injuries and accidents such as driving and organized sports and activities.
1461 Some teens are involved in romantic relationships making them more at-risk for
1462 bullying, abuse, harassment, or violence. Others are at risk for gang involvement. Most
1463 high school students use some form of technology and spend time online, making them
1464 susceptible to electronic aggression such as cyber bullying, cyber harassment, and
1465 cyber stalking (AAP 2017, CDC 2017e). According to the CHKS (2015), approximately
1466 20 percent of students across all grades experienced cyber bullying in the past 12
1467 months. The National Center for Injury Prevention and Control under the CDC (2017d)
1468 reported that unintentional injury is the leading cause of death among youth 0 to 19
1469 years of age in the United States. Motor vehicle crash injuries are the single leading
1470 cause of death for young people between the ages of 5 to 19. As high school students
1471 transition to adulthood and may have perceptions of invincibility, school-based injury
1472 and violence prevention strategies are of paramount importance in this phase of a
1473 young person's education, before students embark upon their future. High school health
1474 education teachers and administrators can play a key role in supporting students to
1475 learn and apply the skills necessary for injury prevention and safety in person and
1476 online. To increase their awareness of potential injury, students research how to
1477 recognize and prevent sports-related health issues such as sudden cardiac arrest
1478 (SCA) and traumatic brain injury (concussions). Resources related to SCA can be found
1479 on the CDE Eric Paredes Sudden Cardiac Arrest Prevention Act Web page and through
1480 the Eric Paredes Save A Life Foundation. The California Interscholastic Federation

1481 provides resources related to concussions <byh>and SCA,<eyh> including information
1482 sheets for students who participate in school athletics.

1483 This content area includes the important topic of violence. Violence is a serious public
1484 health issue in our country. Applying a standards-based curriculum focused on violence
1485 prevention skills and competencies can support the overall goal of preventing youth
1486 violence. According to the CDC (2017e), youth violence refers to harmful behaviors
1487 among children and adolescents that lead to injury or death. Various behaviors such as
1488 bullying, physical abuse such as hitting or slapping, sexual harassment and violence,
1489 electronic aggression, and gang and gun violence all fall under the scope of youth
1490 violence. A young person can be a victim, offender, or a witness to the violence—or all
1491 of these. Those who survive violence often have lasting emotional trauma associated
1492 with the violence (CDC 2017e).

1493 In addition to statutory reporting mandates, all California school districts have mandated
1494 abuse and violence reporting policies and procedures in place. If you suspect or know a
1495 student is experiencing abuse, neglect, or violence, immediately file the necessary
1496 mandated report. Then follow any school or district protocols for reporting abuse. For
1497 additional information, see the mandated reporting section of the Introduction chapter.

1498 There are many individual, familial, social, and community risk factors associated with
1499 youth violence including poor academic performance, low commitment to school, and
1500 school failure. No one factor causes youth violence; however, one clear protective factor
1501 is the engagement of teachers. Schools that create an environment that does not
1502 tolerate aggression and bullying may have fewer incidences of violence (Lösel and
1503 Farrington 2012). School-based violence prevention programs that have proven to be
1504 ineffective include using scare tactics, peer-based education, and brief information-
1505 based health education (Telljohann 2015). Effective standards-based safety instruction
1506 for students should include active learning strategies and interactive teaching methods
1507 that are intellectually engaging, pique learners' curiosity, and provide ample social and
1508 physical learning opportunities (Edwards 2015; Johns Hopkins Center for Educational

1509 Resources 2013; Telljohann 2015). Evidence-based instructional strategies provide the
1510 foundation for the instructional suggestions found in this chapter.

1511 Building on the safety, violence, and injury prevention content and applied practice
1512 students learned in prior grades, students now further their knowledge and skills in this
1513 area by learning ways to prevent and reduce one's risk of violence and injury and how
1514 to effectively address harassment should it occur. Though still standards-based, this
1515 section includes more methods- and strategies-based approaches versus content-
1516 specific lesson plans. Health education teachers are encouraged to assess the unique
1517 climate and culture of their classes and communities versus implementing a "one size
1518 fits all" approach to the complex and multifaceted challenges of violence prevention.

1519 Provide students with opportunities to demonstrate negotiation skills for avoiding
1520 dangerous and risky situations and problem-solve and role-play various scenarios by
1521 applying a decision-making process. One strategy may be to ask students to identify a
1522 recent conflict or violent exchange they viewed in an online video, in a movie, or on a
1523 television show. Working in small groups, students identify who the target of the conflict
1524 was and who started the conflict. If there were any bystanders, what did they do? Who,
1525 if anyone helped? Students demonstrate conflict resolution skills and explain how the
1526 conflict could have been avoided or positively resolved (9–12.4.1.S, Interpersonal
1527 Communication; 9–12.5.1.S, Decision Making; 9–12.7.2.S, Practicing Health-Enhancing
1528 Behaviors). (See the Five-Step Decision-Making Model.)

1529 Working in pairs or small groups, students demonstrate effective negotiation skills for
1530 avoiding dangerous or risky situations by creating scenarios pertaining to violence or
1531 injury. The student-created scenario is then given to another pair or group of students to
1532 brainstorm solutions by applying a decision-making process. Students share their
1533 solutions with the class and then discuss the positive experiences and challenges with
1534 each scenario. If students need ideas for their scenarios, the teacher can suggest
1535 examples such as a student learns that another student has brought a gun to school
1536 and has the gun in their locker; a student learns that their friend is being harassed on
1537 social media by a group of students; or a student learns that their brother has just joined

1538 a gang. Students can also role-play student-created scenarios with an emphasis on
1539 integrating a decision-making process. The role play is followed by a group discussion
1540 on the effectiveness and safeness of the actions taken (9–12.4.1.S, Interpersonal
1541 Communication; 9–12.5.1.S, Decision Making; 9–12.7.2.S, 9–12.7.4.S, Practicing
1542 Health-Enhancing Behaviors).

1543 Obtaining one’s driver’s license is a celebrated milestone for many teens. It is also
1544 important for students to understand the risks and responsibilities that come with their
1545 newfound privilege. When students apply for a California driver’s license or identification
1546 card, they are asked if they want to join the organ and tissue registry. To support
1547 students’ decision making, the Donate Life California High School Education program
1548 provides free resources for classroom use that inform students about organ and tissue
1549 donation. Students analyze injury risks associated with driving by researching county-
1550 and state-level statistics on automobile crashes. Students can investigate issues that
1551 are of interest to them such as the risks associated with distracted driving, which
1552 includes texting while driving or using ATOD while driving. They also research pertinent
1553 laws and what could occur if someone is in violation of these laws. Students can write a
1554 proposed traffic safety bill or letter to their district representative on a concern related to
1555 traffic safety. Students research the Healthy People 2020 or 2030 site to investigate
1556 various motor vehicle safety objectives, for example their county’s seat belt-usage rate.
1557 Students can investigate the barriers that prevent people from wearing a seat belt.
1558 Students can role-play scenarios in which they refuse a ride with someone under the
1559 influence of alcohol or other drugs.

1560 Parental influence and graduated drivers licensing laws can have a positive impact on
1561 reducing teen automobile crashes (Share the Keys 2017). Having ample practice time
1562 driving with parents, guardians, caretakers, older relatives, or trusted adults beyond
1563 receipt of a driver’s license along with experienced, safe drivers serving as positive role
1564 models (for example, not using electronic devices while driving themselves) is key to
1565 improving teen driver safety. In pairs, students reflect on their own driving experience
1566 and personal driver safety. If they are not yet driving, students reflect on their
1567 anticipation of driving and their driver safety plan. Students write a driver safety plan to

1568 share with their parents, guardians, caretakers, or friends who are driving. Instruction on
1569 defensive driving is another strategy for lowering risk. Working in pairs or small groups,
1570 students first try to identify defensive driving tips from memory, experience, or creativity.
1571 Students share their tips by exponential think, pair, and share until one collective list is
1572 written. Students then research online defensive driving tips and supplement with their
1573 own ideas. Distracted driving including using electronic devices while driving is one of
1574 the most pressing issues related to driver safety (CDC 2017f). After researching
1575 statistics, policies, and educational material including public service announcements
1576 (PSAs) associated with distracted driving, students write a prevention plan to avoid
1577 distracted driving and present their content in class using creative platforms. Students
1578 then plan, implement, and evaluate a driver safety campaign for their high school to
1579 promote safe driving practices. Student and parent resources in English and Spanish on
1580 driving and highway safety can be found online by searching Share the Keys, the Teen
1581 Drivers section of the California Department of Motor Vehicles Web site, and the
1582 National Highway Traffic Safety Administration for education materials (9–12.1.6.S,
1583 Essential Concepts; 9–12.2.3.S, Analyzing Influences; 9–12.7.1.S, Practicing Health-
1584 Enhancing Behaviors; 9–12.8.1.S, 9–12.8.3.S, Health Promotion). (This activity also
1585 connects to the <bbh>[CA CCSS for ELA/Literacy \(W.9–12.7–9, SL.9–12.4–6.\)](#) <ebh>

1586 In a national survey, 23 percent of high school students reported gang violence in their
1587 schools (U.S. Department of Justice [USDOJ], 2017). According to the CHKS (2015),
1588 approximately 6.4 percent of ninth and eleventh grade students considered themselves
1589 to be members of a gang. Encouragingly, the majority of students (approximately 93
1590 percent) in the same survey reported feeling safe at school. Youth tend to join gangs for
1591 enjoyment, respect, protection, a sense of belonging, financial reasons, or peer
1592 influence (USDOJ 2017). Research varies on the effectiveness of school-based gang
1593 prevention programs. However, school connectedness and education partnerships
1594 among health agencies do seem to play an important role in lowered health-risk
1595 behaviors including violence and, in turn, support academic achievement (Bradley and
1596 Green 2013; CDC 2017). This complex public health issue requires a comprehensive
1597 curriculum approach. See the Grades Four Through Six chapter for instructional
1598 methods on teaching content related to gang activity including discussion points,

1599 scenario-based responsible decision making, and setting goals to prevent gang
1600 involvement. Students also learn more about this complex, multi-faceted issue through
1601 partnership presentations and educational resources from local law enforcement and
1602 nonprofit organizations. For example, Orange County California's Gang Reduction
1603 Intervention Partnership (GRIP) is a shared collaborative between the District Attorney's
1604 Office, Park Police, and the Sheriff's Department. School workshops include risk
1605 factors, prevention, and intervention strategies for students, educators, and parents,
1606 guardians, and caretakers. The Oakland Unified School District in Alameda County,
1607 California, provides gang prevention training for parents, guardians, and caretakers and
1608 school staff. Schools can apply for funding with the State of California's California Gang
1609 Reduction, Intervention, and Prevention (CalGRIP) grant. Most California police
1610 departments have a division of gang violence prevention to contact for presentations
1611 (9–12.1.7.S, Essential Concepts; 9–12.2.4.S, Analyzing Influences; 9–12.3.1.S,
1612 Accessing Valid Information; 9–12.5.3-4.S, Decision Making; 9–12.7.4.S, Practicing
1613 Health-Enhancing Behaviors; 9–12.8.1.S, Health Promotion).

1614 In the classroom example below, students serve as ambassadors for positive health
1615 practices and injury prevention.

1616 Classroom Example: Sport and Physical Activity Injury-Prevention Ambassadors

1617 **Purpose of the Lesson:** High school health students lead a peer-based program that
1618 empowers team captains to not only lead their teams to victory, but to injury prevention
1619 as well.

1620 **Standards:**

- 1621 • 9–12.1.1.S Discuss ways to reduce the risk of injuries that occur during athletic and
1622 social activities (Essential Concepts).
- 1623 • 9–12.3.1.S Analyze sources of information and services concerning safety and
1624 violence prevention (Accessing Valid Information).
- 1625 • 9–12.7.1.S (Practice injury prevention during athletic, social, and motor vehicle-
1626 related activities (Practicing Health-Enhancing Behaviors).

- 1627 • 9–12.8.2.S. Encourage peers to use safety equipment during physical activity
1628 (Health Promotion).
- 1629 • <byh>9–12.2.1.S. Practice health literacy by reviewing warning signs of a potential
1630 heart condition and encourage students to advocate for themselves (Analyzing
1631 Health Influences).<eyh>

1632 Mr. L’s health education students have been learning an array of injury prevention and
1633 safety content throughout the semester. They are now ready to apply what they have
1634 learned by embarking on a peer education effort. Mr. L’s students have come up with
1635 the innovative idea— to enlist the team captains for all sports and cheer teams as
1636 injury-prevention ambassadors for an injury-prevention campaign. Activities that do not
1637 have a captain will elect an ambassador. Mr. L’s students provide ambassadors with
1638 evidence-based, reliable, and valid sport injury-prevention materials such as tip sheets
1639 and talking points specific to their sport. These resources are researched and
1640 summarized by Mr. L’s students. Mr. L reviews all content and materials. The coach and
1641 physical education teacher also review any pertinent materials. The ambassadors share
1642 materials with their respective teams and advocate for accident reduction in sports and
1643 physical activities. Posters profiling the team captains and ambassadors and their
1644 personal quotes are displayed in various locations around the school such as the locker
1645 rooms, gym, hallways, and school cafeteria. They are also displayed on online
1646 resources such as the school’s Web site and social media sites. Mr. L’s students create
1647 and distribute surveys to evaluate the program and discover if students’ knowledge of
1648 the campaign and sports injury prevention had increased.

1649 Because prompt initiation of cardiopulmonary resuscitation (CPR) by trained bystanders
1650 can double survival rates, learning this safety skill has the potential to impact every
1651 student’s life and the lives of members of their community. Research confirms that
1652 schools are able to offer CPR to students despite time and budget constraints (Hoyme
1653 and Atkins 2017). California *Education Code* Section 51225.6 (Assembly Bill 1719,
1654 Statutes of 2016) supports students learning and demonstrating hands-only (chest
1655 compressions-only) CPR. In districts that require students to complete a health
1656 education course in order to graduate from high school, student must receive CPR

1657 instruction prior to high school graduation. Districts are encouraged to provide training
1658 to all students even if the district is not required to by statute. Contact local chapters of
1659 such organizations as the American Red Cross or the American Heart Association and
1660 your local emergency medical service providers who may be able to provide CPR
1661 training at low or no cost. A credentialed school nurse or other school staff member may
1662 also be able to provide CPR training if they are certified to teach CPR (9–12.1.10.S,
1663 Essential Concepts; 9–12.7.3.S, Practicing Health-Enhancing Behaviors).

1664 While CPR is an important skill for all students to learn, there are other emergency care
1665 procedures that students should learn, including what to do in the case of a drug
1666 overdose at a social event (9–12.1.10.S, Essential Concepts). Prompt response by
1667 trained bystanders can also save a life in the event of a drug overdose (Wheeler, 2014).
1668 Students can research and role play effective drug overdose prevention, recognition,
1669 and response techniques as a complement to CPR training. The American Heart
1670 Association has a protocol for responding to suspected opiate overdoses. Drug
1671 overdose recognition and response information is also available from community-based
1672 organizations such as the Harm Reduction Coalition and DanceSafe. Students can also
1673 research and debate the pros and cons of the Good Samaritan Law in California (*Health
1674 and Safety Code* Section 11376.5), which protects someone who provides medical
1675 assistance when responding to an overdose, as well as protecting the person who
1676 experiences a drug-related overdose. Additional standards-based learning activities can
1677 be found in Table 9.

1678 Injury Prevention and Safety Teaching Learning Activities

1679 **Essential Concepts:** 9–12.1.1.S Discuss ways to reduce the risk of injuries that can
1680 occur during athletic and social activities.

1681 **Essential Concepts:** 9–12.1.12.S Identify ways to prevent situations that might harm
1682 vision, hearing, or dental health.

1683 **Accessing Valid Information:** 9–12.3.1.S Analyze sources of information and services
1684 concerning safety and violence prevention.

1685 National Safety Month

1686 June is national safety month. Before summer break or graduation is an opportune time
1687 to plan awareness events. Students write research summaries and provide peer-based
1688 presentations or school-wide awareness and social media events on ways to reduce the
1689 risk of injuries and safety issues such as responding to an active shooter, sports injuries
1690 including concussions, or cyber harassment. See the National Safety Council's Web site
1691 for resources.

1692 **Essential Concepts:** 9–12.1.1.S Discuss ways to reduce the risk of injuries that can
1693 occur during athletic and social activities.

1694 **Essential Concepts:** 9–12.1.12.S Identify ways to prevent situations that might harm
1695 vision, hearing, or dental health.

1696 **Accessing Valid Information:** 9–12.3.1.S Analyze sources of information and services
1697 concerning safety and violence prevention.

1698 **Health Promotion:** 9–12.8.1.S Identify and support changes in the home, at school,
1699 and in the community that promote safety.

1700 Safety Evaluators

1701 Students learn the process of data collection by surveying fellow students during lunch
1702 or in other classes on a variety of safety issues. The survey data is analyzed; displayed
1703 using charts, tables, and graphs; and written up in a collective report or e-text to be
1704 distributed to the entire student body. The data collected on the surveys can be
1705 compared with state or national data. Ideas for survey items can be found in the
1706 California Healthy Kids Survey, CDC's Youth Risk Behavior Surveillance System
1707 (YRBSS), or Robert Wood Johnson's County Health Rankings. Students can also take
1708 a Safety Snapshot Survey on the National Safety Council's Web site that shows their
1709 top personal and environmental risks for accidents and injuries.

1710 **Analyzing Influences:** 9–12.2.1.S Analyze internal and external influences on
1711 personal, family, and community safety.

1712 Photovoice

1713 Students explore external and internal influences related to violence including media,
1714 family, friends, culture, and their own values and beliefs by creating photos for display
1715 using software or a poster format. Students write a one-sentence caption describing
1716 each photo in their display. Ideally, the students showcase 8–10 photos. Students
1717 present their photovoice project to their peers. For more information and resources,
1718 search the term *photovoice* online.

1719 **Essential Concepts:** 9–12.1.5.S Describe rules and laws intended to prevent injuries.

1720 **Essential Concepts** 9–12.1.8.S Describe California laws regarding bullying, sexual
1721 violence, and sexual harassment.

1722 **Health Promotion:** 9–12.8.1.S Identify and support changes in the home, at school,
1723 and in the community that promote safety.

1724 Text Ed

1725 Students research, plan, implement, and evaluate an anti-cyber harassment and cyber
1726 bullying campaign that is delivered via free text messaging and social media platforms.
1727 Students write content based on information found on valid and reliable Web sites and
1728 include California laws and school policies.

1729 **Essential Concepts:** 9–12.1.3.S Analyze emergency preparedness plans for the home,
1730 the school, and the community.

1731 **Health Promotion:** 9–12.8.1.S identify and support changes in the home, at school,
1732 and in the community that promote safety.

1733 Safety Assessors

1734 Working in pairs, students assess the safety of their campus environment by recording
1735 or listing safety hazards they observe on campus. Students create a master list of
1736 campus hazards and the best ways to address such hazards. Students complete the
1737 activity by writing a letter to the principal or plant manager describing the issues and
1738 offering possible solutions. The letters are shared with the principal or plant manager
1739 who is invited to come speak to the class regarding campus safety concerns.

1740 **Analyzing Influences:** 9–12.2.2.S Analyze the influence of alcohol and other drug use
1741 on personal, family, and community safety.

1742 **Decision Making:** 9–12.5.1.S Apply a decision-making process to avoid potentially
1743 dangerous situations.

1744 I Choose Refuse

1745 Substances such as alcohol or other drugs are often involved in dangerous situations.
1746 Applying a decision-making approach (reference the decision- making model in this
1747 chapter) to case studies or scenarios, students practice assertive refusal skills for
1748 various scenarios such as when someone who is drinking asks the student to get in the
1749 car they are driving or a friend joins a gang and pressures the student to join.

1750 **Health Promotion:** 9–12.8.1.S Identify and support changes in the home, at school,
1751 and in the community that promote safety.

1752 Safety PSA

1753 Students work together in pairs or small groups to research, write, and create a safety
1754 or injury prevention PSA. Consider recording the PSAs depending on the classroom
1755 technology. Invite the theater arts or journalism teachers and students to collaborate on
1756 this project.

1757 **Decision Making:** 9–12.5.1.S Apply a decision-making process to avoid potentially
1758 dangerous situations.

1759 Avoiding Trouble

1760 Using a decision-making approach (reference the decision-making model in this
1761 chapter) to case studies, students will decide how to avoid potentially dangerous
1762 situations. Situations might include being pressured to play drinking games at a party,
1763 being dared to try a skateboard trick without protective gear, swimming at night, or
1764 being pressured to join a gang.

1765 **Analyzing Influences:** 9–12.2.3.S Explain how one’s behavior when traveling as a
1766 passenger in a vehicle influences the behavior of others.

1767 **Health Promotion:** 9–12.8.3.S Encourage actions to promote safe driving procedures.

1768 Safe Driving

1769 Students analyze a scenario about a crash. In this scenario, the driver and two friends
1770 were taking home another friend who had been drinking. The drinking student refused
1771 to put on her seat belt and was sitting backwards in the front passenger seat. She kept
1772 blasting the music from the radio. The two friends in the back seat were trying to get her
1773 to turn the music down and to sit down. The driver decided to speed, hoping to scare
1774 her into getting seated. The driver lost control of the car on a corner and crashed, killing
1775 a passenger in the back seat. Students respond in writing to questions about what might
1776 have influenced each person’s behavior. The class discusses their responses and then
1777 brainstorms other ways that passengers might distract a driver. They also brainstorm
1778 ideas on ways that a passenger can positively influence others such as helping with
1779 directions or answering the phone if someone calls. Students then create a short song
1780 or rap to promote safe driving procedures.

1781 **Essential Concepts:** 9–12.1.10.S Describe procedures for emergency care and
1782 lifesaving, including CPR, first aid, and control of bleeding.

1783 **Practicing Health-Enhancing Behaviors:** 9–12.7.4.S Demonstrate first aid and CPR
1784 procedures.

1785 Saving a Life

1786 <byh>Working in teams of two, students will respond to various scenarios dealing with
1787 basic first aid and life-saving emergencies. One student in the pair will describe what
1788 should be done as the other partner demonstrates proper procedures for the situation.
1789 Partners will then switch roles. First-aid situations might include a friend getting cut on a
1790 piece of glass at the beach or touching a hot lawn mower and burning your hand. Life-
1791 threatening situations might include a child they are babysitting who chokes on a piece
1792 of candy. A scenario such as a coach or player collapsing at a practice or game could
1793 include playing out the Cardiac Chain of Survival, which is now part of coach training as
1794 outlined in the Eric Paredes Sudden Cardiac Arrest Prevention Act.<eyh>

1795 **Essential Concepts:** 9–12.1.3.S Analyze emergency preparedness plans for the home,
1796 school, and community.

1797 Getting Out Safely

1798 Students will draw a floor plan of their home, marking primary and secondary exit routes
1799 to be used during an emergency. They will designate a meeting place for their family
1800 members outside of the home. As homework, they will discuss their exit plan with a
1801 family member, check the batteries in smoke detectors, and discuss who will be
1802 responsible for younger siblings and/or pets. Ideally they will practice evacuating with
1803 their family.

1804 **Partnering with your school:** Students encourage their peers to be safe by creating a
1805 school-wide student safety club for school-based advocacy and awareness. The goal of
1806 the student safety club is to promote student safety and wellbeing (Standard 8: Health
1807 Promotion).

1808 **Partnering with your community:** Students analyze information and services
1809 concerning safety and violence prevention by developing a collective list of activities
1810 they are interested in or careers they may aspire to and draft invitation letters to
1811 contacts at local agencies. Examples of invited guest speakers include an emergency
1812 physician, someone from the cyber-crimes unit of a police department, an
1813 environmental health specialist, health inspector, an emergency room nurse, or

1814 someone from the local news station who can speak about how the media covers
1815 accidents or injuries. Speakers can be invited to address individual classes or larger
1816 student groups. Students write career aspiration papers based on the speaker’s content
1817 (9–12.3.1-2.S, Accessing Valid Information). Students analyze community resources for
1818 disaster preparedness and identify and support changes in the community. Students are
1819 encouraged to obtain their First Aid/CPR, lifeguard, or babysitting safety certifications
1820 and provided with information on local sources for certification. Students investigate
1821 service learning and volunteer opportunities with nonprofits specializing in injury and
1822 disaster preparedness such as the American Red Cross (9–12.3.2.S, Accessing Valid
1823 Information; 9–12.8.1.S, Health Promotion).

1824 **Partnering with the family:** Working with their family members, guardians, or
1825 caretakers students identify and support changes in the home related to possible safety
1826 issues. Using select items or sections from the CDC’s “Healthy Housing Manual,”
1827 students assess the health and safety of their home and environment. From this
1828 assessment, students and their families, guardians, or caretakers can create a personal
1829 or family safety plan (9–12.8.1.S, Health Promotion). Note teachers should be prepared
1830 to provide an alternative assignment based on their students’ living situations.

1831 **Alcohol, Tobacco, and Other Drugs (A)**

1832 Most students will be exposed to or offered alcohol, tobacco, or other drugs (ATOD) at
1833 some point in high school (Substance Abuse and Mental Health Services Administration
1834 [SAMHSA] 2017). The CHKS (2015) indicates that 57 percent of eleventh graders
1835 reported experimenting with ATOD at some point in their life. The CDC reports (2017)
1836 that opioid use and deaths due to overdose from opioids are increasing in the U.S.
1837 Prescription medications, including opioids, are some of the most commonly misused
1838 drugs by teens, after tobacco, alcohol, and marijuana. Promoting an ATOD-free lifestyle
1839 for youth is as rewarding as it is challenging. High school continues to be an important
1840 time for students to learn the benefits that can occur from responsible decision-making.
1841 Though it may seem like a time when independence prevails as high school students
1842 have greater responsibilities and transition to adulthood—positive influences, positive

1843 practices, skills, and resources are still valued in establishing a lifetime of good health.
1844 The complex issue of substance use and prevention requires a comprehensive
1845 community approach involving schools that play a critical role in awareness and
1846 prevention efforts (CDC 2017a).

1847 Prevention efforts implemented by health education teachers and administrators in
1848 California high schools are working as evidenced by students delaying initiation or
1849 usage of ATOD (CHKS 2015). According to the CHKS (2015), encouraging results
1850 show that overall and frequent/heavy ATOD use is declining, particularly among
1851 eleventh graders. Students also indicated that drugs were less readily available and
1852 reported greater negative perceptions of the harm associated with alcohol and tobacco
1853 use. Despite this encouraging data, results from the CHKS (2015) also confirm that 29
1854 percent of high school students report using alcohol; 20 percent are using marijuana; 22
1855 percent are using other drugs; 9 percent of eleventh graders were current tobacco
1856 smokers; and close to 14 percent of California seniors were either smoking tobacco or
1857 vaping (Barrington-Trimis 2016), making high school a necessary and opportune time
1858 for prevention efforts.

1859 Substance use costs our nation billions of dollars annually. Research confirms a
1860 correlation with underage substance use and misuse and poor academic performance,
1861 academic failure beginning in late elementary grades, low school attendance and lack of
1862 school commitment, and low high school completion rates (SAMHSA 2017).

1863 Adolescents at high risk for engaging in substances tend to exhibit more rebellious,
1864 antisocial tendencies, and a multitude of behavioral high-risk factors. Young people
1865 report many reasons for using ATOD that include to have fun, relax, forget troubles, feel
1866 better, look cool, and to deal with the stress and pressures of school (CDC 2017a).

1867 Building on the foundational ATOD competencies students practiced in prior grades,
1868 evidence- and theory-based instruction continues in hopes of preparing high school
1869 students with the knowledge, skills, attitudes, and behaviors to choose and maintain a
1870 drug-free life and to reduce drug-related harms. Other content areas should be
1871 integrated into instructional strategies when appropriate. Such content areas include

1872 physical activity as a healthy alternative to ATOD use; healthy coping behaviors in lieu
1873 of ATOD use (mental, emotional, and social health); or injury prevention and its
1874 connection to ATOD. In addition, students can research the costs to individuals of
1875 medical care, lost productivity, and legal consequences of ATOD use to analyze the
1876 benefits of an ATOD-free lifestyle. The National Institute on Drug Abuse (NIDA) offers
1877 ATOD prevention principles for prevention programs at the community level that can be
1878 adapted for school-based programs (2003). Teachers may utilize this resource when
1879 implementing ATOD prevention programs and curriculum.

1880 It is important to note that to be effective, ATOD prevention education must be delivered
1881 comprehensively with multiple instructional strategies (Stigler, Neusel, & Perry 2014).
1882 The most effective approaches are those that have multiple “touch points.”
1883 Implementing just one strategy has not been proven effective. Role-playing and case
1884 studies approaches are effective for learning about ATOD as they engage the interest of
1885 high school students and elicit skill application. Students can problem-solve various
1886 solutions to different scenarios involving ATOD. Responsible decision-making skills can
1887 be applied. For example, students practice assertive refusal skills in a scenario where
1888 they are offered a cigarette, pressured to use ATOD, offered a ride home from someone
1889 who has been drinking, or being offered an unidentified prescription drug taken from a
1890 friend’s parent’s medicine cabinet. Students can also role-play what they would do if
1891 they were at a party where everyone was drinking and using other drugs or a person
1892 was unconscious from using unknown substances. Interwoven in the role-playing are
1893 ways students can use assertive refusal skills versus passive or aggressive
1894 communication. Students are encouraged to share the skills with friends, parents,
1895 guardians, or caretakers, and family. Solutions such as contacting a parent, guardian,
1896 caretaker, or trusted adult are important to include (Standards 4: Interpersonal
1897 Communication and 5: Decision Making).

1898 Evidence has shown that middle grades students are at the greatest risk for first time
1899 and continued use of ATOD (Stigler, Neusel, & Perry 2014). However, continuing to
1900 educate students about the danger of ATOD abuse through high school is an important
1901 endeavor. One evidence-based comprehensive curriculum provides motivational,

1902 continual instruction using a variety of engaging methods. Some of the strategies are
1903 utilized in this evidence-based approach are:

- 1904 • Exploration of stereotypes
- 1905 • Identifying myth versus facts of ATOD usage
- 1906 • Psychodrama and talk show skits
- 1907 • Researching local treatment centers and support groups
- 1908 • Healthy ways to cope with stress
- 1909 • Completion of life goals along with a personal commitment contract regarding ATOD
1910 usage (Sussman 2017) (9–12.2.2.A, Analyzing Influences; 9–12.3.2.A, Accessing
1911 Valid Information).

1912 Another approach from the NIDA uses online vignettes of students sharing their stories.
1913 Students read online vignettes or watch videos of actual high school students who
1914 struggled with refusing ATOD or felt pressured by their peers. They may also view
1915 videos of students who engaged in binge drinking or smoking marijuana and later
1916 regretted it. Online vignettes can be paired with reflection writing assignments. Search
1917 online for free ATOD video vignettes resources such as SAMHSA's *Talk About Alcohol*
1918 *With Your Teen* (9–12.1.1.A, Essential Concepts; 9–12.5.1.A, Decision Making).
1919 Educators can search NIDA curriculum for evidence-based resources. Students may
1920 also complete online training certification in overdose recognition and response that the
1921 teacher has vetted.

1922 Five-Step Decision-Making Model for Grades Nine Through Twelve



Long Description for Five-Step Decision-Making Model for Grades Nine Through Twelve is available at <https://www.cde.ca.gov/ci/he/cf/ch6longdescriptions.asp#chapter6link6>.

1923 Source: Colorado Education Initiative, RMC Health 2017

1924 ATOD use is a complex personal and public health issue that is influenced by many
1925 internal and external factors. Mapping out various risk factors by using an electronic
1926 program, students identify individual risks for ATOD, which may include interpersonal
1927 risks with influences such as peers; environmental risks (such as a liquor stores selling
1928 alcohol to minors or a student ordering an <byh>**electronic smoking devices**
1929 **[ESD]**<eyh> online); community risks (such as cultural values and norms such as a
1930 hookah being smoked, even among minors, in a young person’s home during cultural
1931 gatherings or the pervasive alcohol use in the media); or public policy (such as the laws
1932 that are in place in one’s community). Students analyze the influence of alcohol and
1933 other drug use on personal, family, and community safety. They identify community
1934 resources and analyze sources of information as they research a specific risk factor and
1935 then deliver an oral presentation on ways to decrease its impact (9–12.1.1.A, 9–
1936 12.1.4.A, 9–12.1.8.A, Essential Concepts; 9–12.2.2.A, Analyzing Influences; 9–12.3.1-
1937 2.A, Accessing Valid Information). (This activity also connects to the <bbh>**CA CCSS**
1938 **for ELA/Literacy, W.9–12.7–9, SL.9–12.4–6.**)<ebh>

1939 Originating from drug use and HIV-prevention, harm reduction can provide a
1940 foundational methodology for teaching a variety of issues including ATOD. Harm
1941 reduction applies a practice, program, and policy approach. Students can research
1942 harm-reduction models online to share with their peers. A teacher-led discussion on

1943 harm reduction focuses on how effective, sustained behavior change occurs
1944 incrementally over time and meets each individual where they are in the behavior-
1945 change process. Students explore specific risks and harms associated with ATOD use,
1946 what causes the risk and harms, and what can be done to reduce the risk and harms of
1947 various ATOD substances (Harm Reduction International, 2017). The use of designated
1948 drivers to prevent drunk driving is an example of harm reduction. Harm reduction has
1949 also been used to reduce the risk of drug-related injuries, such as overdose or assault,
1950 as well as infectious diseases, such as HIV and hepatitis C. According to the CDPH
1951 (2017), hepatitis C rates increased 40 percent among males ages 15–19 from 2007–
1952 2015, likely due to increases in injection drug use, making harm reduction strategies for
1953 young people critical. Harm reduction strategies include safe injection education and
1954 supplies through syringe exchange programs and pharmacies; medication-assisted
1955 treatment for alcohol and opioid use disorders, such as naltrexone, buprenorphine, and
1956 methadone; and the distribution of naloxone to laypersons to reverse opioid overdose.
1957 Harm reduction has also included strategies such as testing drugs to determine what
1958 they contain, for example testing ecstasy to determine if it is contaminated with fentanyl
1959 or methamphetamine. More information is available from the Harm Reduction Coalition,
1960 DanceSafe, Drug Policy Alliance, and Students for a Sensible Drug Policy. Additional
1961 teaching activities can be found in below.

1962 Alcohol, Tobacco, and Other Drugs (ATOD) Learning Activities

1963 **Essential Concepts:** 9–12.1.10.A Clarify myths regarding the scope of alcohol,
1964 tobacco, and other drug use among adolescents.

1965 Fact or Fiction

1966 Using fact or fiction stickers that are made in advance, students post what they think is
1967 a fact or fiction about alcohol, smoking, or popular drugs such as marijuana or inhalants
1968 in response to various statements or statistics posted around the room or displayed on
1969 large paper or poster board. Teachers correct any incorrect facts or misconceptions. As
1970 a group, students discuss the facts. Students then individually write a reflection

1971 document listing items such as, *I was surprised to learn... I did know that...* and *In the*
1972 *future, I will...*

1973 **Decision Making:** 9–12.5.2.A Explain healthy alternatives to alcohol, tobacco, and
1974 other drug use.

1975 **Health Promotion:** 9–12.8.1.A Participate in activities in the school and community that
1976 help other individuals make positive choices regarding the use of alcohol, tobacco, and
1977 other drugs.

1978 Photovoice

1979 Students showcase positive alternatives and positive coping strategies to avoid using
1980 ATOD when offered by creating photos for display using software or a poster format.

1981 Students write a one-sentence caption summarizing each photo in their display. Ideally
1982 the students showcase 8–10 photos. Students present their photovoice project to their
1983 peers. For more information and resources, search *photovoice* online.

1984 **Essential Concepts:** 9–12.1.2.A Explain the impact of alcohol, tobacco, and other drug
1985 use on brain chemistry, brain function, and behavior.

1986 Blood Alcohol Content

1987 Students calculate their blood alcohol content (BAC) for their weight for different
1988 amounts of alcohol, measured by ounces, in various alcoholic drinks. Students research
1989 the BAC that can lead to an arrest for driving under the influence and how long it would
1990 take after drinking to no longer be impaired by alcohol.

1991 **Essential Concepts:** 9–12.1.1.A Describe the health benefits of abstaining from or
1992 discontinuing use of alcohol, tobacco, and other drugs.

1993 **Essential Concepts:** 9–12.1.10.A Clarify myths regarding the scope of alcohol,
1994 tobacco, and other drug use among adolescents.

1995 **Health Promotion:** 9–12.8.1.A Participate in activities in the school and community that
1996 help other individuals make positive choices regarding the use of alcohol, tobacco, and
1997 other drugs.

1998 ATOD Journalists

1999 Working with the school newspaper staff and/or independently to create a class
2000 magazine, students are assigned to research drug categories (hallucinogens, sedatives,
2001 or narcotics). Working in small groups, students research various aspects of the drug
2002 including the clinical and street names, short- and long-term effects on the body, and
2003 treatment. Each group writes a newspaper or magazine article on their assigned topic.
2004 A special issue of the student-created magazine can be distributed to the entire school.
2005 Special events such as National Drug and Alcohol Facts Week (usually the last week of
2006 January) or SAMHSA’s National Prevention Week in May can be used as a story lead
2007 in. In addition, students could create a fictitious cartoon strip featured monthly in the
2008 student newspaper showing two friends who, despite many temptations, choose an
2009 ATOD-free lifestyle. Each month their story unfolds in the cartoon strip.

2010 **Analyzing Influences:** 9–12.2.3.A Describe financial, political, social, and legal
2011 influences on the use of alcohol, tobacco, and other drugs.

2012 A High Price to Pay

2013 Students calculate the cost of <byh>tobacco products such as cigarettes, electronic
2014 smoking devices, or chewing tobacco.<eyh> Then <byh>they<eyh> calculate the cost
2015 for 5, 10, and 20 years along with the higher cost smokers have to pay for medical
2016 treatment and insurance. Through their research, students learn that smoking places
2017 one at risk for certain cancers, heart disease and stroke, emphysema, and chronic
2018 obstructive pulmonary disorder among other diseases and conditions. Students
2019 research the costs to society for medical care and related societal costs such as loss of
2020 job productivity and the effects of second-hand smoke. Students realize that while the
2021 social costs related to tobacco use are measurable, the loss of life and quality of life due
2022 to smoking are immeasurable.

2023 **Health Promotion:** 9–12.8.2.A Present a persuasive solution to the problem of alcohol,
2024 tobacco, and other drug use among teens.

2025 My Solution

2026 Students write a persuasive letter to the editor on a controversial ATOD topic of their
2027 choice such as whether performance-enhancing drugs should be legal; whether
2028 professional athletes have a responsibility to their fans concerning the use of alcohol
2029 and other drugs; whether alcohol use or advertising should be banned from films or
2030 other popular media; or whether items such as <byh>electronic smoking devices
2031 (ESD)<eyh> and vaporizers should be illegal for anyone under 21. Prior to the activity,
2032 students will research valid and reliable resources finding evidence for or against their
2033 chosen topic. The letter must include at least three reasons backed by evidence to
2034 support their opinion.

2035 **Essential Concepts:** 9–12.1.5.A Describe the use and abuse of prescription and
2036 nonprescription medicines and illegal substances.

2037 **Health Promotion:** 9–12.8.1.A Participate in activities in the school and community that
2038 help individuals make positive choices regarding the use of alcohol, tobacco, and other
2039 drug use.

2040 Staying Safe

2041 Using a free digital program, students write and create a children's book on the how to
2042 use over-the-counter- or prescription drugs safely. Having students present to local
2043 elementary school students or featuring the children's book on the school's Web site
2044 can further develop this activity. (This activity also supports <bbh>CA CCSS for
2045 ELA/Literacy standards in writing for different audiences.)<ebh>

2046 **Essential Concepts:** 9–12.1.4.A Identify the social and legal implications of using and
2047 abusing alcohol, tobacco, and other drugs.

2048 **Analyzing Influences:** 9–12.2.3.A Describe financial, political, social, and legal
2049 influences on the use of alcohol, tobacco, and other drugs.

2050 **<bbh>CA CCSS Reading Standards for Literacy in Science and Technical**

2051 **Subjects 6–12:<ebh>** Reading 9–10 #2 Determine the central ideas or conclusions of a
2052 text; trace the text’s explanation or depiction of a complex process, phenomenon, or
2053 concept; provide an accurate summary of the text.

2054 Changing Problems

2055 Students read information from the CDC’s site or from a written article on heroin,
2056 opioids, and the opioid epidemic, taking notes on the history of this crisis. Students work
2057 as a class to create a timeline of the major events that have possibly contributed to the
2058 epidemic such as the increase in the number of prescriptions written for opioid pain
2059 medicines, the lower cost of heroin, and heroin’s increased availability. Students then
2060 write a short story about an addict’s journey that explains some of the consequences of
2061 the addict’s use as well as the influences on their decisions to use (e.g., financial,
2062 social, legal).

2063 **Interpersonal Communication:** 9–12.4.2.A Use effective refusal and negotiation skills
2064 to avoid riding in a car or engaging in other risky behaviors with someone who has been
2065 using alcohol or other drugs.

2066 What Would You Do?

2067 Students work in groups of three for this activity. Students A and B role-play the first
2068 scenario while student C uses a communication rubric to evaluate how well student A
2069 uses effective refusal and negotiation skills. Student B will be persistent and student A
2070 will need to try at least two different techniques to refuse or negotiate. After each
2071 scenario, the students brainstorm other ideas on how the situation might have been
2072 handled. The students then rotate roles for the next scenarios.

2073 You and your friends drink occasionally. You ALWAYS have a designated driver. It's
2074 Alex's turn to drive but you notice that he has a drink in his hand. Alex says, "I'm only
2075 having one drink. Don't sweat it." What would you do?

2076 You are having dinner at your best friend's house. You noticed that your friend's parents
2077 have had several glasses of wine with dinner. After dinner, they offer to drive you home.
2078 What do you do?

2079 Your best friend convinces you to go to a party by telling you that the person you have a
2080 crush on will be there. Once you get there, you can tell that there has been a lot of
2081 drinking and drug use. Your crush has noticed that you've arrived. It's really loud and
2082 your crush suggests that you take a walk so the two of you can be alone. Your crush
2083 doesn't appear to have been drinking but might be under the influence of something
2084 besides alcohol. You really like this person. What do you do?

2085 **Accessing Valid Information:** 9–12.3.1.A Access information, products, and services
2086 related to the use of alcohol, tobacco, and other drugs.

2087 Who's Telling the Truth?

2088 Students individually compare two Internet sites. One site that promotes the use of e-
2089 cigarettes as a method to stop smoking and the other site that dispute that claim. Using
2090 a rubric for determining the validity and reliability of the sites, students determine which
2091 site is more accurate. Students share their Web sites and discoveries in small groups.
2092 <byh>The California Tobacco Control Program is a recommended resource.<eyh>

2093 **Partnering with your school:** See the Nutrition and Physical Activity Classroom
2094 Example for strategies that can be applied to ATOD content. Web sites such as
2095 Tobacco Free Kids have resources for school events (9–12.1.1.A, 9–12.1.10.A,
2096 Essential Concepts; 9–12.8.1–2.A, Health Promotion). As part of your school-wide
2097 ATOD health campaign, encourage the teacher librarian to acquire and showcase
2098 books that address ATOD among youth such as *I've Got This Friend Who: Advice for*
2099 *Teens and Their Fiends on Alcohol, Drugs, Eating Disorders, Risky Behaviors and More*
2100 by KidsPeace and Anna Radev (2007) and *On the Rocks: Teens and Alcohol* by

2101 Franklin Watts (2007). Students are encouraged to convene a reading or book club
2102 focused on health-related issues (9–12.8.1–2.A, Health Promotion).

2103 **Partnering with your community:** Students access information, products, and
2104 services related to ATOD by researching the mission and background of Alcoholics
2105 Anonymous, Marijuana Anonymous, Cocaine Anonymous, or Narcotics Anonymous and
2106 locate these self-help groups in their community. Students can learn what local
2107 agencies such as the county public health office and local harm reduction programs do
2108 to serve those with ATOD issues in the community (9–12.3.1.A, Accessing Valid
2109 Information).

2110 **Partnering with the family:** Students participate in activities in the school and
2111 community that help other individuals make positive choices regarding the use of ATOD
2112 by sharing health education information on ATOD obtained in class with their family
2113 members, guardians, and caretakers. Students can begin to dialogue with their parents,
2114 guardians, or caretakers on their views on ATOD and the rules or expectations they
2115 have for them regarding ATOD (9–12.8.1.A, Health Promotion).

2116 **Mental, Emotional, and Social Health (M)**

2117 Adolescence can be a challenging time for some students. Many high school students
2118 are experiencing physical, emotional, hormonal, sexual, social, and intellectual changes
2119 that may seem overwhelming. For some teens, these changes may lead to one or more
2120 mental health disorders (AAP 2017). Mental health conditions are considered by some
2121 as the most pervasive chronic disease (USDHHS Office of Disease Prevention and
2122 Health Promotion 2018). Building self-awareness through standards-based instruction
2123 on mental, emotional, and social health can foster academic success and emotional
2124 wellbeing for a lifetime. Learning activities that include setting goals assist students in
2125 self-discovery of their strengths and can be particularly important at this juncture.

2126 Research confirms mental health conditions are increasing among youth with estimates
2127 that up to one in five teens has a serious mental health issue with only 20 percent of
2128 those effected receiving treatment (National Institute of Mental Health 2016). Some
2129 groups such as LGBTQ+ students are at higher risk for mental health issues including
2130 suicide (CDC YRBS, 2017). Major Depressive Episodes increased 37 percent among
2131 adolescents from 2005–2014 (Mojtabai, Olfson, and Han 2016). Over \$250 billion is
2132 spent annually on childhood mental health conditions including anxiety disorders,
2133 attention deficit hyperactivity disorder (ADHD), autism spectrum disorders, trauma- and
2134 stress- related disorders, bipolar disorder, borderline personality disorder, depression,
2135 eating disorders, and childhood-onset schizophrenia. Nationally, suicide is the second
2136 leading cause of death among adolescents aged 12 to 17 years old and the third
2137 leading cause of death among California youth (CDC 2017, KidsData 2016). The
2138 California Healthy Kids Survey (2015) reported that slightly over 30 percent of ninth and
2139 eleventh graders reported feeling sad or hopeless almost every day for two weeks or
2140 more in the past 12 months which caused them to discontinue a normal activity.
2141 Importantly, close to 20 percent of high school students surveyed shared that they
2142 seriously considered attempting suicide in the last 12 months. California’s largest school
2143 district, Los Angeles Unified School District, reported more than 5,000 incidents of
2144 suicidal behavior in 2015, with 30 percent of high school students reporting prolonged
2145 feelings of hopelessness and sadness lasting more than two weeks, and 8.4 percent of

2146 high school students in the district attempting suicide (CHKS 2015). To address this
2147 pervasive issue, the AAP (2017) is now recommending depression screenings for all
2148 young people ages 11–21.

2149 The National Association of School Psychologists identifies the following mental health
2150 issues experienced by students that negatively impact their academic performance and
2151 success.

2152 Mental Health Issues of Adolescent Students

- | | |
|------|--|
| 2153 | • Stress and anxiety |
| 2154 | • Problems with family or friends |
| 2155 | • Disabilities |
| 2156 | • Thoughts of suicide or of hurting others |
| 2157 | • Academic difficulties |
| 2158 | • Worries about being bullied |
| 2159 | • Loneliness or rejection |
| 2160 | • Depression |
| 2161 | • Concerns about sexuality or gender identity |
| 2162 | • Alcohol and substance abuse |
| 2163 | • Fear of violence, terrorism, and war |
| 2164 | • Fear of being harassed or deported due to their immigration status |

2165 Source: National Association of School Psychologists (2015)

2166 Research conducted by the Collaborative for Academic, Social, and Emotional Learning
2167 (CASEL) (2015) confirmed that academic performance improves when a school's
2168 curriculum includes teaching students how to manage their stress and emotions and to
2169 practice empathy and caring behaviors. Health education teachers, credentialed school
2170 nurses, school counselors, and administrators play an important role in navigating
2171 students to appropriate services and referrals within the school setting. Establishing a
2172 caring, respectful, inclusive, and compassionate classroom and school climate sets the
2173 foundation for many of the standards-based instructional strategies covered under this
2174 content area and the entire chapter.

2175 There are many resources available to assist teachers in providing instruction on
2176 suicide awareness and prevention, which can be a difficult topic to teach. Districts are
2177 responsible for providing teachers and other district and school personnel the tools to
2178 recognize and respond to warning signs as well as guidance on what to do or say when
2179 a student needs help. Schools are required under *EC* section 215 to adopt a policy on
2180 suicide prevention, intervention, and postvention. The policy must address suicide
2181 awareness and prevention training for teachers. The CDE Model Youth Suicide
2182 Prevention Policy and other resources are available on the CDE Mental Health and
2183 Youth Suicide Prevention Web pages. The American Foundation for Suicide Prevention,
2184 National Alliance for Mental Health, and California Mental Health Services Agency also
2185 provide resources for schools.

2186 A safe zone is a safe, confidential, inclusionary, and welcoming space where all people
2187 can bring their authentic selves and feel welcomed (GSA 2016). To create safe zones in
2188 the school, as well as in the classroom, health education teachers, credentialed school
2189 nurses, and school administrators identify teachers, administrators, and
2190 <byh>school<eyh> counselors who can serve as Safe Zone gatekeepers for students
2191 who are suffering from a mental health challenge or issue. Safe zones can be
2192 designated by with a decal or sticker on classroom or office doors and inside
2193 classrooms. The intent is not for all teachers to be designated as official Safe Zone
2194 gatekeepers, only those who have a particular interest or experience in mental health or
2195 a particularly good rapport with students. GLSEN has developed a Safe Space Kit for

2196 teachers and other school staff that is available online at no cost. Students can honor
2197 teachers who serve as Safe Zone gatekeepers by creating a Safe Zone poster to hang
2198 in the classroom.

2199 Building on mental, emotional, and social health content learned in prior grades,
2200 students continue to apply standards-based competencies for positive mental health
2201 practices and recognition of mental health issues. Working in small groups, students
2202 first analyze the differences between mental distress, a mental health problem, and a
2203 mental disorder or mental illness by brainstorming and then researching words and
2204 terms associated with each mental health state in a group setting. Findings are shared
2205 with the entire class and clarified, if necessary, by the teacher. Thoughtful discussions
2206 that contextualize mental health for students focus on how mental illness is viewed in
2207 society and how stigma, stereotypes, and discrimination affect those with mental illness.
2208 After learning the definitions for common mental health conditions, students research
2209 and identify various signs and symptoms, along with the prevalence of mental health
2210 conditions experienced by adolescents. Some examples include eating disorders,
2211 ADHD, substance abuse and addiction, anxiety disorders, and depression. Findings are
2212 shared with the class. Working in small groups students research and identify ways to
2213 change the public's negative attitudes toward mental illness including education and
2214 awareness, legislation and public policy, open dialogue, and research. Students support
2215 the needs and rights of others regarding mental and social health by learning why
2216 changing negative attitudes toward those with a mental health illness and being aware
2217 of the stereotypes and stigma surrounding mental health issues is critical for removing
2218 barriers associated with access to care. Students evaluate the benefits of professional
2219 services for this complex and pervasive public health issue (Teen Mental Health 2017)
2220 (9–12.2.1.M, Analyzing Influences; 9–12.3.2.M, Accessing Valid Information; 9–
2221 12.7.4.M, Practicing Health-Enhancing Behaviors; 9–12.8.1.M, Health Promotion).

2222 Role-playing and case studies are effective approaches for learning mental health
2223 content as they engage the interest of high school students and elicit active learning
2224 and skill application. Videos of teens experiencing a mental health issue also work well.
2225 Students can problem-solve various solutions to different complex scenarios such as

2226 seeking help or assistance from a trusted adult for someone who is experiencing stress,
2227 depression, or is at risk of harming oneself or others by using *What If?...scenarios* such
2228 as, *Your friend seems really sad and has missed a lot of school, Your friend seems to*
2229 *be losing interest in activities they once enjoyed, or They are no longer being social with*
2230 *you and your other friends*. Students analyze the internal and external issues related to
2231 seeking mental health assistance and why those with mental disorders often do not
2232 seek help, so outreach from concerned friends and teachers is important in caring for
2233 others. Students discuss suicide prevention strategies by researching how to recognize
2234 and support someone who may have a mental health problem or may be at risk for
2235 suicide and create a tip sheet to educate other students (9–12.1.10.M, Essential
2236 Concepts; 9–12.2.1.M, Analyzing Influences; 9–12.4.1-2.M, Interpersonal
2237 Communication; 9–12.5.3.M, Decision Making; 9–12.7.3.M, Practicing Health-
2238 Enhancing Behaviors).

2239 Working in small groups, students collect data using a questionnaire on public
2240 perceptions of mental health. Students develop the questionnaire by modifying
2241 questionnaires from online resources. The questionnaire is distributed to adult family
2242 members and adult friends. Students then analyze, chart, graph, and summarize the
2243 data, sharing their results with the class by creating a poster or presentation. Students
2244 analyze and compare the various research outcomes noting any similarities or
2245 differences in their findings. This process encourages respect for individual differences
2246 and backgrounds (Teen Mental Health 2017) (9–12.1.5.M, Essential Concepts; 9–
2247 12.7.4.M, Practicing Health-Enhancing Behaviors).

2248 High school students experience stress from a wide array of internal and external
2249 pressures (AAP 2017, National Alliance on Mental Illness [NAMI], 2017). This becomes
2250 an important time to teach stress management. One instructional strategy for stress
2251 management is monitoring stress and assessing and comparing various coping
2252 mechanisms for managing stress with a weekly check-in activity (9–12.1.9.M, Essential
2253 Concepts; 9–12.5.1-3.M, Decisions Making; 9–12.7.1.M, Practicing Health-Enhancing
2254 Behaviors). Sitting in a circle, students discuss how their week is going. Students can
2255 begin with sharing how stressed they are feeling from a scale of 1 to 10, 10 being very

2256 stressed and 1 being not stressed at all. Students should be reminded that this
2257 classroom is a safe place, but they do not have to discuss their feelings if it would be
2258 uncomfortable. If it seems as though students do not feel comfortable at first, begin the
2259 activity by recounting an event that happened in the past (e.g., the first day of high
2260 school) and building each week from there. Students are encouraged to provide more
2261 than one-word responses. Students learn coping mechanisms for stress management
2262 from their research, peers, and health education teacher and are encouraged to identify
2263 goals for handling stress in healthy ways such as meditation, mindfulness, taking a
2264 break from social media or technology, abdominal or deep breathing, muscle relaxation,
2265 talking about your problems or worries to a trusted adult, decreasing negative self talk,
2266 breaking seemingly large tasks into small tasks, listening to music or going to the
2267 movies, drawing, reflective journaling or writing, starting a new hobby, physical activity
2268 such as dancing or hiking, spending time with pets or animals, or focusing on others
2269 such as volunteering for a beach or lake clean-up effort or at an assisted living home
2270 (9–12.7.1-2.M, Practicing Health-Enhancing Behaviors).

2271 Stress management does not only benefit students. It is also critical for teachers and
2272 administrators to maintain awareness of their own stressors and to take care of
2273 themselves regarding stress management. Teaching is one of the top professions for
2274 burnout. Being mentally and emotionally available for students means being there for
2275 oneself as well. Consider connecting with other positive, student-centered educators
2276 and administrators for peer support.

2277 An important aspect of emotional and social health is self-discovery (9–12.1.1–5.M,
2278 Essential Concepts). Students embark upon an activity where they complete statements
2279 on a worksheet or in a journal, with assurance that their responses are only for them.
2280 The prompts below are examples to get students started on their journals, but students
2281 should also be encouraged to write about personal concerns.

2282 Example Prompts for Self-Discovery Journals

2283 • I hope...

2284 • I hate...

- 2285 • When bullied, I...
 - 2286 • When I am stressed...
 - 2287 • I am most cheerful when...
 - 2288 • I love...
 - 2289 • I'm embarrassed when...
 - 2290 • I have great respect for...
 - 2291 • The person I admire most...
 - 2292 • The person who means the most to me...
 - 2293 • I wish...
 - 2294 • The thing I am most afraid of
 - 2295 • When I am late, I feel...
 - 2296 • When I am angry...
 - 2297 • When I feel awkward, I...
 - 2298 • When I want to show someone I like them...
- 2299 An important standard at the high school level is for students to identify the signs of
2300 various eating disorders including anorexia (eating too little), bulimia, (eating and then
2301 vomiting),and anorexia athletica (over-exercising on a limited caloric intake) (9–
2302 12.1.6.M, Essential Concepts). Close to 60 percent of teens engage in dieting, fasting,
2303 self-induced vomiting, or taking diet pills or laxatives; furthermore, female
2304 <byh>teens<eyh>who are overweight are more likely than female <byh>teens<eyh>
2305 who are the recommended weight to engage in extreme dieting (Evans et al. 2017,
2306 Wertheim et al. 2009). According to the National Institute of Mental Health (2017), close

2307 to three percent (2.7) of teens have an eating disorder. Male <byh>teens<eyh> are also
2308 at an increased risk of body image concerns with the media’s focus to be muscular, fit,
2309 and, in many cases, thin (CDC 2017, Evans et al. 2017). Eating disorders are often
2310 unknown and unreported and are one of the most difficult disorders to cure (American
2311 Psychological Association 2017, Merikangas et. al 2011). One of the purposes of the
2312 CHYA is to provide students with the knowledge and skills needed to develop healthy
2313 attitudes concerning positive body image. Student discussions on healthy body images
2314 can help dispel common stereotypes surrounding society’s perception of what an ideal
2315 body image is. For example, students may be healthy and not fall into society’s
2316 expectations around a thin physique. In addition, different cultural, racial, or ethnic
2317 groups may value different body types as ideal or healthy. Some people are naturally
2318 thin while others may have a taller, larger, or more muscular body type. Students at this
2319 age are inundated with media images and marketing regarding body image and
2320 society’s over-emphasis on the importance of being thin, overly muscular, or athletic.
2321 Some students may be experiencing changes related to puberty as their body grows
2322 and develops, making them self-conscious about their body. Teens who participate in
2323 weight-conscious activities such as ballet, gymnastics, or wrestling can be particularly
2324 vulnerable to external influences and pressure. Students discover more information on
2325 eating disorders (for example anorexia nervosa, bulimia nervosa, or binge-eating
2326 disorder), disordered eating (periodic or episodic engagement in an eating disorder),
2327 issues with malnutrition, and the importance of maintaining a healthy weight (9–
2328 12.1.11–12.N, Essential Concepts; 9–12.3.1–2.N, Accessing Valid Information).

2329 Eating Disorders Awareness Week is typically around the end of February and the first
2330 week in March. Students plan and implement a variety of events such as a film
2331 screening. Two examples of documentaries that could be screened are *All of Me*
2332 (2015), which features teens and adults who were challenged by eating disorders and
2333 highlights their emotional recovery, and *Dying to be Thin* (Public Broadcasting System
2334 [PBS], NOVA 2004), which examines the increase in eating disorders. As a culminating
2335 activity, the screening can be followed by a question and answer session with an expert
2336 panel. Students can develop and implement a student-led social media campaign to
2337 raise awareness of eating disorders and supportive community resources. Case-study

2338 analysis and reports on books featuring young adults with eating disorders can also be
2339 effective such as *Thin* by Lauren Greenfield (2006), *Perfect* by Emily Halban (2008),
2340 *Wasted: A Memoir of Anorexia and Bulimia* by Marya Hornbacher (1998) or *Man Up to*
2341 *Eating Disorders* by Andrew Walen (2014). After viewing the documentaries and
2342 reading the books, students write a self-reflection summary on what they were surprised
2343 to discover and on whether they feel pressured by peers, media, or family to look a
2344 certain way. (These instructional strategies also align to <bbh> **CA CCSS for**
2345 **ELA/Literacy for reading informational text.**<ebh>

2346 Students research various popular diets and healthy ways to maintain a healthy weight
2347 through choosing nutritious foods and beverages as well as how to lose or gain weight
2348 safely. Examples of healthier ways to maintain a healthy weight or lose or gain weight
2349 include engaging in physical activity, avoiding skipping meals, eating recommended
2350 portions of fruits and vegetables, drinking plenty of water, eating a variety of proteins
2351 and whole grains, being aware of meal portion sizes, and limiting foods high in sugar
2352 and unhealthy fats. Students learn that responsible decision-making is essential to safe
2353 diet practices. Students research examples of tactics advertisers use to market weight
2354 loss and weight gain supplements and diets that restrict calories or certain foods. By
2355 accessing school and community resources, students learn that information they may
2356 be receiving on dieting from the media, peers, or online may be inaccurate or promote
2357 eating disorders. They also evaluate the benefits of accessing professional services to
2358 address eating disorders. With additional instruction, students learn that if they or
2359 someone they know is suffering from an eating disorder it is important to contact a
2360 trusted adult such as their health education teacher, other teachers, the credentialed
2361 school nurse, or school counselor for help (9–12.3.1-2.N, Accessing Valid Information).
2362 Additional learning activities are found below.

2363 Mental, Emotional, and Social Health Learning Activities

2364 **Decision Making:** 9–12.5.2.M Compare various coping mechanisms for managing
2365 stress.

2366 **Goal Setting:** 9–12.6.2.M Set a goal to reduce life stressors in a health-enhancing way.

2367 **Practicing Health-Enhancing Behaviors:** 9–12.7.2.M Practice effective coping
2368 mechanisms and strategies for managing stress.

2369 Positive Coping

2370 Students journal the various stressors they encounter for three days, where the stressor
2371 occurred (home, at school, or with friends or family members), and how they coped with
2372 the stress. On the fourth day, students reflect and identify if they positively or negatively
2373 coped with each stressor. Negative coping mechanisms might include eating unhealthy
2374 foods, playing more video games to tune out, having unhealthy outbursts of anger, or
2375 sleeping to avoid the stressor. The teacher can lead the class through some common
2376 stress management techniques such as deep breathing, guided imagery, and
2377 mindfulness. Students can then be given the opportunity to participate in a station
2378 activity where they choose which stations they would like to explore. Stations can
2379 include ways to prevent stress such as guiding students as they set priorities by writing
2380 out a schedule or by allowing them time to organize their backpacks. Other stations can
2381 provide ways to manage stress such as allowing students to write letters of gratitude, do
2382 basic yoga movements, or create small posters giving themselves positive affirmations.
2383 They will then use a decision-making process to compare three of the prevention and/or
2384 coping strategies they have experienced. After determining what might be most
2385 beneficial to their health, they can use a goalsetting process to set a goal around
2386 preventing or managing their life stressors.

2387 **Accessing Valid Information:** 9–12.3.1.M Access school and community resources to
2388 help with mental, emotional, and social health concerns.

2389 **Accessing Valid Information:** 9–12.3.2.M Evaluate the benefits of professional
2390 services for people with mental, emotional, or social health conditions.

2391 **Interpersonal Communication:** 9–12.4.1.M Seek help from trusted adults for oneself
2392 or a friend with an emotional or social health problem.

2393 **Decision Making:** 9–12.5.3.M Analyze situations when it is important to seek help with
2394 stress, loss, an unrealistic body image, and depression.

2395 Friend Card

2396 Students create a small, wallet-sized card or an electronic equivalent—or both—with
2397 contact information on who to call for assistance in case they or someone else is feeling
2398 stressed, depressed, or seems to be at risk for hurting themselves or others. The card
2399 should include e-mail addresses, Web sites, and phone numbers of mental health and
2400 suicide prevention resources and contact information. Students discuss scenarios of
2401 when it would be appropriate to share the card with others or use the card themselves.

2402 **Practicing Health-Enhancing Behaviors:** 9–12.7.2.M Practice effective coping
2403 mechanisms and strategies for managing stress.

2404 Decision Tree

2405 Students realize there is usually more than one choice in life by mapping out a
2406 challenging situation they are currently experiencing or have experienced before using a
2407 decision-tree format. The teacher may want to provide an example of common concerns
2408 high school students face as an option for students who are not comfortable revealing
2409 their personal challenges.

2410 **Practicing Health-Enhancing Behaviors:** 9–12.7.2.M Practice effective coping
2411 mechanisms and strategies for managing stress.

2412 Erase Away Stress

2413 Students collectively write their stressors on a white board in class. Examples such as a
2414 difficult class; getting along with parents, guardians, or caretakers; or making the soccer
2415 team are listed. On another white board in class, students list what they are happy
2416 about in their life. There is power in seeing the collective comments displayed in the
2417 room. A teacher-facilitated discussion on stress management follows. At the end of the
2418 activity, a student volunteer symbolically erases the stressors listed. As an extension of
2419 this activity, students develop a stress-relief technology meme (a short repeating video
2420 or graphic to be shared online) to be shown at the beginning of each class.

2421 **Essential Concepts:** 9–12.1.4.M Describe qualities that contribute to a positive self-
2422 image.

2423 What's My Personality?

2424 Age-appropriate personality assessments can serve as teaching tools by which
2425 students self discover their unique personality traits and how to best rely on their
2426 strengths. Consider facilitating discussions on how students of different personalities
2427 can work best together and importance of maintaining a positive self-image. Collaborate
2428 with the school guidance and career counselors to obtain personality assessments.

2429 **Essential Concepts:** 9–12.1.11.M Identify loss and grief.

2430 **Interpersonal Communication:** 9–12.4.2.M Discuss healthy ways to respond when
2431 you or someone you know is grieving.

2432 Reflection on Loss

2433 Students write a reflective essay on what they may have experienced with the loss of a
2434 pet, family member, or friend. Students identify in the essay how they coped with the
2435 loss, what helped them recover from it, and what coping mechanisms they would
2436 recommend for a friend dealing with loss-related grief. (This activity also connects to the
2437 <bbh>CA CCSS for ELA/Literacy, W.9–12.7–9.<ebh>) Other activities such as planting
2438 a memorial garden or tree; creating a memorial scrapbook or ornament; or an activity in
2439 which students decorate a tissue box to insert notes in remembrance of those they have
2440 lost can be incorporated. Teachers should be prepared to connect students to
2441 supportive resources as this may be a triggering activity for some.

2442 **Essential Concepts:** 9–12.1.11.M Identify loss and grief.

2443 **Interpersonal Communication:** 9–12.4.2.M Discuss healthy ways to respond when
2444 you or someone you know if grieving.

2445 The Stages of Grief and Loss

2446 After reading about the stages of grief and loss, the teacher will analyze a poem dealing
2447 with these topics with the students. “Brooding Grief” by D. H. Lawrence might be a good
2448 example to use. In a whole-class discussion, the teacher guides students as they cite
2449 specific evidence from the text identifying each of the stages of grief. The students then
2450 choose a song or poem to analyze that identifies at least two of the stages of grief or
2451 loss. Students can use the sentence frame below:

2452 I believe this quote from _____ (name of the piece you chose) illustrates
2453 _____ (stage of grieving) because _____ .

2454 Students can share their examples and then brainstorm statements or comments that
2455 are healthy ways to support someone who is grieving. Teachers can have students
2456 practice offering words of support orally or in writing.

2457 **Partnering with your school:** To promote a positive and respectful environment,
2458 students can become a school advocate for social and emotional health by promoting a
2459 positive and respectful school environment. They can model behavior outlined in
2460 CASEL’s *Framework for Social and Emotional Learning* core competencies of social-
2461 and self-awareness and self-management of inappropriate actions (e.g., bullying)
2462 towards peers and community members that is based on perceived personal
2463 characteristics or sexual orientation (9–12.8.2–3.M, Health Promotion). Students create
2464 a school-wide campaign to promote any of the issues covered in this section, such as
2465 lessening the stigma linked to mental health issues. (See the Nutrition and Physical
2466 Activity Classroom Example in the Grades Seven and Eight chapter for more
2467 information.) Students can also create a school club focused on stress management
2468 where they not only promote stress prevention at school but also plan and enjoy
2469 activities together such as hiking, going to a movie together, or watching a school
2470 athletic team compete. Consider involving school counselors and school psychologists
2471 in the club. Request funding from the school district or school for the activities or
2472 strategies provided in this chapter. The NAMI has free evidence-based high school
2473 lesson plans for educating teens on a variety of challenging mental health disorders
2474 such as schizophrenia and bipolar disorder. Resources for role-play, story vignettes for

2475 those suffering from mental disorders, videos, and presentations are provided. Free
2476 mental health high school curriculum can also be found on the Web sites for *Walk in*
2477 *Our Shoes* and *Teen Mental Health* (9–12.7.4.M, Practicing Health-Enhancing
2478 Behaviors; 9–12.8.1-2.M, Health Promotion).

2479 **Partnering with your community:** Students create a resource directory of mental
2480 health services in the community for distribution at places where youth congregate.
2481 Invite speakers from mental health organizations, including age-group peers who have
2482 struggled with mental health issues, to speak at a forum held at the school and open to
2483 the community (9–12.8.1-2.M, Health Promotion).

2484 **Partnering with the family:** Networking with parents, guardians, caretakers, family
2485 members, and friends of students plays an important role in developing an environment
2486 that fosters a student’s resiliency and a teacher’s bond with the student. To support the
2487 needs of others and promote a positive and respectful environment, invite parents,
2488 guardians, caretakers, and family members to a presentation on youth mental health
2489 issues, such as *Walk in Our Shoes* (9–12.8.1-2.M, Health Promotion).

2490 **Personal and Community Health (P)**

2491 Health policies and local environmental health conditions have an impact on individuals’
2492 health. Students this age are more aware of their community beyond home and school,
2493 making high school an important time to analyze health issues that are challenging their
2494 greater community, including environmental concerns. Health education teachers are in
2495 an influential position to empower their students to value and respect their personal
2496 health and to positively impact students’ current and future health practices. High school
2497 provides opportunities to implement standards-based instructional strategies that will
2498 lead to more advanced personal health competencies.

2499 Chronic diseases have replaced infectious diseases as the top causes of morbidity and
2500 mortality when compared to a century ago (World Health Organization 2017). Despite
2501 marked progress with improved medical care for youth, youth health issues such as
2502 obesity, asthma, diabetes, ADHD and autism spectrum disorders, continue to be

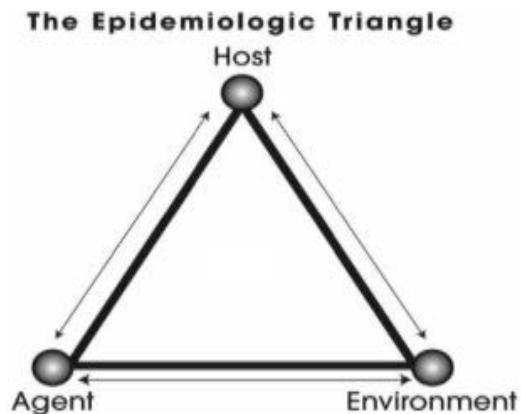
2503 important health considerations in California and across the United States. Many
2504 students still experience access-to-care challenges along with a myriad of health
2505 disparities in their everyday life that negatively impact academic performance and
2506 success (CDC 2017a).

2507 High school students engage in meaningful experiences by conducting community
2508 health assessments, one of the foundations of applied public health practice, to discover
2509 the top health issues of their community. Data obtained from the community health
2510 assessments can be coupled with “windshield” survey data (observational data
2511 collected by students observing their own neighborhood while they walk, take the bus,
2512 or drive with friends or family members around their community). For example, students
2513 chart the number of parks, fast food establishments, stores selling fresh fruit and
2514 vegetables, and liquor or convenience stores. They also observe any health hazards
2515 such as pollution in their community or unsafe housing, streets, cycling or pedestrian
2516 paths. Students write a report to synthesize their findings and research evidence-based
2517 solutions for the challenges they observed and present their findings creatively
2518 (Standard 1: Essential Concepts). (This activity also connects to the <bbh>[CA CCSS for](#)
2519 [ELA/Literacy, W.9–12.7–9, SL.9–12.4–6.](#)<ebh>

2520 Students investigate the causes and symptoms of communicable and
2521 noncommunicable diseases by becoming infectious disease investigators. The field of
2522 epidemiology (study of causes and patterns of disease) introduces students not only to
2523 a very interesting future career to consider, but also terms such as *host* (the who), *agent*
2524 (the what), *fomite* (an object that a virus or bacteria can live on), and *environment* (the
2525 where). Students learn the epidemiological terms by labeling an epidemiology triangle.
2526 Working in pairs or small groups, students label their epidemiology triangle to indicate
2527 the host, agent, environment, and fomite (if applicable) of an infectious disease they
2528 have researched. Various infectious and foodborne illnesses can be assigned to each
2529 student team to avoid duplication. Students investigate ways to avoid exposure to
2530 communicable diseases and use a decision-making process to identify if and how they
2531 need to change their health behaviors. Depending on the technology available, students
2532 can locate and print photos to illustrate their epidemiology triangle. The triangles are

2533 shared and posted in class. Students can also research the most common infectious
2534 diseases affecting young people in their age group in their community through
2535 resources such as the Web site of the local health department or the CDPH, Center for
2536 Infectious Diseases (9–12.1.5.P, Essential Concepts; 9–12.5.1-4-5.P, Decision Making).

2537 The Epidemiological Triangle



2538

Long Description for The Epidemiological Triangle is available at
<https://www.cde.ca.gov/ci/he/cf/ch6longdescriptions.asp#chapter6link7>.

2539 Source: CDC 2012

2540 Aside from promoting health-enhancing behaviors in students' lives, an important
2541 outcome of health education is behavior change. Teachers lead a discussion on harm
2542 reduction and how effective, sustained behavior change occurs incrementally over time
2543 and meets each individual where they are in the behavior-change process (Harm
2544 Reduction International, 2017). Harm reduction applies a practice, program, and policy
2545 approach. Students then research the recommended guidelines for personal health
2546 practices and decide on one personal behavior change they would like to accomplish in
2547 a semester. Such decisions or goals can include proper tooth brushing and flossing,
2548 getting adequate rest and sleep, washing hands regularly, wearing protective gear for
2549 eyes (sunglasses, goggles), <byh>and taking preventative measures to reduce sun
2550 exposure damage, and minimizing exposure to loud noises such as amplified music
2551 from headphones or ear buds.<eyh>

2552 Students write a behavior-change plan in which they list at least three ways they will
2553 measure their success with this behavior change and the supports they have for making
2554 this change (e.g., friends, family) in addition to any barriers to achieving the goal.
2555 Students also identify and record in their behavior-change plan how they plan to reward
2556 themselves in a healthy way following the change (9–12.5.1.P, Decision Making; 9–
2557 12.6.1-2.P, Goal Setting; 9–12.8.1.P, Health Promotion).

2558 High school students have a deeper understanding that their decisions have
2559 subsequent positive or negative outcomes, however, they are still challenged by
2560 feelings of invincibility making teaching health consequences important. As students
2561 move closer to young adulthood, they are also making personal health decisions for
2562 themselves and are becoming more aware of behavior changes they can make to
2563 maintain their wellbeing (Parent Toolkit 2017). Students analyze the barriers to adopting
2564 positive personal health practices by creating a decision tree that illustrates real-life
2565 examples of health decisions they have made and the impact of those decisions.
2566 Examples may be working late at a job or partying all night with friends leading to poor
2567 sleep and feeling tired the next day. The outcome may be poor performance in school,
2568 sports, or activities. Another example is not drinking enough water or other fluids while
2569 playing sports, which leads to dehydration. Students analyze the influences of culture,
2570 media, and technology on their health decisions and the consequences of their
2571 decisions (Standard 2: Analyzing Influences, 9–12.7.1.P, Practicing Health-Enhancing
2572 Behaviors). They share with one another what they may do differently if the same
2573 situation occurs again.

2574 Working in teams, students analyze how environmental conditions affect personal and
2575 community health by assessing their community's environmental health concerns.
2576 Students summarize their findings in a report and include recommended strategies and
2577 goals for solutions including policy or advocacy outreach ideas. An example may be
2578 students observe a higher level of air pollution an identified area of the community or
2579 lead in water from their research and observations. Students link their findings to a
2580 related health issue such as asthma or toxicity levels in affected communities and
2581 provide recommend prevention or remediation strategies including community

2582 mobilization and working with advocacy groups such as the Coalition for Clean Air in
2583 California (9–12.1.12-14.P, Essential Concepts; 9–12.2.3.P, Analyzing Influences; 9–
2584 12.6.1.P, Goal Setting). (This activity also connects to the <bbh>CA CCSS for
2585 ELA/Literacy, W.9–12.7-9.) <ebh> This classroom example below expands on this
2586 activity.

2587 Classroom Example: Why is *That* in Our Community?

2588 **Purpose of the Lesson:** Students investigate an environmental health issue on
2589 campus that leads them to a study of environmental health topics in their local
2590 community. Using data they collected on campus about water quality and environmental
2591 issues in their community, they analyze the results and describe the impact of air, water,
2592 and soil pollution, as well as waste management, on personal and community health. In
2593 the process, they learn about several agencies that promote health and protect the
2594 environment and discover how they can keep informed about local environmental
2595 issues.

2596 **Standards:**

- 2597 • 9–12.1.12.P Identify global environmental issues (Essential Concepts).
- 2598 • 9–12.1.13.P Describe the impact of air and water pollution on health (Essential
2599 Concepts).
- 2600 • 9–12.2.3.P Analyze how environmental conditions affect personal and community
2601 health (Analyzing Influences).
- 2602 • 9–12.2.4.P Discuss ways to stay informed about environmental issues (Analyzing
2603 Influences).
- 2604 • 9–12.3.4.P Identify government and community agencies that promote health and
2605 protect the environment (Accessing Valid Information).
- 2606 • 9–12.8.2.P Encourage societal and environmental conditions that benefit health
2607 (Health Promotion).

- 2608 • <bbh>Environmental Principles and Concept (EP&C) I:<ebh> The continuation and
2609 health of individual human lives and of human communities and societies depend on
2610 the health of the natural systems that provide essential goods and ecosystem
2611 services.
- 2612 • <bbh>EP&C IV<ebh>: The exchange of matter between natural systems and human
2613 societies affects the long-term functioning of both.
- 2614 • <bbh>EP&C V<ebh>: Decisions affecting resources and natural systems are based
2615 on a wide range of considerations and decision-making processes.
- 2616 • <bbh>California Next Generation Science Standard HS-ESS3-4.<ebh> Evaluate or
2617 refine a technological solution that reduces impacts of human activities on natural
2618 systems.

2619 **Supplies:**

2620 Access to campus locations where they can investigate water issues on campus and
2621 opportunities to obtain data from CalEnviroScreen the California Communities
2622 Environmental Health Screening Tool available from the California Environmental
2623 Protection Agency Office of Environmental Health Hazard Assessment.

2624 Students in Ms. K's class are learning about the effects of environmental conditions on
2625 their personal and community health. After a facilitated class discussion, several
2626 students comment on the bad taste and odor of the water that they drink from some of
2627 the school's drinking fountains. Several students wondered out loud how safe the water
2628 is in their whole community. They asked Ms. K. if they could work on a project to
2629 investigate water quality in their community.

2630 Ms. K tells them that she is familiar with an online environmental health screening tool
2631 called, "CalEnviroScreen." She explains CalEnviroScreen is a screening tool that
2632 evaluates the burden of pollution from multiple sources in communities and it will allow
2633 the students to study the levels of pollution in the community and how it may be
2634 affecting environmental health. Ms. K tells students that CalEnviroScreen will allow

2635 them to compare different communities in California based on potential exposures to
2636 pollutants, adverse environmental conditions, socioeconomic factors, and the
2637 prevalence of certain health conditions. She mentions that CalEnviroScreen presents
2638 data for areas called, “census tracts,” that they can use to compare results in different
2639 parts of their community or make comparisons to other communities.

2640 Ms. K divides students into teams and assigns each team to compare a census tract in
2641 their community with a census tract in a neighboring community and census tract in an
2642 area of their choosing in another part of California. The teams’ task is to compare the
2643 CalEnviroScreen data related to three environmental topics that are known to affect
2644 human health: water (using data on groundwater threats, impaired water, and drinking
2645 water); toxic chemicals (using data on pesticides, cleanups, and toxic releases); air
2646 pollution (using data on the ozone, particulate matter [PM 2.5], diesel, and traffic); and
2647 waste (using data on hazardous waste and solid waste). They will compare these
2648 results against environmental impacts using data for asthma, low birth weight, and
2649 cardiovascular disease.

2650 In preparation for their analysis and reporting, Ms. K reviews three of California’s
2651 EP&Cs with students by asking them to identify an environmental topic or environmental
2652 health problem that relates to each of the EP&Cs. Students identify many examples
2653 including:

2654 **Principle I:** The continuation and health of individual human lives and of human
2655 communities and societies depend on the health of the natural systems that provide
2656 essential goods and ecosystem services.

2657 Example: local water quality issues and their potential impacts on the health of
2658 individuals and communities

2659 **Principle IV:** The exchange of matter between natural systems and human societies
2660 affects the long-term functioning of both.

2661 Example: byproducts of mining, manufacturing, and agricultural activities entering the
2662 air, water, and soil

2663 **Principle V:** Decisions affecting resources and natural systems are based on a wide
2664 range of considerations and decision-making processes.

2665 Example: environmental health and environmental justice concerns related to water
2666 pollution in the local community and how they differentially affect various parts of a
2667 community

2668 Following their research and analysis, student teams are asked to report back to the
2669 class, summarizing their comparisons of their three census tracts. They use charts to
2670 depict the results about water, toxic chemicals, air pollution, and waste. They use
2671 graphs to compare the environmental effects they discovered with the environmental
2672 health impacts they analyzed.

2673 Several of the teams mention that they see a pattern that relates to the socio-economic
2674 conditions in the communities they compared. Some of the students mention that they
2675 see these issues as directly related to <bbh>EP&C V<ebh>, because the places where
2676 waste, toxic chemicals, and manufacturing facilities are located depend on a variety of
2677 political, economic, and social factors. Ms. K explains that differential environmental
2678 health impacts on communities with varied socio-economic conditions is a major health
2679 topic identified as “environmental justice.” Since many of the students express a strong
2680 interest in this topic, Ms. K invites a guest speaker from a community-based health
2681 organization to provide additional information and answer students’ questions about
2682 environmental justice.

2683 Recognizing the potential impacts of the environmental health issues they have been
2684 studying, a group of students encourages the class to develop a plan for informing
2685 people in their community about local environmental problems and how they may be
2686 affecting individual and community health. An important aspect of the students’
2687 campaign is encouraging their families and other community members to work to
2688 promote solutions to local environmental health problems.

2689 Personal health topics provide an opportunity to partner with community experts as
2690 guest speakers for classes with administrator approval. Subject matter related to

2691 injuries, emergency management, and community health is very specific, so partnering
2692 with certified, trained professionals is best. For example, someone from Donate Life
2693 California or someone who works in organ donation for a local hospital can come to the
2694 class or school to provide a presentation on organ donation. A local dental health
2695 professional such as a pediatric dentist, family<byh> **general**<eyh> dentist, or hygienist
2696 can visit the class to discuss and demonstrate the importance of oral health, dental
2697 hygiene, and sports mouth guards; an environmental health specialist can speak on
2698 local hazards, waste, pollution, and conservation efforts; or a school nurse or public
2699 health nurse or doctor can cover specific health issues (9–12.1.2.P, Essential
2700 Concepts).

2701 Sun safety is a personal health concern for many students in California, which has
2702 some of the highest skin cancer rates in the nation (National Cancer Institute 2016).
2703 <byh>**The importance of sun protection can be emphasized by informing students that**
2704 **skin cancer is the most common cancer in the nation (CDC, 2018).**<eyh> Students
2705 analyze the social influences that encourage or discourage sun-safety practices. They
2706 create infographics displaying skin cancer prevention and screening tips in a creative
2707 format that is shared with the class or school using an electronic program or the
2708 school's social media site. A guest speaker from the American Cancer Society, a
2709 dermatologist, or someone from an outdoor sports organization may also speak to the
2710 class about the importance of sun safety and skin cancer prevention. The presentation
2711 could include a discussion of the influences that encourage or discourage sun-safety
2712 practices (9–12.2.5.P, Analyzing Influences). See below for additional learning activities.

2713 Personal and Community Health Learning Activities

2714 **Essential Concepts:** 9–12.1.10.P Explain how public health policies and government
2715 regulations influence health promotion and disease prevention.

2716 **Essential Concepts:** 9–12.1.12-13.P Identify global environmental issues.

2717 **Essential Concepts:** 9–12.1.13.P Describe the impact of air and water pollution on
2718 health.

2719 **Analyzing Influences:** 9–12.2.3.P Analyze how environmental conditions affect
2720 personal and community health.

2721 **Accessing Valid Information:** 9–12.3.4.P Identify government and community
2722 agencies that promote health and protect the environment.

2723 Global Citizens

2724 Students develop as global citizens by watching documentaries such as: (1) PBS's *Sick*
2725 *Around the World* (2008) that compares the U.S. healthcare system to five other
2726 countries medical systems; (2) PBS's *RX for Survival: A Global Health Challenge* (2005)
2727 that documents key milestones in public health; (3) *Unnatural Causes: Is Inequality*
2728 *Making Us Sick?* (2008) that examines the racial and socioeconomic disparities in
2729 health; (4) *Straight Laced* that features teens speaking about gender and sexuality; and
2730 (5) *13th* (2016) a documentary on the intersection of race, justice, and mass
2731 incarceration in the U.S. Thoughtful teacher-facilitated discussion and students'
2732 reflection papers reinforce what the students learn from the documentaries. (This
2733 activity also connects to the <bbh>[CA CCSS for ELA/Literacy, W.9–12.7–9.](#)<ebh>

2734 **Essential Concepts:** 9–12.1.9.P Identify the importance of medical screenings
2735 (including breast, cervical, testicular, and prostate examinations, and other testing)
2736 necessary to maintain reproductive health.

2737 **Goal Setting:** 9–12.6.1.P Develop a plan of preventive health management.

2738 **Goal Setting:** 9–12.6.2.P Develop a plan of preventive dental health management.

2739 Screening Guidelines

2740 Students research medical screening guidelines and recommendations on preventive
2741 care such as cervical cancer screenings, mammograms, and prostate cancer screening
2742 for various fictitious people or clients. Using valid and reliable medical Web sites,
2743 students create personalized screening info-graphics or reminder cards for each
2744 fictitious person. An example may be a student has a 25-year-old client. Her

2745 personalized screening recommendation is for annual cervical cancer screenings,
2746 annual dermatology checks for skin cancer, <byh> **bi-annual** <eyh> dental exams, and
2747 annual physical check-ups. Students then research and write their own personal
2748 screening plan for 18, 25, 40, 50, and 60 years of age that includes healthy eating,
2749 exercise, regular medical exams and screenings, and vaccinations.

2750 **Essential Concepts:** 9–12.1.5.P Investigate the causes and symptoms of
2751 communicable and noncommunicable diseases.

2752 **Accessing Valid Information:** 9–12.3.2.P Access valid information about common
2753 diseases.

2754 <bbh> **CA CCSS Reading Standards for Literacy in Science and Technical**
2755 **Subjects 6–12** <ebh>Reading 9–10 #7: Translate quantitative or technical information
2756 expressed in words in a text into visual form (e.g., a table or chart) and translate
2757 information expressed visually or mathematically (e.g., in an equation) into words.

2758 Healthy People 2020

2759 Students explore Healthy People 2020, our nation’s health goals and objectives. They
2760 will then choose a disease mentioned as part of the objectives and create a short slide
2761 presentation. The presentation will include a slide with basic information about the
2762 disease such as causes and symptoms, at least one of the charts or tables from the
2763 Healthy People site with a written explanation of the data, and a suggestion on how
2764 more progress towards the goal can be achieved. Students will complete a gallery walk
2765 to explore the research of the other students.

2766 **Decision Making:** 9–12.5.5.P Analyze the possible consequences of risky hygienic and
2767 health behaviors and fads (e.g., tattooing, body piercing, sun exposure, and sound
2768 volume).

2769 Tattoos, Piercings, and Safe Needles

2770 Students are given three scenarios regarding getting a tattoo or body piercing. The
2771 scenarios might include a teen who is 18 years old considering getting a tattoo at an

2772 established tattoo parlor, a teen who is being pressured by a friend into giving tattoos to
2773 each other, and a teen who wants a body piercing. Working in pairs, students will
2774 investigate the risks and consequences of each scenario. For example, students
2775 research the risk of contracting hepatitis C in a licensed tattoo and piercing studios
2776 compared to the risk of unregulated settings or doing it themselves. Each student will
2777 then follow each step of a decision-making process to work through one of the
2778 scenarios.

2779 Students can explore safe-needle education and exchange programs and research
2780 advocacy organizations that advocate for safer needle exchange or tattoo practices.
2781 Information on safe-needle education and syringe-exchange programs is available from
2782 the California Department of Public Health Office of AIDS, the U.S. Centers for Disease
2783 Control and Prevention, and the Harm Reduction Coalition.

2784 **Health Promotion:** 9–12.8.1.P Support personal or consumer health issues that
2785 promote community wellness.

2786 Social Media Campaign

2787 Using approved social media Web sites, students write and create a health campaign to
2788 educate fellow students on a wide variety of personal health issues such as hearing
2789 safety and safe use of headphones when listening to music.

2790 **Essential Standards:** 9–12.1.1.P Discuss the value of actively managing personal
2791 health behaviors (e.g., getting adequate sleep, practicing ergonomics, and performing
2792 self-examinations).

2793 **Analyzing Influence:** 9–12.2.7.P Evaluate the need for rest, sleep, and exercise.

2794 **Goal Setting:** 9–12.6.1.P Develop a plan of preventative health management.

2795 **Practicing Health-Enhancing Behaviors:** 9–12.7.2.P Execute a plan for maintaining
2796 good personal hygiene (including oral hygiene) and getting adequate rest and sleep.

2797 Sleep Plan

2798 Students participate in a personal sleep study by creating a three-day log recording
2799 their sleep schedule, the quality of sleep, and the next day's energy and mood, along
2800 with the internal and external influences on their sleep behavior. Students can compare
2801 their findings with research-based recommendations and identify the benefits of meeting
2802 those recommendations. After evaluating this data, students apply a goal-setting model
2803 to create the action steps required to set and accomplish a personal goal to improve the
2804 quality and/or quantity of their sleep. Students share their goal with a partner, explaining
2805 the value of getting enough sleep, and then work on achieving their goal for one week.
2806 After the week, students will check in with their partners to share their progress towards
2807 achieving their goal, examining barriers to their success as well as positive influences.

2808 **Partnering with your school:** Working with school administrators and parent
2809 volunteers, students plan, implement, and evaluate a health resources fair. Students
2810 can host various booths on personal and community health subjects covered in this
2811 chapter and partner with community health service agencies and health-based nonprofit
2812 agencies to be included in the health resources fair. Fellow students, teachers, parents,
2813 guardians, caretakers, administrators, parent-teacher volunteer groups, and school
2814 board members are invited to attend the informational event (9–12.8.1.P, Health
2815 Promotion). Another activity provides students with the opportunity to analyze their
2816 school's safety plan for alignment with the health education standards. Students
2817 critically analyze their school's safety plan and research other school-safety best
2818 practices online; align the plan to the health education standards; and provide
2819 recommendations for administrators and the school nurse to consider (EP&C I and
2820 EP&C II).

2821 **Partnering with your community:** Community Health Promotion in Action: Students
2822 apply a decision-making model to a personal health issue they are experiencing by
2823 writing their discoveries in a reflective summary. Students then choose one community
2824 or environmental health issue of interest to them and apply the model, summarizing any
2825 observations. Finally, students share their summaries on a community or environmental
2826 health issue by presenting them to a local government or health-based nonprofit agency
2827 (9–12.5.1.2.P, 9–12.5.1.3.P, Decision Making).

2828 Another activity that promotes community wellness and encourages student
2829 involvement in societal and environmental conditions to benefit the health of their
2830 community is for students to research advocacy activities of various local nonprofit
2831 chapters such as the American Cancer Society, American Diabetes Association, and
2832 The Nature Conservancy of California (see EarthShare California for a list of
2833 environmental agencies). Students use those local activities as models to organize
2834 smaller school-based events to bring health education awareness to the school (9–
2835 12.8.1–2.P, Health Promotion).

2836 **Partnering with the family:** To promote their family’s and community’s health and
2837 wellbeing, students design and create a monthly or quarterly health newsletter or opt-in
2838 informational email for parents, guardians, or caretakers on various personal and
2839 community health topics studied in class. The journalism teachers and students can
2840 share any tips for creating newsletters or informational emails (9–12.8.1.P, 9–12.8.2.P,
2841 Health Promotion). (This activity also connects to the <bbh>[CA CCSS for ELA/Literacy](#)
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