Health Education Focus Group Report

A Summary of Oral Comments Received at the November 2016 Health Education Focus Group Meetings and a Compilation of Written Comments Received in November and December 2016 Regarding the 2019 Revision of the *Health Education Framework for California Public Schools, Kindergarten Through Grade Twelve*

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This section provides a summary of the oral comments made by focus group members and members of the public at the four focus group meetings. The oral comments made by members of the public are briefly summarized in table format following the notes from each focus group meeting.

- Focus Group 1: November 1, 2016: Tulare County Office of Education, Visalia
- Focus Group 2: November 7, 2016, Sacramento County Office of Education, Sacramento, and via videoconference at Siskiyou and Butte County Offices of Education
- Focus Group 3: November 15, 2016, Alameda County Office of Education, Hayward
- Focus Group 4: November 29, 2016, Long Beach Unified School District, Long Beach

Written Comments Submitted by Focus Group Members and Members of the Public 43
This section of the report is a compilation of written comments received in November and December 2016. Focus group members, educators, members of the public, and stakeholder organizations were invited to submit written comments on the discussion questions or the framework revision in general. Written comments submitted in conjunction with a focus group meeting are presented in the order of the meeting at which they were received. There were no written comments submitted in conjunction with the Alameda County Office of Education focus group meeting. Other written comments are presented by date received. The written comments are unedited, though the formatting has been altered for consistency and Web accessibility and personal contact information has been removed. Any errors are those of the authors.

- Focus Group 1: November 1, 2016: Tulare County Office of Education, Visalia

- Focus Group 2: November 7, 2016, Sacramento County Office of Education, Sacramento, and via videoconference at Siskiyou and Butte County Offices of Education

- Focus Group 4: November 29, 2016, Long Beach Unified School District, Long Beach

- Additional Written Comments Received

Introduction

As part of the process for revising curriculum frameworks, the *California Code of Regulations,* Title 5, Section 9511(c) requires the California Department of Education (CDE) to convene four public focus groups of educators in different regions of California to provide comment to the Instructional Quality Commission, Curriculum Framework and Criteria Evaluation Committee, and State Board of Education. The *Health Education Focus Group Report* encapsulates the comments from the focus group meetings and serves as a starting point for the 2019 revision of the *Health Education Framework for California Public Schools, Kindergarten Through Grade Twelve* (*Health Education Framework*).

The report begins with this introduction followed by the list of discussion questions that served as the basis for the focus group discussion and the oral and written comments. Beginning on page 6, the report is divided into three sections. The first section is a summary of the oral comments reorganized to emphasize comments that were offered by multiple focus group members at more than one focus group meeting. The second section contains a summary of all oral comments made at the each of the focus group meetings by both focus group members and members of the public. The third section of the report is a compilation of written comments received from focus group members and members of the public in November and December 2016.

The focus group meetings were held on the following dates in the following locations:

- Focus Group 1: November 1, 2016: Tulare County Office of Education, Visalia
- Focus Group 2: November 7, 2016, Sacramento County Office of Education, Sacramento, and via videoconference at Siskiyou and Butte County Offices of Education
- Focus Group 3: November 15, 2016, Alameda County Office of Education, Hayward
- Focus Group 4: November 29, 2016, Long Beach Unified School District, Long Beach

All of the meetings were video recorded, and copies of those recordings are available from the CDE upon request.

Health Education Focus Group Discussion Questions

The discussion questions were sent to all focus group members prior to the meetings and were posted on the CDE Web page for public review. With a minimum amount of time available for discussion at each of the meetings (about two hours), the questions were crafted around major instructional and content shifts that will need to be incorporated into the new *Health Education Framework*. For example, the questions guided the members of the focus groups and the public to provide insights and examples regarding how to incorporate the health-enhancing behavior skills that are emphasized in the state-adopted content standards for health education and support implementation of recent state statutes related to health education and inclusive curriculum and instruction.

Preface: Two of the primary goals for health education are to improve health literacy for all students and to help every student develop and maintain a healthy lifestyle. Discussion on the following questions will ensure that the *Health Education Framework for California Public Schools: Kindergarten Through Grade Twelve* supports those goals.

1. How can the framework support instruction that provides students opportunities to learn health education content and practice health-enhancing skills? What information should be included in an introductory chapter focusing on effective instruction of health-enhancing skills?

2. What guidance do teachers need to provide inclusive health education for all students, regardless of disability, gender, gender identity, gender expression, sexual orientation, nationality, race, ethnicity, language proficiency level, religion, socio-economic status, or living situation?

3. How can the framework support effective student assessment using a variety of assessment types, including assessment of health-enhancing behavioral skills?

4. What guidance do school and district administrators need to fully support health education and eliminate some of the barriers to health education instruction?

5. One chapter of the *Health Education Framework* will consist of the evaluation criteria for the next adoption of health education instructional materials for students in kindergarten through grade eight. What should the criteria require to ensure that instructional materials meet the needs of all California's students and their teachers?

6. Finally, what other recommendations do you have to ensure that the *Health Education Framework* is a useful tool for California's educators?

Summary Report of Oral Comments

This summary is a condensed report of the oral comments that were offered by multiple focus group members at more than one focus group meeting. Several themes and topics emerged from the focus group discussions regarding what information should be included in the revised framework for health education.

Health Education Overview

At the beginning of the framework, there should be an explanation of how the standards are organized, including the numbering system for identifying standards, and the essential connection between content knowledge and skills. The explanation should clarify the eight overarching standards and note their connections to skills in standards in other content areas. The framework should provide a definition of health literacy, explain what health education is and what it should look like in the classroom, and make a case for the importance of health education. The goals of health education, as envisioned in the health education standards, are for students to become health literate, make health-enhancing choices, and avoid risky behaviors. The framework should point out that the skills in the health education standards are transferable to other school subjects and apply to real-life situations.

A Practical Tool

The framework should be a practical tool for teachers. It should be easy to read, not overwhelming in length, free of jargon, and accessible for teachers who are not health educators. There should be many real-life examples for instruction in which the content and the skills are woven together. The examples should focus on students' behavior to help students develop health-enhancing skills and provide opportunities to practice skills so that students can make healthy choices. The examples should be useful and teacher friendly.

Instructional Support

The framework should provide guidance to teachers on developing lessons that are skills-focused, not just content. It should help teachers link health education to other subject areas for an interdisciplinary approach. Teachers also want strategies for differentiating instruction to meet the needs of all students, including students with disabilities and English learners. The framework should help teachers recognize and address personal biases, their own and those of their students, and create an inclusive classroom that is safe and supportive for all students, including lesbian, gay, bisexual, transgender, and questioning (LGBTQ) students. It should address the use of language to help teachers model using inclusive language.

The framework should provide considerable support for instruction in comprehensive sexual health that meets the requirements of the California Healthy Youth Act (*Education Code* sections 51930 to 51939), which mandates instruction at least once in middle school and once in high school. Because this instruction may not be provided by a credentialed health educator, the framework should help teachers identify resources

for medically accurate and age-appropriate information that is inclusive. The framework should include examples that are gender and culturally inclusive and emphasize healthy relationships.

Assessment

The framework should provide examples of many types of assessments. Assessment of health education should focus on the skills in the standards, not just the content. The framework should help teachers develop assessments that allow for multiple ways for students to demonstrate what they have learned. There should be ideas for student self-assessment and projects, skits, presentations, and other non-paper-and-pencil assessments.

Administrative and Community Support

The lack of administrative support is a barrier to health education that the framework should address. The framework should stress the importance of professional development for both teachers and administrators. It should help teachers and administrators advocate for health education and the resources (e.g., instructional time in the classroom, funding for supplies, current instructional materials) to provide comprehensive and effective health education. The framework should offer guidance for teachers and administrators on how to talk with parents/community members regarding potentially controversial topics in health education. The framework should also express the importance of having local policies and procedures related to health education and ensuring that all school personnel are aware of services and resources to which students can be referred.

Oral Comments

Focus Group 1: Tulare County Office of Education

Focus Group Members Present:

Name	Affiliation
David Rodgers	Visalia Unified School District
Emily Kuizenga	Central Unified School District
Harriet Huggins	Clovis Unified School District
Nicole Johnson	Lucia Mar Unified School District
Robert Daniel	Antelope Valley Union High School
Susan Killmer Gabin	Kern High School District
Teri Kahn	Tehachapi Unified School District
Terri Lindsey	Lemoore Union Elementary School District

Focus Group Discussion Notes:

Question 1
How can the framework support instruction that provides students opportunities to learn health education content and practice health-enhancing skills? What information should be included in an introductory chapter focusing on effective instruction of health-enhancing skills?

- The framework should be general enough to allow teachers to use their own expertise and knowledge of the local demographics and needs. Health education should change behaviors that are leading to shortened lives. Revise the list of diseases to include new diseases, such as Zika and West Nile.
- The framework should support continual self-assessments for students and give them the confidence to be health literate.
- The framework should address how to decrease risk behavior and include how health education impacts student achievement.
- The framework should include a little reminder section for teachers on what to think about, such as checking your own personal bias.
- Teachers want more specifics, less generalities. The framework should set the tone early on challenging topics, pretests, difficult or embarrassing topics; let them know what’s coming. Also, it should have a guide to local resources and where to go for more assistance beyond the framework. It should mention personal assessments for students, such as food logs and activity logs.
- The cognitive ability of students should be kept in mind.

- It should help teachers focus on current health issues in their community. The framework should express the difficulty of assessment of life skills versus math skills and provide guidance to teachers.
- The framework should talk about how topics, such as decision making, are addressed differently across grade and age levels. There needs to be scientific evidence for the information in the framework.

Question 2
What guidance do teachers need to provide inclusive health education for all students, regardless of disability, gender, gender identity, gender expression, sexual orientation, nationality, race, ethnicity, language proficiency level, religion, socioeconomic status, or living situation?

- The framework needs to include information on what is legal—what you can and cannot say in the classroom. The framework should recommend that professional teaching be done by professionals, in both certification and attitude/behavior.
- Teachers may need some specific topic education, especially on sexual orientation, gender identity, and even religion. They need to know how to work with students in the various groups. The framework should include suggestions on how to introduce certain difficult topics.
- The framework should provide guidance on how to handle difficult questions, legal mandates, and help for how to work with parents.
- Teachers need guidance on how to handle their communities (conservative versus liberal). (This comment was echoed by three other focus group members.) They also need information on how to introduce difficult subjects.
- The framework should offer guidance that districts need to coordinate health instruction. A certificated person with the appropriate background and training should provide training. This is usually only a semester course, so it needs to be good.
- Teachers need ongoing professional development on such topics as non-biased language and open communication with students and parents.
- The framework should include guidance for elementary teachers who do not receive training on health education and ways that teachers can integrate health education into other content areas because there is too little time to teach health education well.
- The framework should impress upon folks that teachers need to collaborate.

Question 3
How can the framework support effective student assessment using a variety of assessment types, including assessment of health-enhancing behavioral skills?

- The framework should include information on informal assessments, such as observation and demonstration of skills; clarify what skill is expected at what

grade level; and include ideas for writing prompts and some summative assessments as well.

- Teachers need guidance on developing their own lessons and assessments that are dependent upon the lessons.
- The framework should discuss pre- and post-assessments and interactive life skills with technology or lifestyle projects. Health education should be added to the state testing system.
- Teachers want to create their own curriculum but need to start from somewhere, so give them ideas about how a student could show knowledge of a standard in multiple ways.
- Tests do not always need to be multiple choice. Projects, writing, labs, and drawings are all good. We need more than the old way of assessing students.
- Extended responses are a good way to assess learning styles of students.
- Health teachers really need to know the topic they are assessing.
- Some examples of assessing life skills are: Do's and Don'ts skits, activities at choosemyplate.gov, and having students design recipes and menus from their own family history/culture with the appropriate identification of nutrition and food groups.
- Observe student behavior to assess their learning.

Question 4

What guidance do school and district administrators need to fully support health education and eliminate some of the barriers to health education instruction?

- There should be as much professional development for administrators as we suggest for teachers. Administrators lag behind teachers in terms of content knowledge and how to work with parents to support the teachers.
- The framework should make the state and federal law clear to administrators, including what they must provide to students and schools (comprehensive sexual health, HIV/AIDS education, etc.) and what is and is not appropriate curriculum. The administrators need to be able to speak with parents.
- They should know what kinds of questions would be coming from parents and when parents can "opt out" their children.
- Administrators need to know about the new sexual health laws. Administrators change schools/districts more than teachers, and they often do not know what local board policies are in place. The framework should note that the local board should hold professional development on policies for administrators.
- There should be a discussion of the local control accountability plan's impact on health education.
- The framework should promote the importance of health education. Administrators cut health instructional time, such as telling teachers to teach a four-lesson topic in two lessons to allow time for other things.

Question 5
One chapter of the *Health Education Framework* will consist of the evaluation criteria for the next adoption of health education instructional materials for students in kindergarten through grade eight. What should the criteria require to ensure that instructional materials meet the needs of all California's students and their teachers?

- The instructional materials should have age-appropriate text and images.
- The scope and sequence should be logical (e.g., start with body parts before different types of families).
- The instructional materials should include cross-curricular activities such as: math (body mass index) with health education (food map), the history of diseases, nutrition and fitness connected to physical education, and writing about healthy living (English language arts).
- The Positive Prevention curriculum is good but lacks engagement activities. Instructional materials should include writing, inquiry, and collaboration in the activities.
- Address special populations and special education in the materials.
- Have materials updated often (not every six years) because topics change quickly.
- The materials should include multiple media (print, audio, tactile) and include links to technology-based information.

Question 6
Finally, what other recommendations do you have to ensure that the *Health Education Framework* is a useful tool for California's educators?

- Include current issues in student health, such as vaccinations, sex trafficking, texting and driving, sexting.
- Public health issues should be discussed to establish a link between the health education topics and how public health issues impact lives.
- Mental health and social/emotional health do not have enough professional development, so the framework should call that out. Use wording teachers are familiar with.
- The framework should offer ideas about who at the school/district can help you (by position, e.g., school nurse, school phycologist, nutrition staff).
- Describe different types of abuses: bullying, emotional, physical, psychological.
- There should be a central point of information from the framework on one Web site so folks are on the same page.

Public comment:

Name	Affiliation	Summary of Comments
Phoebe Copp	Dairy Council of California	The framework should support student self-efficacy to change behavior. Students need to practice skills and their instruction should include performance tasks. Nutrition education should be an integral part of a comprehensive health education program. Social determinants of health should be addressed.
Katia Clark	Concerned mom, ACT	The difference between here and San Francisco is that the kids in San Francisco have access to information, condoms, etc. We need to understand our kids will leave this conservative area and go out into the world, and they should be prepared. Local statistics on teen pregnancy and sexually transmitted diseases are extremely high.
Jennifer Chou	Attorney, Fresno office of the American Civil Liberties Union	Regarding the California Healthy Kids Act, some districts need help implementing the law, specifically with understanding the law around sexual health education programs. Sexual health information helps students make healthy decisions. Instruction must be medically accurate. The framework should be a vehicle for disseminating this information and promoting professional development on this topic. Communities need quality sexual health education programs. The CDE and SBE should be the leaders of this effort.
Salvador Cazarez	Visalia Unified School District	Flexibility can also be a detriment. Flexibility can lead to inequality as some communities are more willing to discuss and teach some topics that others. This is about social justice, not just health education. All professional development is not created equal either. Professional development needs to be high-quality and provided by an expert or do not do it. Poor professional development can make teaching worse. The information and material need to be comfortable for the students, not the

Name	Affiliation	Summary of Comments
		parents. The curriculum needs to be in the best interest of students.
David Bouttavong	Fresno Barrios Unidos	In his area, sexual health is taught through biology classes. The local school district and the non-profit each provide about half of the instruction using Positive Prevention Plus. Being inclusive of all students is important. The information needs to be unbiased and science-based. Lesbian, gay, bisexual, and transgender students need to see themselves the textbooks and images.
Caty Wagner	Sequoia Community Advocates	There are accurate resources available. The American Civil Liberties Union (ACLU) toolkit is a great resource. Tulare is different from other counties. Tulare county has more lesbian, gay, bisexual and transgender families than any other county in California. Assessments are out there, we need to find the good ones that tell us if instruction is working. Sexually transmitted infections and sexually transmitted diseases (STDs) are spiking here. Super-STDs are a growing problem.
Amelia Warther	Mom of a ten-year-old girl and a son	Sexual health education is important to youth. The comparison [between Tulare and San Francisco counties] is not fair. Tulare has the highest rate of teen pregnancies and STDs. It's because we are too conservative. Do not allow flexibility – make them teach what the law demands under the Healthy Youth Act.
Merrilyn Brady	Retired public health professional and school health nurse, Alliance for Teen Health	I was born and raised here and never left. We hide behind the label of conservative county. If we conduct a survey we would learn that we are not that conservative. Too often we hear the cry of the right-to-life groups and not their opposition. Sexual health is the most important health topic to teach. These are the formative years to get this information to people. Visalia Unified School District has a Health Advisory Committee. We must use the health-risk assessment survey [Healthy Kids Survey] to influence our teaching. The information

Name	Affiliation	Summary of Comments
		provided is inconsistent even within the county.
David Rogers	Focus Group Member, Visalia Unified School District	We want to teach more [comprehensive sexual health], not less. The flexibility is to do more, not less instruction. I urge the members of the public to please go to the board meetings and say what you said today in support of comprehensive sexual health instruction.

Focus Group 2: Sacramento County Office of Education and via videoconference at Siskiyou and Butte County Offices of Education

Focus Group Members Present:

Name	Affiliation
Sandra Azevedo	Butte County Office of Education
Martie Hagarty	Siskiyou County Office of Education
Diane Lampe	Sacramento County Office of Education
Kimberly Walden	Twin Rivers Unified School District
Lora Jones	Sacramento County Unified School District
Nancy Midlin	Oakland Unified School District
Roberto Gantz	Stockton Unified School District

Focus Group Discussion Notes:

Question 1
How can the framework support instruction that provides students opportunities to learn health education content and practice health-enhancing skills? What information should be included in an introductory chapter focusing on effective instruction of health-enhancing skills?

- I would like to see the integration of the other standards (e.g., math, science, physical education).
- I would like to see in the introduction chapter more public and community health education in our school system. There is an impending disaster of antibiotic resistance. We need the kind of coursework that will develop a greater knowledge base for our students.
- I would like to also encourage the integration of health into other subjects, as is age appropriate. The framework should stress the awareness of personal responsibility of all aspects of one's health, including self-care. We need to help reduce the stigma of mental health issues.
- The framework should have connections to common core standards. Health education must be more than just the content but have application to students' lives. There should be a focus on decision-making skills and how to apply content to decision making.
- The framework should introduce ideas for developing skills to make healthy choices. It would be nice to have a self-assessment and have students evaluate themselves to see where they are in the range of skills and behaviors and revisit it often.

- Health education should address the problem that while the CA Heathy Kids survey indicates youth understand risky behaviors, they do not know how to avoid the risks of unhealthy behaviors.
- Start with an emphasis on active learning. Kids need to have the opportunity to practice skills to maintain healthy lifestyles.
- The framework could potentially have something about brain plasticity and the important connections between mental and physical health.

Question 2
What guidance do teachers need to provide inclusive health education for all students, regardless of disability, gender, gender identity, gender expression, sexual orientation, nationality, race, ethnicity, language proficiency level, religion, socio-economic status, or living situation?

- It is important to get up-to-date information and training for teachers who are teaching the curriculum. A lack of understanding could impact teaching. Teachers need to be well-formed.
- Teachers need ongoing professional development. There needs to be a hard look at our own bias and the need to address the needs of all students.
- School culture needs to embrace all diversity. Students need to feel valued by all adults and that they are an essential part of their school. Students should be seen as global citizens.
- The framework should support ongoing professional development and provide links to up-to-date resources and training in a central location.
- It would be helpful to understand the current laws and current court decisions to update school/district policies.
- Personal biases and cultural differences need a focus. Teachers need to know the local resources available. They need to know when to refer students for additional support and services.
- The framework should include topics such as cultural sensitivity for educators, information on universal design for learning to make sure that practices reach all students, and guidance on when it is important to refer students for care.

Question 3
How can the framework support effective student assessment using a variety of assessment types, including assessment of health-enhancing behavioral skills?

- It is important to develop age-specific surveys, which are difficult to come by. For younger students, surveys could include discussion topics. Districts can make use of what is available, and each district could develop something that they feel is effective and addresses what teachers are doing in the classroom.
- The framework should tap into the local control funding formula and the local control accountability plans, especially school climate.

- There needs to be more project-based learning and performance-based assessments. We should be as broad as we can.
- Students should engage actively. If we do it, we learn it.
- We should open this up more to a broad definition of health that includes mental health. Some of these assessments should be long term, ongoing.
- The framework should be a tool that educators can use. The framework should include realistic and helpful resources and examples for teachers to use and help tie health instruction to common core standards.
- The most helpful things to support teachers are examples of different activities' resources to support instruction.
- Assessment should incorporate the internal and external aspects of assessment.
- Health education activities should include students making a plan. They will be more likely to follow it and change their behaviors.
- Resources are so important. We need vetted resources that support teachers. There is so much out there on the Web, but not all of it is accurate.
- In high school there are so many standards, and they must fit into 90 days of instruction. It would be very helpful to know about the most useful resources that are available.

Question 4
What guidance do school and district administrators need to fully support health education and eliminate some of the barriers to health education instruction?

- They need a better understanding of what the *Education Code* says and what health education is and what is it not. At both the district and site levels, the administrators need a better understanding.
- Schools should be revising their wellness policies to reflect new laws.
- There need to be designated district educators. Who is going to teach health education is a grey area.
- Administrators need to have some of the buy-in for the integrated education (health with other subject areas). Administrators need an understanding of this.
- Administrators need to be aware of the long-term effects of not having health education and have a deeper understanding of the importance of health education. There could be better support and funding for this discipline.
- The framework should suggest that administrators foster the interagency partnerships in the community and school and family partnerships.
- There should be a systems approach to create a system-wide health education in a district. The multi-tiered system of supports could be a model.

Question 5
One chapter of the *Health Education Framework* will consist of the evaluation criteria for the next adoption of health education instructional materials for students in kindergarten through grade eight. What should the criteria require to ensure that instructional materials meet the needs of all California's students and their teachers?

- Three things are needed: medically accurate information; information that is current and up to date, possibly as supplemental materials; and a variety of levels to meet all students' needs.
- They must meet all criteria of the law, including the California Healthy Youth Act and any other laws.
- I would like to see diversity and materials that are inclusive as we can possibly be in language and images.
- They need to address the needs of our English language learners.
- It needs to be medically accurate. There needs to be something that provides updated information for our teachers and students. Public health agencies can provide updates to keep teachers updated.
- Be sure that they are looking at the whole child and looking at the balance of-socio-emotional, mental, and physical health.
- They should include useful, teacher-friendly ideas.
- The materials should provide opportunities for activities that are at higher depths of knowledge and performance-based learning activities.
- Highlight using universal design for learning in the development of the curriculum. There need to be strategies for teachers to infuse the curriculum into other curriculum areas and tools for ensuring the fidelity of instruction.
- I would like to see environmental health and materials that draw on new knowledge in science. A focus on sustainability and conservation could connect health education to the science curriculum and can start in kindergarten.

Question 6

Finally, what other recommendations do you have to ensure that the *Health Education Framework* is a useful tool for California's educators?

- The standards from 2008 are a jumping-off tool. We need to consider all of the changes that have taken place since the standards were adopted, in particular the standards for mental, emotional, and social health (MESH).
- Make the framework as easy to read as possible and not wordy or overwhelming. I am an educator and a mom. I need it simple, practical, and easy to read.
- The links and resources are important. It should be easy and practical.
- The old framework had a really great chart, the grade level emphasis chart. It should be done with the new standards in the new framework.
- Is California looking at other states and how they are able to fund health education and require it? Some states are providing health curriculum to schools. Can we learn something from them? There needs to be consistency of health education between the different providers. It is too important. I would like to see a central focus. Mandated minutes are my dream.
- It is very important to have accurate and current information.

Public comment:

Name	Affiliation	Summary of Comments
Marcus Mitchinson	Siskiyou County Office of Education	The 2008 standards for health education are grade-level standards but not all content areas are covered every year. We should teach all content areas every year. It has been reported that 25 percent of youth experience gender-biased comments. Teacher training to help us recognize our own bias is important.
Bruce Baldwin	Butte County Office of Education	Health education should be required in middle school and high school. When the framework addresses inclusive health education, it should mention rural youth as an at-risk population. There are fewer sources of information and services for youth in rural areas. The rate of chronic disease is higher, and it is harder to attract health education teachers.
Kay Reed	The Dribble Institute	Romantic relationships affect health. The social-emotional side of sex should be taught. Such instruction improves students' health and well-being and has many benefits that cross over to other relationships and behaviors. Research shows that when you teach the social and emotional issues around sex, school climate will improve; there is less abusive behavior. Helping young people with this type of instruction will be enticing to students.
Meghan Yap	California Coalition Against Sexual Assault	Dating violence and sexual assault should not be taught in isolation. It should be part of a coordinated school health system. Instruction should include violence prevention education. Bystander responsibility should be taught at an early age, as should bodily autonomy and boundaries. Instruction should include sex trafficking and information on the harmful effects of pornography. The Centers for Disease Control (CDC) released the "Connecting the Dots" and provides many other resources. The Coalition offers its expertise. (See the letter from California

Name	Affiliation	Summary of Comments
		Partnership to End Domestic Violence & California Coalition Against Sexual Assault in the written comments.)
Charlee Lewis	Member, Butte County Office of Child Abuse Prevention	In 2014, AB 2016 was enacted to support age-appropriate content for kindergarten and grades 1 to 12 in sexual abuse and sexual assault awareness and prevention in the framework. We need to teach sexual abuse prevention every year, at every grade. One study showed that in the years between birth to age five, 14 percent of children are sexually assaulted. We have a program on sexual abuse prevention that is being taught in San Diego during physical education classes. (See written comments for the study and information about the program.)
Tracy Mendez	Dairy Council of California	Nutrition education is important but a lack of time and competing priorities are barriers. The framework should have specific suggestions for linking nutrition education to other subjects and simple goals for instruction. There should be a comprehensive approach that includes working with the cafeteria staff and in the classroom, professional development for teachers, and using free resources. The CDE's *Nutrition Education Resource Guide* already has many of these. The framework can broaden nutrition education by showing how the existing nutrition competencies can fit into project-based learning.
Cheri Greven	Planned Parenthood Mar Monte	We agree 100 percent with what was said today about health education. It should be medically accurate, current, non-biased, and age-appropriate. Teachers need an online resource for medically accurate information. Planned Parenthood can be the resource for this information and provides training to teachers.
Maya Ingram	American Civil Liberties Union	The ACLU is a member of the Sexual Health Roundtable, which helped secure funding for the revision of the framework. The Roundtable supports the California Healthy Youth Act, and the framework should closely

Name	Affiliation	Summary of Comments
		follow the new law—all of its requirements. The framework must build on the 2008 health standards. Community members report that outdated and incorrect information is still being taught.
Krista Niemczyk	California Partnership to End Domestic Violence	We appreciate the comments by the focus group participants regarding addressing socio-emotional learning and the whole child in the framework. Our students are already experiencing dating abuse and witnessing domestic violence in their homes. Please include information in the framework to address these issues.
Michiko Adams	Girl Scout working on the Gold Award	I hope the framework can address food allergies. The 2008 health education standards only mention food allergies in grade one, but we need instruction to address and respond to food allergy crises in all grades. This will create a safer classroom environment.
Bryan Ehlers	Cal Recycle	There is a strong relationship between health and the environment. It's about the air we breathe, the water we drink, the food we eat. Our choices impact our environment and then impact our health. The Environmental Principles and Concepts (EP&Cs) can be used to integrate health education with science and history-social science. We have a great opportunity to include them in the health framework. The EP&Cs should be a category 1 criteria for the instructional materials adoption.

Focus Group 3: Alameda County Office of Education

Focus Group Members Present:

Name	Affiliation
Antoinette Schlobohm	Fremont Unified School District
Cheryl Nelson	San Francisco Unified School District
Christopher Pepper	San Francisco Unified School District
Daina Lujan	Millbrae School District
Diane Farthing	Amador Valley High School
Heather Anne Boyle	Los Altos High School District
Jacque Hartke	Santa Cruz High School
Jill Barbosa	Hayward Unified School District
Jill Vandroff	San Mateo County Office
Martha Adriasola-Martinez	San Francisco Unified School District
Sharon Dodson	San Ramon Valley Unified School District

Focus Group Discussion Notes:

Question 1

How can the framework support instruction that provides students opportunities to learn health education content and practice health-enhancing skills? What information should be included in an introductory chapter focusing on effective instruction of health-enhancing skills?

- The skills component is a lot about training. People need real, practical examples and how to have kids practice skills. Teachers are used to just delivering or telling kids information. We want kids to work with and internalize this information. Students should practice skills with real-life examples.
- Teachers at our workshops ask: What does this really mean? What can I really do? How far can I go? In order for students to get the best instruction there should be the best examples for teachers to follow.
- There should be a clear definition of what health education is and examples for teachers to follow. Health education, health literacy, must be a coordinated effort in the schools.
- Health literacy is a big topic, especially with common core. Teachers are worried about delivering health education with less time, so we need to make connections to literacy.
- The parent piece is crucial.
- The framework should include a policy piece and provide information on the different laws in the state.

- Students at the high school level have a semester course in health education, and the teachers feel stressed to fit everything into one semester. It involves a ton of editing and boiling down to the main things that we are going to teach. What are the behaviors we want students to learn? How are they going to learn about health for the rest of their life? We need to teach skills instead of throwing information at students.
- A society cultivates that which it rewards. In teaching, we need to think about the skills that we want kids to learn and work backwards. The framework should support connections to English language arts, math, and science standards. There needs to be more professional development and more workshops to prepare teachers. Many elementary teachers are less comfortable with health and science concepts. Health literacy is extremely important. I think of 5-E lesson plans when I read this question.
- I would like to hear from the students more. I would like students to define healthy lifestyles. It does not just need to be in health classes, but throughout their day. There is some funding to increase health and physical education. We need to educate administrators.
- We need to be accepting of people as they are. Lesbian, gay, bisexual, transgender, and questioning students (LGBTQ students) need to be addressed.
- The framework should include guidance on implementing AB 1719, the cardiopulmonary resuscitation bill.
- The framework needs to help teachers boil down the content. For health education in grades 9–12, there are six content areas and within those there are eight overarching standards. In my class, I told students to go online and pick four to six things from each unit they found most important to include in the course.
- The grades 9–12 standards are much too verbose to be useful to me.
- A student provided this input: The topics should be useful enough to spark our interest, such as relationship advice, how to be safe in a relationship, and how to be safe on the internet.
- I would like more technology-savvy students. We need to stay ahead of the game. It is a challenge to keep students engaged. It needs to wow students and be super informative and accurate.
- Training the trainers is so important. People need to be trained every year, and the training needs to be really up to date. What are the reputable places online to get accurate information for students and us as educators?
- I love the idea of involving the students in decision making.
- When the standards came out I was happy to see the content standards and skills woven together. Many textbooks have the skills in earlier chapters and the content in later chapters.
- We need to help new teachers and other teachers narrow down the standards and the topics so that they fit into the year. What are the power standards? If we cannot cover everything, what do we cover and cover well? What is required by

law? The framework should include something that makes it clear to administrators what we are required to teach.

- The internet will be a key source of student's information in the future, and the potential dangers of it should be part of our instruction. Students get a lot of "information" about sexuality online, which may not be the best source. Kids need to be able to sort out what is "real life".
- The most important thing is skills, the skills that we teach in health in the overarching standards. Those skills transfer across all content areas.
- Textbooks become obsolete. By the time they are published, there will be new information. What is truth? What is fact?
- In terms of topics that are taught, I agree there should be student choice. But, today we were talking about grief and my students said, "I don't want to talk about grief," but many of them are grieving. Many of the things we don't want to talk about are what we need to talk about it.
- What do we agree are non-negotiables that students need to learn?
- We need to be really clear about what the standards really mean and provide "access and analyze" examples. What does health promotion look like? I have fears about choosing essential standards. What is important for some student populations may not be for others and changes all the time.
- I want some strong language about giving students time to practice the skills and having qualified educators teach students those skills.
- The framework needs to address why the topics are important and what happens when students do not learn the content and skills in health education. The California Healthy Kids survey can be a resource for determining what is essential that kids do not leave 5th, 8th, and high school without learning. We need to teach kids about where they can go for quality information.

Question 2

What guidance do teachers need to provide inclusive health education for all students, regardless of disability, gender, gender identity, gender expression, sexual orientation, nationality, race, ethnicity, language proficiency level, religion, socio-economic status, or living situation?

- Three years ago we were not talking about any of these terms. Where can I get additional information about these terms? People are aware of changes, and they need to know where they can go to get more information.
- The Rainbow Association came and spoke to the school nurses. They introduced themselves by how they identified. It was a first for me. This is an awesome project. The language is important. You can offend easily.
- Teachers should come in without assumptions. We definitely need resources. This is where the kids are the experts. The intrapersonal intelligence is important and kids know themselves best.
- How do we get kids to feel comfortable identifying themselves? How do we create an inclusive classroom?

- We need to use precise language that is free of bias.
- We need teachers and administrators to feel confident that this is something that they can address. Teach them how to handle difficult situations in the classroom, such as how can a teacher deal with a student of one faith that does not accept how others identify.
- The framework should provide a lot of practical ideas on how gender inclusiveness can be built into a lot of school practices.
- I think there is a place to have some sort of scripts with information such as “Say this and not that.” Maybe do not say “boys and girls,” maybe do not say “’parents” all the time but maybe say “caretakers.” Maybe a T-chart on say this and not this could be included in the framework.
- The framework should talk about how to create a good atmosphere through teambuilding. Maybe a teacher could do a survey with students at the beginning of the year to see how they identify.
- I would like guidance to elicit participation from all of these groups. Not just the outspoken students, but a large section of the student body that does not participate in the health education conversation because they identify in different ways.
- Everybody in high school is questioning somebody. There are things like disabilities that you cannot see. There are ways to correct the language people use so they start to use appropriate language on their own.
- The framework should include tips on how to create a safe environment. Students, especially at middle and high school levels, will leave the room, will not be in a safe environment, and maybe they will get teased. Teachers need to know how to make a classroom a safe environment and how to lead these tough conversations. There needs to be something about appreciating the larger community that a school is placed in. We may teach something in class and when they go home it may be a whole different story. This creates dissonance.
- Some people look for curriculum for health education for English learners and students with disabilities. The framework could include guidance on how to most effectively teach these groups.
- There needs to be attention paid to sex education for students who receive special education services. (I work with a group that is creating curriculum for this.) Administrators need to demand that students who receive special education services get physical education and health education.
- The framework should help schools create a culture of inclusion, including interpersonal education and addressing personal bias. Schools need to work to create this culture as a group. Identify ways the school is not inclusive and take steps to overcome it.

Question 3

How can the framework support effective student assessment using a variety of assessment types, including assessment of health-enhancing behavioral skills?

- Just assessing kids the minute after class is over is not sufficient. They should be assessed at various points in time. What did they know minutes later? Six months later? A year later?
- A student said that they should be assessed in more than one way. Group presentations, posters, skits, teaching something to the class, and verbal testing are different ways to assess students. Physical tests could also be good to save paper.
- A menu of different assessment tools is important, such as rubrics, projects, and authentic assessment. We were going to start working on an assessment project using the assessment framework from the Health Education Assessment Project (HEAP).
- The framework can explain the difference between formative and summative assessments. Self-assessment is important. Peer assessment is important.
- There should be examples of assessments that make sure that the skills are being infused into the content. For example, have kids work through an actual decision and apply the skills to real-world scenarios. he real assessment is Saturday night.
- The framework should focus on the idea that it is not about the first overarching standard. Anyone can look anything up. What do interpersonal skills look like? Here is what it could look like, and here is what we consider competent. The physical education framework does a really good job with this. I do not want to grade students on practicing skills. A scantron is not a good way to assess skills. HEAP does a great job integrating the content and skills.

Question 4
What guidance do school and district administrators need to fully support health education and eliminate some of the barriers to health education instruction?

- There needs to be buy-in from the superintendent and the local board of education. Many schools are not implementing health as it should be because principals are not on board. We need some professional development for administrators.
- Professional development is essential. School and district administrators need to clear the time to create quality professional development for staff. If there are tools for them to present to staff, we will see more consistent education and professional development.
- Many administrators are unaware of the scope of the health education standards.
- Administrators need to be clear about the amount of time teachers need to teach health education well. They are not clear on how much health education can be helpful in teaching other standards and incorporated into other standards.
- Where are small districts supposed to go to get highly specialized professional development? How to develop it in your county? The framework should help small districts with these issues.

- What do we want kids to walk away with when they exit elementary, middle and high school? We want fewer students using substances, fewer students with unplanned pregnancies.
- Health education can be very scary for teachers. They are concerned about the media and losing their job if they say the wrong thing. This is unique to health education. Talking about sexuality can do this. Administrators should be supportive and teach what can and cannot be said in the classroom. The framework should help administrators be allies of their teachers
- School nurses are excellent resources. They can teach health education, team teach with other teachers. They can teach staff and provide counsel to administrators.
- Principals get a bad rap because they want to support us but they do not know a lot about the content. The frameworks should include ways for teachers to advocate for the discipline and the profession, including how to advocate for it to the school board.
- The framework could give examples about how the work we do helps the school overall. When kids have better nutrition, they have better behavior. When kids get more sleep, they have better test scores.
- There should be language around how health education makes a healthy environment for students. Schools should have a wellness policy for kids. Developing a wellness policy starts a lot of good conversations in the school.
- San Francisco has a wellness policy that includes a healthy environment.
- The framework should help schools teach our kids about healthy lifestyles, especially mental health, and give them the tools in elementary school. I see kids that are already transgender in elementary school. These conversations need to happen much earlier.
- There should be information on coordinated school health and starting health education early. There should be examples of little ways that administrators can help their teachers lay foundations for healthy behaviors and how to offer parent education around healthy lifestyles and practices.
- Schools need to address bias and create a culture of inclusion.

Question 5

One chapter of the *Health Education Framework* will consist of the evaluation criteria for the next adoption of health education instructional materials for students in kindergarten through grade eight. What should the criteria require to ensure that instructional materials meet the needs of all California’s students and their teachers?

- We need to have all of the topics and the standards addressed in the curriculum.
- We have had a hard time finding K–5 materials for teaching HIV/AIDS. That is a really big problem. In some programs puberty is set aside in another little booklet—it needs to be in the main materials.
- There should be attention paid to the whole child.

- Fifth grade is when family life and human growth and development are taught, and we have not included HIV/AIDs. It is not taught very openly.
- The instruction materials should have lots of scenarios showing all kinds of inclusiveness and lots of examples of application of the skills. There should be no bias regarding sexuality.
- We need age-appropriate photos. Quit using 25 year old models to teach kids about body image.
- We do not have effective substance abuse prevention that is not shaming of families, and the materials do not treat the danger of prescription drugs as equal to illegal drugs.
- There are consultants on the cutting edge of research, and the publishers need to make sure that teachers have access to it. The materials must be unbiased and current and help teachers get access to current information.
- There should be a one page overview for teachers about what they are about to teach so that they can think about how to deal with difficult conversations. There should be many examples of how to teach the topic.
- There need to be differentiation strategies for all students.
- There needs to be a lot more information about neuroscience and its connections with mental health, nutrition, and addiction.

Question 6

Finally, what other recommendations do you have to ensure that the *Health Education Framework* is a useful tool for California's educators?

- Make it accessible.
- Make it digital and include student involvement and how to reach out to families.
- Include suicide prevention and depression and sex trafficking at earlier grades.
- Include sections for transitional kindergarten and pre-kindergarten.
- Provide practical advice and real-life examples.
- Showcase best practices for how to have a meeting with parents before you teach health education.
- Provide guidance on how to work with community organizations effectively.
- Include information on how to choose curriculum.
- Offer examples on how to include diverse voices at all levels.
- Include best practices for integration with the common core standards and the California Next Generation Science Standards (CA NGSS).
- Provide examples of how to teach a standard from the first instruction to what instruction looks like at the end.
- Include sample lessons.
- Address topics that are clearly things that we should be addressing now that were not in the 2008 standards but are important issues for today's students.
- Include information on stress, sleep, and neurological development and how they affect all of our health areas.
- Include information about technology and the Internet and their impact on health.

Public comment:

Name	Affiliation	Summary of Comments
Jenna Peterson	Planned Parenthood Mar Monte	Sexuality education needs to be integrated into health education. It should not be thought of as something we plop into a few grades. It should be a progression at all grade levels, starting in transitional kindergarten. There are schools and district that do not offer health education and plug sexuality education into physical education or science courses, and some students miss it completely. The framework can help schools integrate health education across the disciplines and as part of the school culture. More time is needed to teach skills, time for students to practice skills. The language in the framework must be inclusive, not shaming. Some of the current language in the current framework is value laden. Health education should include social determinates of health such as race and socio-economic status and how that impacts the school environment. Schools must allocate resources and time for training for health education.
Jacquelyn Russum	California Healthy Kids and Afterschool Resource Center	The framework should include instructional strategies to connect the skills in health education to the skills in the common core. There should be examples of project-based learning. All voices must be heard, and teachers and administrators should pay attention to students who may need support to be heard. Skills are important, but so is creating a healthy school environment that supports health education and student wellbeing and nurtures healthy choices.
Laurel Botsford	Shared Hope International	The sexual abuse and sex trafficking in Senate Bill 1165 (enacted in 2014) is important, and I haven't heard much about this subject today. We must be strong and fight it. The transgender question should be addressed earlier on and so should sexual

Name	Affiliation	Summary of Comments
		abuse and sex trafficking. The average age for initial involvement in sex trafficking is 12 to 14 years old, and buyers are asking for children that are younger and younger. We must get over the fear of talking about sexuality education, because if we as parents and educators do not talk to our children about it, the traffickers will. School need to not be biased against children who are trafficked or assume that only certain groups of children are trafficked. Advocates, community organizations, and survivor groups can provide information and education.
Will Parish	Ten Strands and Environmental Literacy Steering Committee	There is nothing more important than our health. The California State Board of Education adopted the science and history-social science frameworks, both of which incorporated the Environmental Principles and Concepts (EP&Cs) as a category one criteria. I am requesting that the EP&Cs be included in the health framework. They can connect kids to health education in engaging ways and connect health education to science and history-social science. This would support students learning outdoors, which promotes physical activity, strength, and mental health.
Valerie Fung-A-Ling	Dairy Council of California	The Dairy Council partners with schools to provide nutrition education. Youth empowerment is integral, but teachers need guidance on how to facilitate empowerment. Knowledge of food and nutrition is linked to healthy decisions about what to eat outside the classroom. Socio-economic differences and learning styles should be addressed. The framework should provide guidance on age-appropriate topics. For example, first grade students may learn about food groups but about not nutrients. It should be user-friendly and easy to navigate with information in graphics and short sections. There should also be information about how

Name	Affiliation	Summary of Comments
		health education improves academics and lifelong health.

Focus Group 4: Long Beach Unified School District

Focus Group Members Present:

Name	Affiliation
Amber Dunnagan	Sweetwater Union High School District
Ann Rector	Pasadena Unified School District
Catherine Colby	Los Angeles Unified School District
Chris Corliss	Orange County Department of Education
Ginger Skinner	Saddleback Valley Unified School District
Kelley Tenny	Long Beach Unified School District
Lisa Thlick-Khatchadourian	Los Angeles Unified School District
Lori Fallace	Irvine Unified School District
Lucy Vezzuto	Orange County Department of Education
Michelle Presley	San Marcos Unified School District
Patty Hatcher	Anaheim Union High School District
Timothy Kordic	Los Angeles Unified School District

Focus Group Discussion Notes:

Question 1

How can the framework support instruction that provides students opportunities to learn health education content and practice health-enhancing skills? What information should be included in an introductory chapter focusing on effective instruction of health-enhancing skills?

- We have a unique opportunity to revise the current framework, and we need to differentiate between the content standards and the framework. The framework gives examples and models for implementing the content standards. The standards tell us what kids need to know, and the framework is the why and the how to provide instruction. The framework should identify best practices for health education instruction. The
provides ideas and support for the best practices relevant to 21st century skills that kids need today. The framework should tell us what is out there to support teachers in this curriculum area and how we can integrate technology and make the instruction relevant.
- The framework should support instruction and skills practice in health. It should mention the neuroscience of learning and the understanding of how it can inform teachers' delivery of good instruction. It should provide a rationale for including health in the broad curriculum. Mental health is mentioned in the standards but a more in-depth understanding is needed for instructors to give students a broad and in-depth understanding of mental health and the idea of self-care. Educators

can be a healthy role model for this. It can provide broad-based rationales for the links between health education learning and other topics.

- The framework should elaborate on mental health and include more specific information about instructional materials for use with all races, genders, and students with disabilities and also in multiple languages.
- The framework should include information that becomes the main resource for health educators. There should be comprehensive background for each area of health. The framework should emphasize the importance of teaching the skills and skills-based learning and the connection of skills to the content.
- Teachers need clear resources so they can delineate between content and skills. The opening chapters should delineate content and skills, and the reader should see resources right away. It should have examples of effective instruction and resources for current and up-to-date best practices. It should provide an example of a skills and content lesson.
- What do we mean by health? The framework should discuss the concept of a healthy person in an unhealthy community or planet and how that doesn't make sense. I would like to see a more ecological view. There is a lot of interdependence there. There should be a focus on environmental health—the biological, chemical, physical, and social environment. Our food supply is enormously influential on our health.
- We need to focus on standards-based education and how to unpack a standard. There should be a focus on best practices and how students learn best. If you want students to learn health-enhancing skills, you need to test them on the skills.
- The framework should include a clear definition of what a health educator is, especially for those that are coming into teaching this subject without a health credential. There needs to be knowledge, behavior, and skills instruction, not compartmentalized instruction. The framework can provide ideas for service learning applications. For health-enhancing skills, how instruction can move beyond the book into the real world. There should be non-fiction examples. There are many real-world examples that we can use. Health curriculum can bring a lot of responses out of students, and we need to help students connect to resources. Teachers need to know how handle the information that students give to them.
- Make sure that we have enough resources and training for teachers. We are working on getting the California Healthy Youth Act in place. The framework should provide guidelines on training teachers about new issues and more online resources for teachers to get tangible resources. We want teachers to do their best regardless of how they got their credential. The framework should have bulleted lists that are easy for people to follow as they are reading, not just educational jargon. Project-based assessment and inquiry-based assessment should be explained; and there should be examples, not just assessments of memorization from repetition, but assessments where kids are actually using what they learn.

- The framework should define what we are talking about: What is health education? What is health literacy? It should help educators understand the differences between health education and other disciplines (life science) and where the expertise needs to lie. Many times we have old materials, but for a teacher the delivery and application is critical. There are three components to consider: Content (this is given), Processing (how are you measuring the processing piece), and Application (ways to be interactive with our students). It is important to define things, especially for new teachers.
- Neuroscience and an ecological framework are both good ideas. As a new teacher, the old framework model was impossible to use. Is the framework going to be framed in the same way as the standards?
- The framework and the standards are not as friendly for new teachers. It would be good if the new framework could be more user-friendly for new teachers, and even old teachers need to understand that they need to go beyond the book and meet the needs of all students in our classroom, including students with disabilities.
- The framework should support new teachers and discuss the new laws. This information needs to go to the administrators. They are not comfortable talking about these topics and do not want me talking about it. Administrators need to know the laws and standards. Dealing with administrators needs to be in the framework.

Question 2

What guidance do teachers need to provide inclusive health education for all students, regardless of disability, gender, gender identity, gender expression, sexual orientation, nationality, race, ethnicity, language proficiency level, religion, socio-economic status, or living situation?

- The laws need to be firmly stated along with what can happen if we do not uphold the laws. We need to be aware that students are smart. Kids are knowledgeable of the law and their rights. We are guides on the side. We need to provide current information that is medically accurate and provide students local resources immediately. This must be stated upfront, especially if teachers are teaching this that do not have a health credential.
- Administrators need training and information about the laws. We need to make sure that we represent all students, and instruction must resonate with kids or they will not pay attention. They need multiple representations of themselves. Transgender students, and lesbian, gay, bisexual, and transgender (LGBT) in general, are big topics now. How do we change our language so that we are respecting all the students in the room? Is there is a person in the district that teachers can call if they have a problem or an issue? Teachers do not know how to respond if administrators give them a hard time.
- I feel strongly that teachers should have a list of resources, of people, in their geographic regions that can provide appropriate training for them. It is key that

teachers can reach out to a community partner to provide information. Teachers should be required to attend mandatory professional development, and there should be a budget so that substitutes can be brought in for teachers to attend professional development at least four times a year. It would lower teachers' stress, and they would not feel as if they are on their own. School counselors should be partners. There should be people on campus that students can reach out to. Resources should include community-based organizations (CBOs) and non-profits like Planned Parenthood.

- There is a need for connecting teachers to vetted resources that are well-established in the community. Vetted online information changes quite a bit, but there is some very well-vetted information on student mental health issues. The framework should include information on culturally responsive teaching. Language is very critical, and bringing in counselors is critical. We are moving towards a multi-tiered system of supports (MTSS) that looks at prevention, targeted intervention, and then individualized intervention. That could be a model for health education that could give teachers guidance.
- I would love to have a sexual health education resource person in my district, but many districts do not. In this document, we need to have the knowledge that a sexual health educator has. Teachers need to know the content and be empowered with the knowledge.
- There needs to be information on online resources and social media in regards to how everything is going Internet-based. Make it a living document that is updated by someone at CDE. If we have this on a state level where the links and resources are available and updated online, it would be helpful.
- Teachers need training on instruction for all groups of students and guidelines for managing these students on campus when you need special accommodations.
- California does not require health education. Over the years, many components were pulled out of general health education and into specific topics, like tobacco use prevention. We saw the elimination of health education courses. Health education is arguably as important as or more important than any of the other courses, and yet we do not mandate it. I would hope the framework would hold up the highest and best education in health education. The best circumstance is that we have credentialed health educators teaching these courses. This can be a highly controversial area to teach. The professional development is not really available because the teacher credentialing programs do not exist for health education in many places. The framework should provide guidance on the physical setting for the students, what does it sound like, what it feels like, how are students referred to in the class, and how do teachers advocate for their content area. In California with local control funding formula (LCFF) and the local control accountability plan (LCAP), the framework should address how teachers can advocate for the resources for their classrooms. The document can be a living document. It should be a way for teachers to see what an ideal health education program looks like and how to advocate for themselves and their program.

Question 3
How can the framework support effective student assessment using a variety of assessment types, including assessment of health-enhancing behavioral skills?

- The authentic assessment of scenarios and role playing and giving students feedback is important. Feedback is key. There is a lot of room for authentic assessment.
- There should be example rubrics. The framework should offer a snapshot of what roleplaying a skill should look like so that teachers know if the kids are proficient in those skills and what assistance they need.
- We need samples in a rubric of what a kid with the perfect skills would look like. This would also help administrators so they can understand why our health classroom looks a lot different from others. Projects and journals and role plays are all part of our skills. If we help teachers with this, then they do not need to rely on the publishers' assessments.
- The framework should provide demonstrations of skills and what those skills look like.
- It should have a page with a list of 30 different assessment types.
- The science framework has the three-dimensional assessments. I would not want to make the health assessments that complicated, but they should be at least two dimensional with not only the content but also the health-enhancing skills.
- The framework should have multiple types of assessment and samples of those assessments and information on how to engage the teachers to understand what those models and rubrics look like. It must be explicit about what standards we are teaching to. It needs to show us what adequate looks like when we are applying refusal skills in a rubric. With the Smarter Balanced assessments in math and English language arts, how can we utilize technology in assessment and how can students use technology to do self-assessment?
- We need alternative assessments for special needs students and ideas for some different ways to assess them.
- Inquiry-based assessment is important. We need to be able to assess how students justify and defend something. Assessments need to be at the higher levels of depth of knowledge, levels three and four. The skills students learn with us, they will be utilizing them later on in their lives. We need to embed the skills that students will need.
- We need to teach teachers how to write assessment tools and how to get valid results. We need to have professional development in the framework on how to assess the standards properly and create their own assessments.
- There needs to be a clear link between the assessment and learning goals.

Question 4
What guidance do school and district administrators need to fully support health education and eliminate some of the barriers to health education instruction?

- There needs to be some guidance on funding for health education. Health teachers need the supplies to teach the subject. For example, I need condoms. There needs to be guidance for administrators on how to use the money that is available.
- Public schools operate under policies. School boards represent the community and adopt those policies. They often fail to adopt administrative regulations to support those policies. There needs to be details about how the policy is implemented at the school level. The Los Angeles Unified School District is good about providing administrative regulations about policies. One of the audiences for this framework should be administrators. What do administrators need to know about instruction in health education classes? There should be live links to informational resources like the California School Boards Association that has great sample policies. There should be a piece about how to advocate for what you want and what tools are available to help you advocate.
- We are working to align to the California Healthy Youth Act, and we are bringing back health in junior high. I did professional development for administrators about what the law is and why we need health education and credentialed health teachers teaching it. There is talk about putting health in biology, and there is no way with the new standards in science that teachers can teach this too.
- Administrators should know the pros and cons of health education in an experiential, live class versus an online class. Many of our students take the online course or the summer crunch classes. Is there research about taking the online classes and how effective they are compared to experiential classes?
- Administrators and other personnel are part of the local control accountability plan (LCAP) stakeholders. I have seen other areas give sample activities and how to incorporate them into the local control accountability plan. I am wondering if we could take the same tact to empower school districts and stakeholders to give ideas about funding and how to put forth goals, activities, and funding sources around health.
- Some of the barriers are just a lack of education, or they have had a bad experience with health education. There seems to be a history that allows people to think health is a course worth throwing away. Administrators, especially principals, need examples of a master schedule that supports health education. There are a lot of barriers, especially how to fit health education into the master schedule. Parents are worried about how to fit in all of the advantaged placement courses and health. Principals could use a chart of laws and what must be taught at each grade level. The framework should include research that supports the use of highly qualified teachers. The message should be train, train, train, train your teachers. Parents feel like the course is a waste when we do not have qualified teachers.
- You cannot use the same language to describe a health class as in other academic classes because the health classroom is a safe zone. It is a place where kids can go to be safe. It is so much more than just content.

- Administrators think that anyone can teach health. I say really, do you want your coach teaching about anal sex and masturbation? Materials and guest speakers should be vetted through a process. Some guest speakers are not appropriate to be in front of kids.
- There needs to be a frequently asked question section with questions such as why can't the coach just teach health? We know what principals will try to get away with and need to address it right away. We need to address the concerns that community members and teachers may have and how to support teachers when these issues come up. We need to add support for teachers in the framework. We need some stats about why health education is important and long term effects of health education.

Question 5

One chapter of the *Health Education Framework* will consist of the evaluation criteria for the next adoption of health education instructional materials for students in kindergarten through grade eight. What should the criteria require to ensure that instructional materials meet the needs of all California's students and their teachers?

This question was not discussed due to time constraints.

Question 6

Finally, what other recommendations do you have to ensure that the *Health Education Framework* is a useful tool for California's educators?

- Resources for best practices, especially online resources, and information on differentiated instruction.
- Research on the reality of how many hours of instruction that you need to change behavior. Data on behaviors, surveys that help get stakeholders on board with providing health education. People say they do not use textbooks. If we are writing a framework for publishers, we want them to understand how to write a textbook that will be used.
- Many teachers are struggling with dealing with gender identity issues. There should be a specific example of a lesson on how to learn and apply the correct terminology.
- Best practices for trauma-informed classrooms.
- We have to honor health educators and go back to standards-based education. The framework has to show what a great health education room looks like and create that in the framework.
- The framework could be very explicit in demonstrating for teachers how to unpack a standard, create a learning target, create an effective lesson, and come up with an assessment to meet that target. It should be relevant, current, a live document. It would be good if the framework could mention that health should be a required course taught by credentialed teachers.

- There should be a component on community-based resources and potential for teachers to do self-led professional development. There should be a separate assessment guide categorized by the health skills.
- Resources and assistance for parents to help their students with these complicated topics.
- Deeper background information on emotional and mental health, including stigma, anxiety and mood disorders, suicide prevention, and resources such as the Substance Abuse and Mental Health Services Administration (SAMHSA) and Centers for Disease Control. Sources for best practices. Fleshing out the roles of students and skills to support one another and get mental health support for their friends and themselves. Helping kids talk to one another in an open way.
- Student health data. Help for teachers and administrators to understand where student health data is located, how to make sense of it, and how to use it for planning and assessment.

Public comment:

Name	Affiliation	Summary of Comments
Ric Loya	Executive Vice President, California Association of School Health Educators	Locally there have been episodes of refinery pollutants in the air, lead pollution from batteries, and gas company pollutant releases. We had to fight to get the environment mentioned in the standards, and the environment should be included in the framework. We have high rates of asthma, diabetes, and obesity. Chronic disease needs to be addressed. Supporting the California Healthy Youth Act and comprehensive sexual health education is the very important. (See written comments.)
Diane Wilson Graham	California Physical Education and Health Education Project	Instructional delivery models need to be included in this document. With California's new emphasis on literacy development, the framework has a tremendous opportunity to support literacy efforts across the disciplines. New accountability measures for schools need to be addressed clearly in the framework. New federal and state accountability systems offer many opportunities for health education, and this must be included in the framework. Mental and emotional health has a strong place in the framework. The framework should lude

Name	Affiliation	Summary of Comments
		professional learning models for districts and address teachers' needs at all stages of their careers.
Steven Frintner	Parent from Burbank	Early in today's discussion there was a comment about the difference between the standards and the framework. I think the standards are not clearly communicated and defined, and the new framework needs to address this. We need credentialed teachers teaching health or the students get nothing out of it. There should not be an online course. Students are not getting nearly what they need out of the course. There needs to be a clear information about gender identity and gender expression. We also need to adopt administrative regulations for policies.
Jill Herbertson	More Than Sex Education (MTSE)	Our mission is to facilitate healthy conversations about sexuality. We have a curricula called "Our Whole Lives" that the California Department of Education should be aware of. It has been taught for 15 years with great success. Kids really enjoy it, and it is worth looking at because it meets and exceeds the standards for the Healthy Youth Act. It is a project-oriented curricula. The framework needs to address how to have conversations and discussions with parents so everyone is speaking the same language. If you frontload the class with the parents and unpack what their concerns are and what they are uncomfortable about, you will have less push back.
Sandra Abarca	Planned Parenthood, Pasadena and San Gabriel Valley	I hear a lot about the barriers, challenges, and successes related to lesbian, gay, bisexual, and transgender (LGBT) inclusivity. Teachers and parents do not know how to talk about this. The framework should provide guidance for teachers and principals about the impact it can have for individuals and the school in general. There is support from parents to include sex education in schools, and they want to help so that the instruction is provided.

Name	Affiliation	Summary of Comments
Leslie Tamminen	Environmental Advocate, Seventh Generation Advisors	There was an article in August about the Port of Long Beach air quality being some of the most deadly in the U.S. Health must be taught in the context of our environment. The framework should include the Environmental Principles and Concepts (EP&Cs) as a category one requirement for instructional materials. Please include the social justice issues of health and the environment. Get students outside. The state of California has the California Regional Environmental Education Community (CREEC). It will be a significant resource for resources that would not otherwise be thought of in a health education environment.
Candice Sainz	Dairy Council of California	We have curriculum on the eight nutrition competencies for grades K–8. We want a lot of the jargon cut out of the framework. Make the framework really straightforward and emphasize the nutrition competencies and incorporate the phrase "student empowerment."
Patty Ladegaard	Donate Life California	As a parent and a former teacher, thank you to the focus group members. Legislation was passed requiring organ and tissue donation to be discussed in the science and health frameworks. We want students to be informed prior to going to the Department of Motor Vehicles to get their licenses. Donate Life has curriculum available, and we look forward to being a resource to provide accurate information.
Jennifer Rigby	Environmental Literacy Steering Committee	The state mandated the development of Environmental Principles and Concepts (EP&Cs) that look at the interdependencies of humans and natural systems. We want the EP&Cs to be included in the health framework. This would create a good opportunity for students to look at their local environment and their own health, to look at their health in a broader perspective, including social justice. The EP&Cs should

Name	Affiliation	Summary of Comments
		be a part of the category one criteria in the framework.
Kelli Soto	American Civil Liberties Union of Southern California	The ACLU is a member of the Sexual Health Roundtable, which advocated for funding to restart the framework. We are motivated by the new sex education requirements and urge the framework committee to incorporate the requirements of the law into the framework. Sexual health education needs to address refusal skills and where to go to seek family planning services. Community members report that schools provided inadequate or no sexual health education.
Chrissy Cmorik	Planned Parenthood of the Pacific Southwest	I am excited by the conversation, especially about the discussion on training for teachers. Teachers need professional development on comprehensive sexual health that helps them see biases and how this impacts students. Values clarification training is very important. We need to help teachers identify resources for the classroom and for referrals for students.

Written Comments Submitted by Focus Group Members and Members of the Public

Focus Group 1: Tulare County Office of Education

From: Alma McKenry
Sent: Wednesday, November 02, 2016 11:00 AM
To: HEALTHEDUCATIONFRAMEWORK
Subject: focus group discussion questions

Good morning,

I attended the focus group that was held at Tulare County Office of Education yesterday. Thank you for the great discussion. There are two things that I would like to mention in regards to the questions.

Question 1: We heard yesterday that the school boards in the Central Valley are very conservative. That is very true. I have been in my position for three years now, and have run into this problem firsthand, especially when it comes down to implementing the Healthy Youth Act. The Healthy Youth Act actually forced the school boards to accept the fact that they had to teach what was in the act. They had no choice. By changing the framework to include sensitive topics like those covered in the Healthy Youth Act, you will be forcing conservative school boards to address these issues. If we don't see a change in the framework to include these issues, school boards/districts in the area will continue to skirt the topics and the children will suffer.

Question 6: I was very surprised to hear that only one person on the focus group panel (the school nurse) mentioned a link between mental health and academic achievement. We need to address mental health throughout the K-12 continuum. We need to start teaching students from the earliest grades that feelings do matter. We need to teach empathy. We need to teach them that they are in control of their own bodies and that nobody has the right to touch them without their permission. A lot of the mental health challenges we are seeing in the older school age children are related to bullying and/or abuse (mental, physical, emotional). If we teach our children from an early age to speak out if they are not feeling comfortable, a lot of the mental health issues can be minimized. If we teach them empathy, a lot of the bullying issues might be minimized too.

I hope this is helpful. Thank you again for the great discussion yesterday.

Alma McKenry RN
Director of Health Services
Fresno County Office of Education

Focus Group 2: Sacramento County Office of Education, Sacramento, and via videoconference at Siskiyou and Butte County Offices of Education
Three Written Comments

December 1, 2106

Instructional Quality Commission and State Board of Education
California Department of Education
1430 N Street
Sacramento, CA 95814-5901
Submitted via email to: healtheducationframework@cde.ca.gov

Re: 2019 Revision of the Health Education Framework

Dear Instruction Quality Commission:

On behalf of the California Partnership to End Domestic Violence (the Partnership) and the California Coalition Against Sexual Assault (CALCASA), we respectfully urge the IQC and the Curriculum Framework and Evaluation Criteria Committee (CFCC) to consider the following issues as it develops the 2019 Healthy Education Framework Revision.

The California Partnership to End Domestic Violence (the Partnership) is California's recognized domestic violence coalition, representing over 1,000 advocates, organizations and allied individuals across the state. Working at the local, state and national levels for nearly 40 years, the Partnership believes that by sharing resources and expertise, advocates and policymakers can end domestic violence. Every day we inspire, inform and connect all those concerned with this issue, because together we're stronger.

Originally founded in 1980 as the California State Coalition of Rape Crisis Centers, the California Coalition Against Sexual Assault (CALCASA) was created by rape crisis centers from across the state interested in creating a unified voice to advocate on behalf of the statewide needs of survivors, system's change, funding needs and policy/legislation. CALCASA is the only professional organization dedicated to advocating on behalf of and supporting the work of rape crisis centers, which operate independently throughout California. CALCASA is committed to ending sexual violence through a multifaceted approach of prevention, intervention, education, research, advocacy and public policy.

Health Education is a Key Opportunity to Address Healthy Relationships, Dating Abuse and Sexual Violence Prevention At All Grade Levels

When considering the components of health education, we encourage the Commission to consider the broad range of issues impacting the health and well-being of our students. Schools have a responsibility to give students the tools they need to succeed in the classroom and in life. Health education is a prime opportunity for schools to provide essential tools on a range of health issues, including dating abuse and sexual violence prevention.

Within our health education, we can help prevent adolescent dating abuse and sexual violence by giving students the skills they need to form positive, healthy relationships and understand consent. With the intention to base the new Framework on the Health Education Content Standards, we recognize that several content standards already mention these issues, providing clear points at which these issues can be easily incorporated. The 2019 Revision is an opportunity to expand beyond what currently exists.

Healthy relationship skill building should begin at early ages and set the foundation for the development of positive dating relationships free from abuse. Dating relationships, and the violence that sometimes occurs within them, begin well before high school. A 2009 study of sixth grade students found that 25% thought it was acceptable for boys to hit their girlfriends. More than one-fourth of the boys with girlfriends said they had been physically aggressive (punching, slapping) toward her.[i] The 2003 Framework cited the *Schools and Health: Our Nation's Investment* finding that "the period prior to high school is the most crucial for shaping attitudes and behaviors. By the time students reach high school, many are already engaging in risky behaviors or may at least have formed accepting attitudes towards these behaviors."[ii]

Dating Abuse and Sexual Violence Impact the Health and Well-Being of Students

For far too many students, dating abuse and sexual violence are already impacting their health and well-being. The statistics are alarming:

- Close to one in ten high school students reported being hit, slapped, or physically hurt on purpose by a dating partner in the 12 months surveyed.[iii] One in four adolescents reported verbal, emotional, physical or sexual dating abuse each year.[iv]

- Nationwide, 12% of high school girls have been physically forced to have sexual intercourse when they did not want to.[v]
- Across studies, 15-40% of youth reported perpetrating some forms of violence toward a dating partner.[vi]
- 43% of LGBT teens reported experiencing physical dating violence, compared to 29% of heterosexual youth
  - 23% reported sexual coercion, compared to 12% of heterosexual youth[vii]
- Nearly half of students who experience dating violence have reported that some of the abuse took place on school grounds.[viii]
- The majority of school counselors (61%) reported that they had assisted a survivor of dating abuse in the past two years. Yet the majority of school counselors (81.3%) reported that they did not have a protocol in their schools to respond to an incident of dating violence.[ix]

Our schools must address these issues in order to fully support the needs of students and create an environment in which all students can learn and thrive. By addressing dating and sexual violence through a school-wide, coordinated response, we can create a safe space for students to disclose the trauma they may be experiencing and to receive the resources they need. The connection to academics is dramatic with 20% of students with mostly D and F grades having engaged in dating violence in the last year, while only 6% of students with mostly A's have engaged in dating violence.[x] Even students that are not victims of abuse are affected, as witnessing dating abuse has been associated with decreased school attendance and academic performance.[xi]

Interconnectedness with Other Health Issues
Adolescent dating abuse is interconnected with other health issues that the Health Education Framework addresses. Teens who have experienced physical dating violence are also more likely than their non-abused peers to smoke, use drugs, engage in unhealthy dieting (e.g., taking diet pills or laxatives, vomiting to lose weight), engage in risky sexual behaviors and attempt or consider suicide.[xii] By incorporating dating abuse and sexual violence into the Health Framework, and focusing on shared risk and protective factors with a range of other forms of violence and health outcomes, we can amplify our impact.

Public health research has demonstrated the importance of promoting protective factors such as access to mental health services and a sense of connection to one's school. These factors are associated with decreased likelihood of experiencing or perpetrating violence. Conversely, we must address risk factors that increase an individual's likelihood of involvement with violence, such as social isolation.[xiii] From the Centers for Disease Control report, *Connecting the Dots: An Overview of the Links Among Multiple Forms of Violence*:

> Risk and protective factors can affect an entire community, and can occur in interactions with family and friends and within organizations and systems like schools, faith institutions, and workplaces. Individual experiences or traits can

also be risk and protective factors, such as witnessing violence or having skills to solve problems non- violently (pg.1).

Health Education is One Opportunity to Prevent Violence Before It Occurs
Given the negative consequences of violence exposure on a student's health and academic capacity, we must prevent violence from occurring in the first place. Public schools are uniquely positioned to reach youth at an early age. Examples of statewide sexual and dating violence prevention programs exist. The following programs involve a partnership between state-level coalitions and local response centers to incorporate public health informed strategies to prevent violence from occurring in communities:

- The DELTA FOCUS program is a CDC-funded initiative to prevent intimate partner violence through five-year partnerships with domestic violence grantees in 10 states. In California, the grantee the Partnership, who in turn supports two community-based organizations.
- Rape Prevention Education (RPE) is a CDC-funded program that supports the California Department of Public Health to implement sexual violence primary prevention strategies on the community level. In California, CALCASA provides training and technical assistance to 33 RPE funded community-based rape crisis centers.

Recent Legislation Has Recognized the Importance of Addressing This Intersection
Several recent pieces of legislation directly relate to the 2019 Health Education Framework Revision and the issues of dating abuse and sexual violence.

- AB 329 (Weber), the California Healthy Youth Act, passed in 2015, ensures that health education include instruction for pupils to gain the "knowledge and skills they need to form healthy relationships that are based on mutual respect and affection, and are free from violence, coercion, and intimidation".
- SB 695 (de Leon), requires the Commission to consider including comprehensive information for grades 9 to 12 on sexual harassment and violence that includes:
    - Information on different forms of sexual harassment and violence, including instances that occur among peers and in a dating relationship; a discussion of prevention strategies; how pupils report sexual harassment and violence; and potential resources victims can access.
    - Discussion of the affirmative consent standard and skills pupils use to establish boundaries in peer and dating relationships.
- SB 1435 (Jackson), requires the Commission to consider including comprehensive information for Kindergarten – 8th grade on the development of healthy relationships, including:
    - Treating one another with respect, dignity and kindness;
    - Using communication skills to resolve disagreements and conflict; and
    - Recognizing when and how to respond to the bullying, harassment, or hurting of another person.

This legislative history is a clear indication of how important these issues are to our State's leaders and we urge the CFCC and IQC to follow their lead and include these items the 2019 Revision.

General Recommendations
It is important to not view dating abuse and sexual violence prevention as an add-on or extra program. Rather, these issues should be addressed throughout health education, within the overall context of a coordinated school health system. As the Curriculum Framework and Evaluation Criteria Committee (CFCC) begins its work, we would hope the committee will consider the following questions:

- What direction can the Framework provide to ensure that students at all grade levels, and in particular middle schools and high schools, engage in age- and developmentally-appropriate efforts to support safe and respectful relationships?
- How can we build on the existing Health Education Standards to ensure a comprehensive approach to these issues?
- How can we create a cultural shift toward non-violent relationships?

Specifically, we recommend the Commission consider the following items. *Introduce consent and bystander responsibility at a young age:*

- Empower students to identify harassment and bullying as forms of violence. As students age, examples of bystander intervention should expand to include other forms of violence, including sexual and dating violence.
- In compliance with state and federal mandates, incorporate age-appropriate lessons about bodily autonomy and consent.

Create comprehensive sex education curricula:

- Include lesson plans that address and validate marginalized identities, such as transgender and queer identities.
- Explain the potential harm of exposure to sexually violent material, such as pornography.
- Refer to existing models: 4th R is an example of a healthy relationship and sexual education program that demonstrated success in reducing partner violence and increasing condom use in a study of adolescent public school students.[xiv]

Discuss human trafficking, as age-appropriate. Define various forms of trafficking, describe strategies to stay safe, and identify resources to support vulnerable individuals.

Incorporate local service providers into violence response plans. This should include sexual and domestic violence response centers, mental health providers, and other healthcare resources. Rehabilitative resources must be made available to those who cause harm.

Finally, we at the Partnership and CALCASA can offer our shared technical expertise to the Commission as it works to address these issues. For additional information or resources, please contact Krista Niemczyk, Public Policy Manager at the California Partnership to End Domestic Violence, at krista@cpedv.org or (916) 444-7163 or Meghan Yap, Training and Technical Assistance Specialist at the California Coalition Against Sexual Assault, at myap@calcasa.org or (916) 446-2520.

[1] Simon, TR, Miller, S, Gorman-Smith, et al. (2010). Physical dating violence norms and behavior among sixth-grade students from four U.S. sites. The Journal of Early Adolescence, 30(3), 395-409.

[1] Schools and Health: Our Nation's Investment. Edited by Diane Allensworth and others. Washington, D.C.: National Academy Press, 1997.

[1] Centers for Disease Control and Prevention. (2012). Youth risk behavior surveillance—United States, 2011. MMWR, Surveillance Summaries 2012; 61(no. SS-4).

[1] Centers for Disease Control and Prevention. (n.d.). Dating Matters: Strategies to Promote Healthy Teen Relationships. https://www.cdc.gov/violenceprevention/intimatepartnerviolence/datingmatters/index.html

[1] Centers for Disease Control and Prevention. (2012). Youth risk behavior surveillance—United States, 2011. MMWR, Surveillance Summaries 2012; 61(no. SS-4)

[1] Centers for Disease Control and Prevention. (n.d.). Dating Matters: Strategies to Promote Healthy Teen Relationships. https://www.cdc.gov/violenceprevention/intimatepartnerviolence/datingmatters/index.html

[1] Dank, M, Lachman, P, Yahner, J and Zweig, JM. (2013). Dating Violence Experiences of Lesbian, Gay, Bisexual, and Transgender Youth. Washington, DC: Urban Institute

[1] Molidor, C and Tolman, R. (1998). Gender and contextual factors in adolescent dating violence. Violence Against Women. 4 (2): 180 -194.

[1] Khubchandani, J, Price, JH, Thompson, A, Dake, JA, Wiblishauser, M and Telljohann, SK. (2012). Adolescent Dating Violence: A National Assessment of School Counselors' Perceptions and Practices. Pediatrics: 130(2): 202-210

[1] U.S. Department of Health and Human Services (2009). Unintentional Injury and Violence-Related Behaviors and Academic Achievement. Atlanta, GA: US Centers for Disease Control and Prevention

[1] Eaton, DK, Davis, KS, Barrios, L, et al. (2007). Associations of dating violence victimization with lifetime participation, co-occurrence, and early initiation of risk behaviors among U.S. high school students. Journal of Interpersonal Violence 22: 585–602

[1] Silverman, JG, Raj, A, Mucci, LA, and Hathaway, JE. (2001). Dating violence against adolescent girls and associated substance use, unhealthy weight control, sexual risk behavior, pregnancy, and suicidality. Journal of the American Medical Association 286 (5): 572-57.

[1] Wilkins, N, Tsao, B, Hertz, M, Davis, R, Klevens, J. (2014). Connecting the Dots: An Overview of the Links Among Multiple Forms of Violence. Atlanta, GA: National Center for Injury Prevention and Control, Centers for Disease Control and Prevention Oakland, CA: Prevention Institute.

[1] Wolfe, DA, Crooks, CV, Jaffe, PG, Chiodo, D, Hughes, R, Ellis, W, Stitt, L, and Donner, A. (2009). A universal school-based program to prevent adolescent dating violence: A cluster randomized trial. Archives of Pediatric and Adolescent Medicine 163:693-699.

Fom Lora Jones, Sacramento City Unified School District
Health Education Topics, Kindergarten

	1: Essential Health Concepts	2: Analyzing Health Influences	3: Accessing Valid Health Information	4: Interpersonal Communication	5: Decision Making	6: Goal Setting	7: Practicing Health-Enhancing Behaviors	8: Health Promotion
NUTRITION	1.Healthy foods & snacks 2.What is a nutritious breakfast?	Advertising	N/A	Ask caregivers for healthy foods		N/A	Choosing whole grains, fresh fruits & vegetables CHOOSE MY PLATE	N/A
PHYSICAL ACTIVITY	1.Daily exercise		N/A		Choosing active play/ Sports	N/A		N/A
GROWTH & DEVELOPMENT	1.Physical characteristics (How we are the same & different) 2. Parts of the body 3. Five senses 4. Community healthcare professionals	N/A	N/A	N/A	N/A	N/A	N/A	N/A
SEXUAL HEALTH	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
INJURY PREVENTION	1.Safety rules - Home/school 2. Passengers in cars/buses 3.Pedestrian safety 4.Bicycle safety-helmets	N/A			Role play rules	N/A	Crossing the street safely	Reinforce following rules

SAFETY	1.Emergencies 2.Stranger danger 3.Inappropriate touching 4.Poisons 5.Weapons	N/A	Identify trusted adults	Ask for help of trusted adult Call 911 Safe use of phone	Role play safety	N/A	Role play telling an adult about finding a weapon	Give positive feedback for safe behaviors
ALCOHOL/DRUGS	1.Medicines 2.Poisonous household products	N/A	N/A	N/A	N/A	N/A	N/A	N/A
TOBACCO	3. Harmfulness of smoking/ 2nd hand smoke	N/A	N/A	N/A	N/A	N/A	N/A	N/A
MENTAL & EMOTIONAL HEALTH	1.Emotions 2.Families & friends 3.Healthy relationships	Family/friend support	Help for emotional problems	Cooperation and sharing	N/A	Plan for helping in family	Demonstrate positive ways to show care and concern	
SOCIAL HEALTH	1.Being polite 2.Bullying		Help from trusted adults for bullying	Communicating needs & wants appropriately	N/A			Positive feedback for appropriate language and behavior
PERSONAL HEALTH	1.Hygiene/Germs 2.Dental care 3.Sun safety	N/A	Going to the doctor/dentist	Asking for help with a health problem	N/A	N/A		
COMMUNITY HEALTH	1.How to stop spreading germs	N/A			N/A	N/A	Preventing illness in others: Good handwashing, using tissues and coughing properly	
ENVIRONMENTAL HEALTH	1.Importance of protecting the environment	N/A		Discussing conservation with family	N/A	N/A	Recycling, picking up trash Turning off lights and water	

Curriculum Development Course at a Glance
Planning for Kindergarten Comprehensive Health

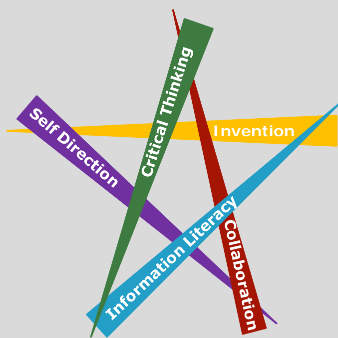
Authors of the Sample: Lindsey Casey (Gunnison Watershed RE1J); Melisa Cellan (Pueblo City 60); Janelle Guadagno (Pueblo City 60); Jamie Hurley (RMC Health); Megan Wells (Gunnison Watershed RE1J)

Kindergarten, Comprehensive Health Complete Sample Curriculum – Posted: January 31, 2013

Content Area	Comprehensive Health	**Grade Level**	Kindergarten
Course Name/Course Code			

Standard	**Grade Level Expectations (GLE)**	**GLE Code**
2. Physical and Personal Wellness	1. Identify the major food groups and the benefits of eating a variety of foods	CH09-GR.K-S.2-GLE.1
	2. Explain how personal hygiene and cleanliness affect wellness	CH09-GR.K-S.2-GLE.2
3. Emotional and Social Wellness	1. Exhibit understanding that one's actions impact others	CH09-GR.K-S.3-GLE.1
4. Prevention and Risk Management	1. Identify the importance of respecting the personal space and boundaries of self and others	CH09-GR.K-S.4-GLE.1
	2. Explain safe behavior as a pedestrian and with motor vehicles	CH09-GR.K-S.4-GLE.2
	3. Demonstrate effective communication skills in unsafe situations	CH09-GR.K-S.4-GLE.3

Colorado 21st Century Skills



Critical Thinking and Reasoning: *Thinking Deeply, Thinking Differently*

Information Literacy: *Untangling the Web*

Collaboration: *Working Together, Learning Together*

Self-Direction: *Own Your Learning*

Invention: *Creating Solutions*

The Colorado Academic Standards for Health describes what learners should know and be able to do as they develop proficiency in health. The utilization of knowledge and skills to enhance physical, mental, emotional and social well-being will be supported in each unit through the standard areas of Physical and Personal Wellness, Emotional and Social Wellness and Prevention and Risk Management.

Physical
Social
Colorado's Comprehensive Health and Physical Education Standards
Mental and Emotional

	Length of Unit/Contact Hours	**Unit Number/Sequence**
Respect My Space	5 Weeks/1.5 Contact Hours (At teacher's discretion)	1

Safety	10 Weeks/3.5 Contact Hours (At teacher’s discretion)	2
Healthy Relationships	8 Weeks/2.5 Contact Hours (At teacher’s discretion)	3
Healthy Behaviors	5 Weeks/1.5 Contact Hours (At teacher’s discretion)	4

Unit Title	Respect My Space		**Length of Unit**	At teacher's discretion
Focusing Lens(es)	Choices	**Standards and Grade Level Expectations Addressed in this Unit**	CH09-Gr.K-S.3-GLE.1	
Inquiry Questions (Engaging- Debatable):	• How do the choices I make affect the way I act? (CH09-Gr.K-S.3-GLE.1-EO.c;IQ.1) • How does the way I feel affect the way I act? (CH09-Gr.K-S.3-GLE.1-EO.c;IQ.1) • How do my actions affect others? (CH09-Gr.K-S.3-GLE.1-EO.c;IQ.2) • Can I control my feelings? (CH09-Gr.K-S.3-GLE.1-EO.c;IQ.1) • Can I control my behaviors by being aware of my feelings? (CH09-Gr.K-S.3-GLE.1-EO.c;IQ.1)			
Unit Strands	Emotional and Social Wellness			
Concepts	Decision-making, Respect, Behavior, Influence, Relationships, Feelings, Boundaries, Effects			

Generalizations **My students will Understand that…**	**Guiding Questions** **Factual**	**Conceptual**
Choices have long-lasting effects on self and others. (CH09-Gr.K-S.3-GLE.1-EO.a,c;IQ.1,2;RA.2;N.1)	What feelings and decisions are made throughout the day that affects your behavior?	How does the way you are influence by others affect your feelings and determine the way you act?
The positive and negative effects of feelings on a person's behaviors and actions. (CH09-Gr.K-S.3-GLE.1-EO.c;IQ.1;RA.2)	How can you tell if someone is happy or sad?	When is an example of your behavior having a positive effect on others? How do your feelings affect your behaviors?
Positive relationships develop when there is respect for others' personal space and boundaries. (CH09-Gr.K-S.3-GLE.1-EO.a,b;IQ.2;RA.1;N.1)	What are some examples of situations that require personal space and boundaries?	How does it make you feel when someone doesn't respect your personal space?
Decision-making skills facilitate the respect for the boundaries of others and the development of healthy relationships. (CH09-Gr.K-S.3-GLE.1-EO.a,b;IQ.1,2;RA.1,2;N.1)	What decisions are made throughout the day that affects relationships with others? (CH09-Gr.K-S.3-GLE.1-EO.a,b;IQ.1,2;RA.1,2;N.1)	What effect does your behavior have on your relationships with family and friends?

Critical Content: **My students will Know…**	**Key Skills:** **My students will be able to (Do)…**
• The characteristics of respect. (CH09-Gr.K-S.3-GLE.1-EO.a;IQ.2) Example – Being a good listener • The differences between selfishness and consideration of others. (CH09-Gr.K-S.3-GLE.1-EO.a;IQ.2) Example – helping others in need • The importance of personal space in various situations. (CH09-Gr.K-S.3-GLE.1-EO.b;RA.1) Example – Respecting other's feelings • Respect of other's boundaries. (CH09-Gr.K-S.3-GLE.1-EO.b;IQ.2) Example – losing friendships • The impact of feelings on behavior. (CH09-Gr.K-S.3-GLE.1-EO.c;IQ.1;RA.2;N.1) Example – Frustration may be portrayed as anger	• Demonstrate respect for themselves and others. (CH09-Gr.K-S.3-GLE.1-EO.1;IQ.2;RA.2) • Share and work with other students and helpers. (CH09-Gr.K-S.3-GLE.1-EO.a;IQ.2) • Demonstrate and work in personal space in many situations. (CH09-Gr.K-S.3-GLE.1-EO.b;RA.1) • Distinguish positive and negative effects of establishing boundaries. (CH09-Gr.K-S.3-GLE.1-EO.b;IQ.2) • Identify different behaviors that may influence positive or negative feelings. • (CH09-Gr.K-S.3-GLE.1-EO.c;IQ.1;RA.2;N.1)

Critical Language: includes the Academic and Technical vocabulary, semantics, and discourse which are particular to and necessary for accessing a given discipline. EXAMPLE: A student in Language Arts can demonstrate the ability to apply and comprehend critical language through the following statement: *"Mark Twain exposes the hypocrisy of slavery through the use of satire."*	
A student in ______________ can demonstrate the ability to apply and comprehend critical language through the following statement(s):	*I understand that my feelings are affected by choices, behaviors and the influences of other people.*
Academic Vocabulary:	Situations, Effects, Influence, Behavior, Actions, Demonstrate, Explain, Distinguish, Identify, Feelings
Technical Vocabulary:	Respect, Personal Space, Boundaries, Emotions, Wellness, Situations, Behavior, Decision-making, Relationships

Unit Title	Safety		**Length of Unit**	Teacher's Discretion
Focusing Lens(es)	Behaviors	**Standards and Grade Level Expectations Addressed in this Unit**	CH09-GR.K-S.4 -GLE.2	
Inquiry Questions (Engaging- Debatable):	• What are some important safety rules and behaviors to be followed at school? (CH09-GR.K-S.4-GLE.2-EO.d;IQ.1) • What traffic rules and laws should you follow when riding a bike? (CH09-GR.K-S.4-GLE.2-EO.c,e;RA.1;N.1) • Why should a person wear safety belts when riding in a motor vehicle? (CH09-GR.K-S.4-GLE.2-EO.b;N.1)			
Unit Strands	Prevention and Risk Management			
Concepts	Behaviors, Laws, Safety, Strategies, Rules, Risk, Protection			

Generalizations **My students will Understand that…**	**Guiding Questions** **Factual**	 **Conceptual**
It is important to demonstrate safety behaviors and procedures when riding on a bus or in other vehicles. (CH09-GR.K-S.4-GLE.2-EO.a,b)	What are important safety procedures a person should follow when riding in motor vehicles?	What would you say to someone who was not wearing a seat belt while riding in a car?
School rules are created for students to follow in order to reduce the risk of injuries and maintain safety. (CH09-GR.K-S.4-GLE.2-EO.d;IQ.1;N.2)	How do school rules help protect students and make them feel safe?	What would you say to a friend who refused to follow school rules and safety procedures?
Traffic laws and signs are necessary in order to protect pedestrians on streets and in crosswalks. (CH09-GR.K-S.4-GLE.2-EO.c,e;IQ.2;RA.1;N.1)	What type of traffic laws and signs are necessary to protect pedestrians?	What would it be like if there were no rules for cars and pedestrians?

Critical Content: **My students will Know…**	**Key Skills:** **My students will be able to (Do)…**
• Safety behavior in vehicles (CH09-GR.K-S.4-GLE.2-EO.a,b) • Traffic signs and traffic laws for pedestrians (CH09-GR.K-S.4-GLE.2-EO.c,e;IQ.2;RA.1;N.1) • School rules and procedures for student protection (CH09-GR.K-S.4-GLE.2-EO.d;IQ.1;N.2)	• Demonstrate safety behavior in vehicles (CH09-GR.K-S.4-GLE.2-EO.a,b) • Identify traffic signs and traffic laws for pedestrians (CH09-GR.K-S.4-GLE.2-EO.c,e;IQ.2;RA.1;N.1) • Explain school rules and procedures for student protection (CH09-GR.K-S.4-GLE.2-EO.d;IQ.1;N.2)

Critical Language: includes the Academic and Technical vocabulary, semantics, and discourse which are particular to and necessary for accessing a given discipline. **EXAMPLE: A student in Language Arts can demonstrate the ability to apply and comprehend critical language through the following statement:** ***"Mark Twain exposes the hypocrisy of slavery through the use of satire."***	
A student in _______________ can demonstrate the ability to apply and comprehend critical language through the following statement(s):	*I will be able to demonstrate safe behavior in vehicles, school and understand pedestrian traffic laws and traffic signs.*
Academic Vocabulary:	Behaviors, Strategies, Rules, Risk, Protection, Procedures
Technical Vocabulary:	Laws, Safety, Pedestrian, Crosswalk

Unit Title	Healthy Relationships		**Length of Unit**	At Teacher's Discretion
Focusing Lens(es)	Communication	**Standards and Grade Level Expectations Addressed in this Unit**	CH09-GR.K-S.4-GLE.1, CH09-GR.k-S.4-GLE.3	
Inquiry Questions (Engaging- Debatable):	• How do you communicate to others in an unsafe situation? (CH09-GR.K-S.4-GLE.3-EO.a;IQ.4;RA.1) • Who are the most trusted adults in your life? (CH09-GR.K-S.4-GLE.1-EO.c) • How do you show respect for others? (CH09-GR.K-S.4-GLE.1-IQ.1)			
Unit Strands	Prevention and Risk Management			
Concepts	Communication, Respect, Boundaries, Danger, Strategies, Trust, Skills, Emergency			

Generalizations **My students will Understand that…**	**Guiding Questions** **Factual**	**Conceptual**
Effective verbal and non-verbal communication with trusted adults is necessary in order to ask for help in unsafe situations. (CH09-GR.K-S.4-GLE.3-EO.a;IQ.4;RA.1;N.1)	Why is effective communication important in an emergency situation?	What would happen if you were lost and you didn't know how to ask for help? (CH09-GR.K-S.4-GLE.3-EO.a;IQ.1)
911 and other emergency numbers are important for a person to know when there is danger or other emergencies. (CH09-GR.K-S.4-GLE.3-EO.b;IQ.3;RA.1)	What are the possible dangers of someone having a weapon? (CH09-GR.K-S.4-GLE.3-EO.c;IQ.2)	What would you do if you found a gun? (CH09-GR.K-S.4-GLE.3-EO.c;IQ.1)
It is important for a person to develop strategies to be able to express their personal space and boundaries. (CH09-GR.K-S.4-GLE.1-EO.d;RA.1;N.1)	What are examples of different situations when a person would need to communicate personal boundaries to others? (CH09-GR.K-S.4-GLE.1-RA.1)	How would you tell a trusted adult if any appropriate touching occurs to self and others? (CH09-GR.K-S.4-GLE.1-EO.a,b,c,d)
The development of self respect and respect for others is a necessary skill to learn in order to	What are examples of showing self-respect and respect for others?	Why is it important to respect yourself?

maintain healthy relationships. (CH09-GR.K-S.4-GLE.1-IQ.2,3)		

Critical Content: **My students will Know…**	**Key Skills:** **My students will be able to (Do)…**
• Characteristics of trusted adults (CH09-GR.K-S.4-GLE.1-EO.b) • Respect for self and others (CH09-GR.K-S.4-GLE.1-IQ.1,2,3) • Appropriate and inappropriate touches (CH09-GR.K-S.4-GLE.1-EO.a,d) • Verbal and non-verbal communication skills (CH09-GR.K-S.4-GLE.3-EO.a;RA.1;N.1) • 911 and other emergency numbers (CH09-GR.K-S.4-GLE.3-EO.b) • Dangers of weapons (CH09-GR.K-S.4-GLE.3-EO.c;IQ.2)	• Identify the characteristics of trusted adults (CH09-GR.K-S.4-GLE.1-EO.b) • Communicate aspects of respect for self and others (CH09-GR.K-S.4-GLE.1-IQ.1,2,3) • Identify appropriate and inappropriate touches (CH09-GR.K-S.4-GLE.1-EO.a,d) • Demonstrate verbal and non-verbal communication skills (CH09-GR.K-S.4-GLE.3-EO.a;RA.1;N.1) • Recognize 911 and other emergency numbers (CH09-GR.K-S.4-GLE.3-EO.b) • Explain the dangers of weapons (CH09-GR.K-S.4-GLE.3-EO.c;IQ.2)

Critical Language: includes the Academic and Technical vocabulary, semantics, and discourse which are particular to and necessary for accessing a given discipline. **EXAMPLE: A student in Language Arts can demonstrate the ability to apply and comprehend critical language through the following statement:** ***"Mark Twain exposes the hypocrisy of slavery through the use of satire."***	
A student in ______________ can demonstrate the ability to apply and comprehend critical language through the following statement(s):	*I will be able to show respect for self and others and communicate about unsafe situations to trusted adults.*
Academic Vocabulary:	Communication, Respect, Boundaries, Danger, Strategies, Trust
Technical Vocabulary:	911, Skills, Emergency

Unit Title	Healthy Behaviors		Length of Unit	At teacher's discretion
Focusing Lens(es)	Habits	Standards and Grade Level Expectations Addressed in this Unit	CH09-GR.K-S.2-GLE.1, CH09-GR.K-S.2-GLE.2	
Inquiry Questions (Engaging- Debatable):	• What kind of habits do you have to have for care of your teeth to help make them strong and healthy? (CH09-GR.K-S.2-GLE.1-EO.b,d;IQ.4) • What would happen to your body if you only ate foods high in sugar such as cookies and candy? (CH09-GR.K-S.2-GLE.1-EO.d;IQ.4) • How would you feel if all of your teeth fell out? (CH09-GR.K-S.2-GLE.1-EO.b;IQ.3)and (CH09-GR.K-S.2-GLE.2-EO.d,e;IQ.2) • What would happen if nobody ever washed their hands? (CH09-GR.K-S.2-GLE.2-EO.b,c;IQ.3)			
Unit Strands	Physical and Personal Wellness			
Concepts	Decision-making, Positive Effects, Category, Relationships, Influence, Balance, Impacts, Behaviors, Habits, Skills			

Generalizations My students will Understand that…	Guiding Questions Factual	Conceptual
Families, peers, and communities influence decisions and habits for eating healthy foods (CH09-GR.K-S.2-GLE.1-EO.a,b,c,d;IQ.1,2,3,4;RA.3)	Who helps you decide what foods to eat? (CH09-GR.K-S.2-GLE.1-EO.a,b,c,d;IQ.1,2,3,4;RA.3)	How does media and advertising influence your decisions about what to eat?
Eating foods from a variety of food groups has positive effects on one's body and enables it to function efficiently (CH09-GR.K-S.2-GLE.1-EO.a,d;IQ.1,4;N.1)	Why is it important to eat different types of foods? (CH09-GR.K-S.2-GLE.1-EO.a,d;IQ.1,4;N.1)	Why would the body not work as well if a person only ate food out of one food group?
Foods categorized into groups guide decision--making and provide for a balanced diet. (CH09-GR.K-S.2-GLE.1-EO.a,d;IQ.1,4;N.1)	What food group does candy fit into? (CH09-GR.K-S.2-GLE.1-EO.a,d;IQ.1,4;N.1) How do healthy foods help your body? (CH09-GR.K-S.2-GLE.1-EO.d;IQ.1)	Why would it be a good idea to think about what category a food fits into before you eat it?

Food positively (or negatively) impacts feelings, energy levels and behaviors. (CH09-GR.K-S.2-GLE.1-EO.c,d;IQ.1,2;RA.1;N.1)	How does food fuel our bodies? (CH09-GR.K-S.2-GLE.1-EO.c;IQ.1) Why is it important to eat breakfast? (CH09-GR.K-S.2-GLE.1-EO.c,d;IQ.1,2;RA.1;N.1)	How is food for your body similar to water for a flower? What happens to your body if you do not eat?
Proper hygiene for the teeth and body improve and enhance a person's overall health. (CH09-GR.K-S.2-GLE.2-EO.a,b,c,d,e;IQ.1,2;RA.2)	What are the steps for proper hand washing?	Why is it important to take care of your teeth?

Critical Content: **My students will Know…**	**Key Skills:** **My students will be able to (Do)…**
• The major food groups (CH09-GR.K-S.2-GLE.1-EO.a) Example – Meats & Protein, Fruits & Vegetables, Grains and Dairy • Healthy foods and beverages for teeth (CH09-GR.K-S.2-GLE.1-EO.b;IQ.1,3;RA.2) Example – Milk • Healthy foods and beverages for bones (CH09-GR.K-S.2-GLE.1-EO.b;IQ.1,3) • Healthy foods and nutrients for the body's energy (CH09-GR.K-S.2-GLE.1-EO.c-IQ.1,2;RA.1;N.1) • The positive effects of healthy foods and beverages (CH09-GR.K-S.2-GLE.1-EO.d;IQ.1,4;RA.3;N.1)	• Verbally identify the food groups (CH09-GR.K-S.2-GLE.1-EO.a) • Demonstrate decision making skills by choosing healthy foods and beverages for bones and teeth (CH09-GR.K-S.2-GLE.1-EO.b;IQ1,3;RA.2) • Identify healthy foods that provide energy (CH09-GR.K-S.2-GLE. 1-EO.c;IQ.1,2;RA.1;N.1) • Explain how healthy foods and beverages make them feel (CH09-GR.K-S.2-GLE.1-EO.d;IQ.1,4;RA.3;N.1)

Critical Language: includes the Academic and Technical vocabulary, semantics, and discourse which are particular to and necessary for accessing a given discipline.
EXAMPLE: A student in Language Arts can demonstrate the ability to apply and comprehend critical language through the following statement: ***"Mark Twain exposes the hypocrisy of slavery through the use of satire."***

A student in _______________ can demonstrate the ability to apply and comprehend critical language through the following statement(s):	*I will be able to explain how eating different foods will affect my body, teeth and energy level.*
Academic Vocabulary:	Recognize, Fuel, Energy, Identify, Relationships, Benefit, Balance, Impacts, Behavior, Skills, Vegetables, Fruits
Technical Vocabulary:	Health, Nutrition, Nutrients, Fat, Protein, Carbohydrates

SB 1290, Kehoe. Physical education: self-defense and safety instruction.

Existing law requires that all pupils in grades 7 to 12, inclusive, except those excused or exempted pursuant to a prescribed provisions of law, attend physical education courses for a total period of time of not less than 400 minutes each 10 schooldays. Pursuant to its authority to issue program guidelines to serve as models or examples, the State Board of Education has adopted physical education model content standards for California public schools.

This bill would require the State Board of Education and the Curriculum Development and Supplemental Materials Commission to include self-defense instruction, as defined, and safety instruction, as defined, in the next revision of the physical education framework for pupils in grades 7, 8, 9, 11, and 12.

THE PEOPLE OF THE STATE OF CALIFORNIA DO ENACT AS FOLLOWS:

SECTION 1. Section 51223.3 is added to the Education Code, to read:

51223.3. (a) During the next revision of the physical education framework, the state board and the Curriculum Development and Supplemental Materials Commission shall include self-defense instruction and safety instruction in that framework for pupils in grades 7, 8, 9, 11, and 12.

(b) As used in this section:

(1) "Safety instruction" includes, but is not necessarily limited to, awareness and avoidance of potentially dangerous situations.

(2) "Self-defense instruction" includes, but is not necessarily limited to, martial arts, boxing, and other defensive techniques.

Assembly Bill No. 2016

CHAPTER 809

An act to add Section 51900.6 to the Education Code, relating to pupil instruction.

[Approved by Governor September 29, 2014. Filed with Secretary of State September 29, 2014.]

LEGISLATIVE COUNSEL'S DIGEST

AB 2016, Campos. Pupil instruction: sexual abuse and sexual assault awareness and prevention.

Existing law requires the State Department of Education to prepare and distribute to school districts guidelines for the preparation of comprehensive health education plans, and requires approval of district plans to be made in accordance with rules and regulations adopted by the State Board of Education. Existing law establishes the Instructional Quality Commission and requires the commission to, among other things, recommend curriculum frameworks to the state board.

This bill would require the state board, based upon recommendations by the Superintendent of Public Instruction, to consider including age-appropriate content for kindergarten and grades 1 to 12, inclusive, in sexual abuse and sexual assault awareness and prevention in the next revision of the health content standards. The bill would also require the state board, based upon recommendations by the commission, to consider including information in sexual abuse and sexual assault awareness and prevention in the Health Framework for California Public Schools when next revised.

The bill would authorize school districts, county offices of education, and charter schools to provide age-appropriate instruction, pursuant to the content standards adopted by the state board, for kindergarten and grades 1 to 12, inclusive, as applicable, in sexual abuse and sexual assault awareness and prevention. The bill would provide a procedure for excusing a pupil from that instruction.

The people of the State of California do enact as follows:

SECTION 1. Section 51900.6 is added to the Education Code, to read:

51900.6. (a) (1) The state board shall, based upon recommendations by the Superintendent, consider including age-appropriate content for kindergarten and grades 1 to 12, inclusive, in sexual abuse and sexual assault awareness and prevention in the next revision of the health content standards.

(2) The state board shall, based upon recommendations by the Instructional Quality Commission, consider including information in sexual

abuse and sexual assault awareness and prevention in the Health Framework for California Public Schools when next revised.

(b) (1) School districts, county offices of education, and charter schools may provide age-appropriate instruction, pursuant to the content standards adopted by the state board under subdivision (a), for kindergarten and grades 1 to 12, inclusive, as applicable, in sexual abuse and sexual assault awareness and prevention.

(2) Upon written request of the pupil's parent or legal guardian, a pupil in kindergarten or grades 1 to 12, inclusive, shall be excused from taking instruction in sexual abuse and sexual assault awareness and prevention established pursuant to this section.

AB 2016 (Campos)

Erin's Law: Student Instruction in Sexual Abuse Awareness & Assault Prevention

Bill Summary:

This bill would include age-appropriate instruction for students in kindergarten through 12th grade about sexual abuse and assault prevention as an integral part of their overall health education.

Background:

"Erin's Law" is named after Erin Merryn. She is a survivor of child sexual abuse. After going public about her abuse, Erin Merryn made it her mission to advocate in favor of ensuring that children have the age-appropriate education to recognize and talk about sexual abuse.

Her efforts have led to the passage of Erin's Law in several states, including her home state of Illinois. In addition, Erin's Law has been enacted in Indiana, Maine, Michigan, Missouri and New Mexico. Legislation has also been introduced in New York, Pennsylvania, Michigan, Georgia, Mississippi, Minnesota, and Nevada.

Problem:

Often times, children are abused by a person who is in a position of trust or authority. In almost every case, the only witnesses to this crime are the perpetrator and the victim. Perpetrators often tell the child it is a secret and no one will believe them. Children rarely report abuse immediately and delayed disclosure is the norm. Often, children feel the abuse was their fault. Most victims never tell anyone until several years after the abuse, *if* they ever tell at all.

According to the Centers for Disease Control & Prevention, one in four girls and one in six boys nationwide will be the victim of child sexual abuse by their 18th birthday. There are more than 42 million survivors of sexual abuse and 3 million of these survivors are still children.

According to the Child Abuse Central Index, it is estimated that only one out of every 10 victims ever discloses their abuse.

Children do not tell for several reasons: (1) They do not know the abuse is wrong; (2) They feel the abuse was their fault; (3) They do not know how to tell; (4) They do not know who to tell; (5) They are afraid no one will believe them; (6) They have been threatened by the offender; (7) They are afraid disclosure will hurt their family.

Research shows that children do not report sexual abuse because they have never been taught about "safe touches" and "unsafe touches," and what to do when someone breaks the touching rule. They have not been empowered to tell their mom, dad, teacher, or counselor, and to keep telling until the abuse stops.

Much like the story of Erin Merryn, many times the only message children are getting, is from the perpetrator.

Legislative Solution:

This bill would include, as an integral part of health education, age-appropriate instruction for students in Kindergarten through 12th grade about sexual abuse awareness and assault prevention. Also, the bill would require that this instruction be integrated into the

California Department of Education's next curriculum revision.

Specifically, the bill would require the State Board of Education to create the content standards for instruction and would allow schools to implement the instruction. The instruction would focus on the recognition, avoidance, refusal and reporting of incidences of sexual abuse and assault. It would also reflect current practices and standards in the prevention of sexual abuse and assault of children.

Ultimately, as children are educated about self-protection and speaking out, they will be able to protect themselves. As adults, they will be able to protect their own children and end the intergenerational code of silence that pervades our society regarding childhood sexual abuse.

Support:

Brighter Beginnings
California Association of Marriage and Family Therapists
California Family Resource Association
California Police Chiefs Association
The Child Abuse Prevention Center

Opposition:

None

For More Information:

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Written comment provided at the November 7, 2016, Health Education Focus Group meeting included the following documents that could not be made fully accessible for inclusion in this report and can be obtained by alternative means:

- A 16-page brochure published by the Gylanic Education Trust, Inc., titled “GET Empowered.”
- A document, “Sexual Assault of Young Children as Reported to Law Enforcement: Victim, Incident, and Offender Characteristics.” This document can be downloaded at https://www.bjs.gov/content/pub/pdf/saycrle.pdf
- A table on estimated percentages of sexually abused children in kindergarten, grade three, and high school. To request a copy, e-mail healtheducationframework@cde.ca.gov
- A table of 2015 population estimates of resident population for selected age groups by sex for the United States. To request a copy, e-mail healtheducationframework@cde.ca.gov.

Focus Group 4: Long Beach Unified School District, Long Beach
Three Written Comments

Notes and thoughts on the 2019 revision of the California Education Framework
Catherine Lynn Colby Health Teacher Nobel Middle School November 16, 2016

PREFACE

Hello and thank you for choosing me for this focus group. Let me begin with a story that is true; I know because I was there when it happened. Along about 2011 LAUSD decision –makers attempted to cut down on financial costs by eliminating the Health Ed programs and teachers at all levels. I missed the cut by one year's seniority. The teacher who got "pink-slipped" had one less year seniority than do I. The other teacher was despondent to be losing her job after 11 years teaching. She did not by her own admission put much effort in to her teaching after she was fired. I am not condoning her actions at all. One year later the school had a student die from huffing overdose.
#1. The framework can support instruction of Health content and skills by being much more accessible to the instructor. The former organization of the framework:

- Essential concepts ,
- Analyzing influences,
- Accessing valid information,
- Interpersonal Communication,
- Decision making, Goal setting,
- practicing Health- Enhancing Behaviors and
- Health Promotion

All these framework perimeters for each pertinent topic is too much for the day-to-day secondary school Health Teacher to wade through. **It is too long and complicated to list on the board as "standards", which is what principals demand.**

I am just now after 17 years able to really USE the framework as a guideline
Allow me to suggest that if the committee insists on using the same 8 standards plugged into content, an explanation of the 8 framework concepts, analyzing influences, accessing valid information, Interpersonal communication, decision making, goal setting, practicing Healthy-enhancing behaviors and Health promotion; be explained and practiced with new teachers.
Also I would like to suggest an alternative or addendum organization that can be easily and concisely written on the board and explained to an administrator.

#2. Teachers already must be "culturally competent" to step inside a California public school classroom. This should be upgraded yearly with 100% on a small test like we do for child abuse reporting in LAUSD. I find that my nurse's training helped with this. Nothing should faze you. In this regard I believe that a Health Teacher's

classroom should always be a safe place for kids to “BE” who they are. I think that an undergrad degree of Health Science is the best training for a Health teacher because the topics especially sex & drugs are covered in this undergrad training. If there is a lack of Health Undergrads to move into secondary teaching then the state should compel school districts to otherwise train teachers in this regard.
Also Health Education code must be looked at and revised so that it gets done because most schools have minimal Health Ed actually taught at ANY LEVEL. So an audit should be in place for this. I recommend someone like myself for the audit job. A classroom teacher who knows what REALLY can get done, and at all grades.

#3. Add “self - assessment” to everything from end-of chapter in a textbook, to part of the 8 standards already in place. Do a pre-test and a post-test for each informational unit. See the Exercise Your Options booklet put out by the California Dairy Commission and used for elementary & secondary middle & high school. Make examples available online for classroom teachers.

Health Education Focus Group Meeting
Public Comment - November 29, 2016
Some Observations
by Ric Loya

Good afternoon Focus Group members and Department of Education Staff. My name is Ric Loya, former Health Teacher at Huntington Park High (if there is such a thing as "former teacher") and current Executive Vice President of the California Association of School Health Educators.

We should be safe here in Long Beach. Then again, San Pedro isn't that far West of us where there have been too many recent episodes of refinery pollutant releases into the air. Up to the North about 13 miles we have lead pollution from Exide batteries in Vernon going to East Los Angeles and where I live in Huntington Park. And just West of the Exide mess about 20 miles is the Porter Ranch fiasco caused by Southern California Gas and the toxic releases there. I recall when we were developing the California Health Education Standards some of us had to fight to get environmental concerns addressed and thank God such instruction was included and should be included in the new Framework - a comprehensive document. I would add that other such environmental issues included from other parts of the state could inspire teachers to localize their instruction thus increasing student interest.

As a former teacher at Huntington Park High in a community with over 90% Latino student enrollment we are also plagued with extremely high rates of asthma, diabetes, and obesity, indicating that chronic disease still needs to be a major priority along with nutrition instruction. I stroll the grocery stores and too often see parents moving their kids along giving them candy to munch to keep them quiet. It appears one cannot separate nutrition education from family life instruction. It is also obvious that health instruction is best served when focusing on being relative to the needs and interests of the learner. Other ethnic groups will have diseases more prevalent than Latino students. The key is to find those diseases to increase relevancy and thus student interest.

More recently many of us worked on the passage of AB 329 which put the Healthy Youth Act on the books. It was tragic that it took legislation to get districts to deal with one of THEE most important content areas being taught - comprehensive sexual health education which really is quite comprehensive in what it requires and must by law be reflected in the new Health Framework. No longer can some health instruction be allowed to only cover sexual plumbing and not deal with sexuality, orientation issues, bullying, contraception, etc. And I hate to tell you how high the STD and teen pregnancy rates are in the Southeast cities of Bell, Maywood, and South Gate.

Now with the Healthy Youth Act health instruction must finally address needs including those needs of orientation. No more just talking about sexuality in terms of a heterosexual only population - time to be inclusive at last. And no more videos and books and materials that only show one ethnic group or one orientation group. This will require a major overhaul of materials but is long overdue. For too many years I have borrowed materials only to return them with a note "my kids can't relate to that due to ethnic portrayals."

Please keep in mind that as the task of developing the new long overdue Health Framework takes place that we focus on student needs and interests for if a kid is interested in the subject matter they will WANT to learn and if they perceive the need they will want to learn. A great example of course as many of us know is when we are teaching about human sexuality our attendance rates do go up!

Some of us see the new Framework and Health Standards as that legal document that can set the stage for monitoring compliance with education code sections pertaining to health instruction. And CASHE sees its immediate responsibility to help conduct such monitoring and report non-compliance to appropriate authorities. One of the key barriers to quality health instruction has been the over dependence and use of non-qualified health teachers in order to ease staff scheduling (We only need four periods of art so can you teach one of health even though you are an art teacher). AND where it really gets bad is summer school sessions where one teacher might teach four or five subjects even though he is only credentialed in one - "or, you can get it out of the book". AND if a district is going to grant online health courses instruction then they need to make sure that the online course is based on a health framework and health standards, not a science framework, as one program offers. Keep in mind that some things are not that easy to teach online such as CPR instruction, refusal skills, etc.

Lastly, the framework needs to be practical for a health teacher to implement - no pie in the sky objectives but down to earth objectives that will work inside a classroom of 30-40-50 kids and thus evaluated properly.

On behalf of CASHE I would also like to commend the great work that that the American Civil Liberties Union of California, Planned Parenthood Affiliates of California, California Latinas for Reproductive Justice, Forward Together, and Equality California for leading the effort to get the California Healthy Youth Act enacted as the primary sponsors.
Ric Loya
-Health Teacher Huntington Park High, 1970-1997
-Instructor Health Science, CSULB; 1976-1991
-Member, CA Health Instruction Framework Advisory Committee, 1978
-Member, CA Health Education Standards Committee 2009
-Member & Chair, School Health Standards Committee, National Board of Teacher Preparation, 2000-2003

From: Stephanie Sasaki
Sent: Tuesday, November 29, 2016 5:01 PM
To: HEALTHEDUCATIONFRAMEWORK
Subject: Regional Focus Group Comment

Thank you for the opportunity to provide public comment to the revision of the Health Education Framework.
One comment that I would like to make is in regards to how the framework can support effective student assessment.
I feel that it is very important to establish clear and concise Criterias for Competence for the health content, rather than trying to formulate rubrics. Most rubrics are very vague and general and do not serve the purpose of establishing a clear and concise delineation of student learning.
During the focus group discussion, Michelle Presley touched upon this topic.
The California Physical Education-Health Project, a California Subject Matter Project, provides professional development to health educators in the area of designing assessment tools which are aligned to content standards, lesson objectives and the new state standards (CCSS).
CPE-HP should be highlighted as a resource which provides professional development within the Health Education Framework.
Stephanie Sasaki
Teacher-Leader, California Physical Education-Health Project

From: Catherine Lynn Colby Health Teacher Nobel Middle School
Subject: Notes and thoughts on the 2019 revision of the California Education Framework, November 16, 2016

PREFACE

Hello and thank you for choosing me for this focus group. Let me begin with a story that is true; I know because I was there when it happened. Along about 2011 LAUSD decision –makers attempted to cut down on financial costs by eliminating the Health Ed programs and teachers at all levels. I missed the cut by one year's seniority. The

teacher who got “pink-slipped” had one less year seniority than do I. The other teacher was despondent to be losing her job after 11 years teaching. She did not by her own admission put much effort in to her teaching after she was fired. I am not condoning her actions at all. One year later the school had a student die from huffing overdose.

#1. The framework can support instruction of Health content and skills by being much more accessible to the instructor. The former organization of the framework:

- Essential concepts ,
- Analyzing influences,
- Accessing valid information,
- Interpersonal Communication,
- Decision making, Goal setting,
- practicing Health- Enhancing Behaviors and
- Health Promotion

All these framework perimeters for each pertinent topic is too much for the day-to-day secondary school Health Teacher to wade through. **It is too long and complicated to list on the board as “standards”, which is what principals demand.**

I am just now after 17 years able to really USE the framework as a guideline Allow me to suggest that if the committee insists on using the same 8 standards plugged into content, an explanation of the 8 framework concepts, analyzing influences, accessing valid information, Interpersonal communication, decision making, goal setting, practicing Healthy-enhancing behaviors and Health promotion; be explained and practiced with new teachers.
Also I would like to suggest an alternative or addendum organization that can be easily and concisely written on the board and explained to an administrator.

#2. Teachers already must be “culturally competent” to step inside a California public school classroom. This should be upgraded yearly with 100% on a small test like we do for child abuse reporting in LAUSD. I find that my nurse’s training helped with this. Nothing should faze you. In this regard I believe that a Health Teacher’s classroom should always be a safe place for kids to “BE” who they are. I think that an undergrad degree of Health Science is the best training for a Health teacher because the topics especially sex & drugs are covered in this undergrad training. If there is a lack of Health Undergrads to move into secondary teaching then the state should compel school districts to otherwise train teachers in this regard.
Also Health Education code must be looked at and revised so that it gets done because most schools have minimal Health Ed actually taught at ANY LEVEL. So an audit should be in place for this. I recommend someone like myself for the audit job. A classroom teacher who knows what REALLY can get done, and at all grades.

#3. Add “self - assessment” to everything from end-of chapter in a textbook, to part of the 8 standards already in place. Do a pre-test and a post-test for each informational unit. See the Exercise Your Options booklet put out by the California

Dairy Commission and used for elementary & secondary middle & high school. Make examples available online for classroom teachers.

December 1, 2016

VIA EMAIL
State Board of Education
Instructional Quality Commission
California Dept. of Education Health Framework
Attn: healtheducationframework@cde.ca.gov

Re: Support for Inclusion of California's Environmental Principles and Concepts in California's Health Framework

Dear State Board of Education and Instructional Quality Commission:

As an environmental advocate for Seventh Generation Advisors, a nongovernmental organization working for a sustainable world seven generations into the future, and as an appointed member of the State Superintendent's Environmental Literacy Steering Committee, we strongly urge you to incorporate the environmental aspects of health when developing the guidelines for development of the new health curriculum framework. Specifically, per my testimony at the Long Beach Health Framework Focus Group on November 29, 2016, we strongly urge teaching health in the context of the environment, and request that **the State Board of Education include California's adopted Environmental Principles and Concepts (EP&Cs) as a Category I Criteria for Evaluating Instructional Resources for Kindergarten Through Grade Eight**. Moreover, we encourage the Health Framework to use snapshots and vignettes that focus on environmental health and environmental justice. Such vignettes will also engage students through the key instructional shifts called for by the newly adopted Science Curriculum Framework, including making science education "Relevant to local communities and student interests. Content and skills build on students' existing experience to learn about and solve real-world problems."

The use of the environment as a context for teaching is a research-based instructional strategy that is called out in the Science Framework. There it states "teachers at all grade levels can use the environment as a context for, "… vibrant, living programs that engage students and teachers in active learning that has meaning for their daily lives and for their futures. (Lieberman 2013, 40, 202)." Incorporating this strategy in the Health Framework will provide students the opportunity to learn critical health education content, and develop and apply health-enhancing skills that have personal meaning.

As stated in public comment at the Long Beach Focus Group session, in general, students should be encouraged to learn about human health impacts in relation to environmental contexts -- for example, regional contexts like the Port of Long Beach, which has been identified as one of the most dangerous air quality areas in the nation[1], point directly to the critical nature of these local environmental topics. Such real-world contexts provide a rich background for teaching self-care skills (for example, what symptoms and illness can result from poor air quality, what to do to protect oneself when there is poor air quality, etc.), as well as opportunities for inspiration and hopefulness about health advances (the Port has cut diesel particulate matter emissions 85% in the past decade[2]).

Given that the environment is inextricably linked to human health, it is critically important that the updated Health Framework incorporate the EP&Cs. In 2004, the California State Board of Education adopted the EP&Cs because they examine the interactions and interdependence of human societies and natural systems. More than one hundred scientists and technical experts developed the EP&Cs. Because California is one of the few states that drive the textbook adoption market in the United States, this requirement could have a major impact on health education throughout the nation. In 2016, the State Board adopted both the History-Social Science and Science Frameworks, which fully integrate the EPCs into the Category I Criteria.

Accordingly, the incorporation of State Board of Education approved EP&Cs into the updated Health Curriculum Framework will ensure consistent application of criteria that the state has deemed essential for the related disciplines of Science and Health. Even more importantly, incorporation of the EP&Cs will offer teachers guidance about instructional materials that prepare students to be fully informed and active participants in protecting their health as individuals, and as members of their communities.

Lastly, the framework should call upon teachers to get students outside of their classrooms, thereby engaging them in healthy activities which have been shown to improve their engagement in school. The Superintendent's *Blueprint for Environmental Literacy* (http://www.cde.ca.gov/pd/ca/sc/environliteracyblueprint.asp) specifically identifies this as a key goal for the state's K-12 schools.

Leslie Mintz Tamminen
Seventh Generation Advisors
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(310) 780-3344

[1] Kevin R. Cromar et al., Excess Morbidity and Mortality Caused by Air Pollution above American Thoracic Society–Recommended Standards, 2011–2013. American Thoracic Society and Marron Institute Report (2016) *available at* https://www.thoracic.org/about/newsroom/press-releases/journal/health-of-the-air-ats-nyu.pdf .
[2] Id.

State of California—Health and Human Services Agency

California Department of Public Health

KAREN L. SMITH, MD, MPH
Director and State Public Health Officer

EDMUND G. BROWN JR.
Governor

November 21, 2016

California Department of Education
Curriculum Frameworks and Instructional Resources Division
1430 N Street
Sacramento, CA 95814-5901

Members of the Instructional Quality Commission and State Board of Education:

The California Tobacco Control Program, California Department of Public Health (CTCP/CDPH), appreciates the invitation to comment on the California Department of Education's (CDE) *2019 Health Education Framework for California Public Schools: Kindergarten through Grade Twelve* as a health education stakeholder in the process to revise curriculum requirements. Tobacco use is the number one cause of preventable death and disease in the United States.[1] The Centers for Disease Control and Prevention (CDC) estimates that annually 39,950 adults in California die from causes attributable to smoking and secondhand smoke exposure.[2] Additionally, the CDC projects 440,600 California youth between the ages of 0-17 will die from smoking.[3] CTCP is encouraged by the *Heath Education Framework for California Public School's* past inclusion of education for students that warned of the dangers of tobacco products.

Since the last iteration of the *Health Education Framework for California Public Schools*, emerging research has added to known tobacco-associated health risks, new state regulations for tobacco products have been adopted, and new tobacco products have appeared on the market. This timely revision presents an important opportunity to modify the existing Framework to include updated tobacco-control measures with the goals of preventing youth initiation and reducing tobacco-related health disparities among youth in California.

CTCP's recommendations are based on California's experience implementing successful comprehensive tobacco control and smoking cessation efforts and on peer-reviewed literature addressing the consequences of youth tobacco use. We have included recommendations in brief below and proposed specific amendments to the *2008 Health Education Content Standards* in the attached. We urge CDE to consider the following recommendations for inclusion into the *2019 Health Education for California Public Schools* revision:

CDPH Tobacco Control Program, MS 7206 • P.O. Box 997377 • Sacramento, CA 95899-7377
(916) 449-5500 • (916) 449-5505 FAX
Internet Address: www.cdph.ca.gov

1. **Ensure comprehensive definitions for "tobacco" by updating the definition of "tobacco products" and "smoking" in the Framework to mirror the definition adopted on May 4, 2016 by the State of California in Section 22950.5 of the Business and Professions Code. This change will ensure that all tobacco products are covered in the new Framework, including electronic smoking devices (ESD) frequently used by youth and young adults.[4]**
   - Recommended definition of smoking: "Smoking" means inhaling, exhaling, burning, or carrying any lighted or heated cigar, cigarette, or pipe, or any other lighted or heated tobacco or plant product intended for inhalation, whether natural or synthetic, in any manner or in any form. "Smoking" includes the use of an electronic smoking device that creates an aerosol or vapor, in any manner or in any form, or the use of any oral smoking device for the purpose of circumventing the prohibition of smoking.
   - Recommended definition of tobacco products: "Tobacco product" means any of the following: (A) A product containing, made, or derived from tobacco or nicotine that is intended for human consumption, whether smoked, heated, chewed, absorbed, dissolved, inhaled, snorted, sniffed, or ingested by any other means, including, but not limited to, cigarettes, cigars, little cigars, chewing tobacco, pipe tobacco, or snuff. (B) An electronic device that delivers nicotine or other vaporized liquids to the person inhaling from the device, including, but not limited to, an electronic cigarette, cigar, pipe, or hookah. (C) Any component, part, or accessory of a tobacco product, whether or not sold separately.

2. **Update the Framework to educate students on the dangers of electronic smoking devices (ESD) and the aerosol they produce.**
   ESD usage is occurring in youths who would not have smoked cigarettes or use other tobacco products[5] and the same youths are more likely to start smoking traditional cigarettes versus non-ESD users as a result.[6-9] Nationally, high school rates for ESDs are the most common tobacco product used among teens at 13.4 percent.[10] Based on data collected from the 2013-2015 Healthy Kids Survey, it is estimated that more than 217,000 California teens currently use ESDs or smoke cigarettes.

3. **Update the Framework to educate students on the dangers of flavored and mentholated tobacco products, including smokeless tobacco and e-liquids.**
   More than 7,000 flavored tobacco products are available on the market to purchase. Many youth and young adults become regular smokers first through the use of menthol cigarettes and flavored tobacco products. Nationally, approximately 70 percent (3.26 million) of youth tobacco users (middle and high school students) reported in 2014 to have used at least one flavored tobacco product in the past 30 days.[11] A national survey of youth aged 12 to 17 years showed the majority of youth tobacco ever-users reported that the first tobacco product they had used was flavored, including 88.7 percent of ever hookah users, 81.0 percent of ever electronic cigarette users, 65.4 percent of ever-users of any cigar type, and 50.1

percent of ever cigarette smokers.[12] Youth consistently reported product flavoring as a reason for use across all product types, including electronic smoking devices (81 percent), hookahs (78.9 percent), cigars (73.8 percent), smokeless tobacco (69.3 percent), and Snus (67.2 percent).[13]

4. **Update the Framework to provide education and improve awareness of California's new laws that have raised the minimum age of sale for tobacco products from 18 to 21 years of age and require all schools to be tobacco-free.** California has made great strides to ensure a healthier future for generations to come with the adoption of SB 7 X2 and AB 9 X2 in 2016. In a report published by the National Academy of Medicine, experts concluded that raising the minimum legal age of purchase inhibits or delays onset of tobacco use.[14] Increasing awareness of the new laws and the efforts in place within California schools and communities provides an opportunity to further exemplify and demonstrate a norming of a tobacco-free generation of young people.

5. **Update the Framework to educate students on the dangers of tobacco and marijuana secondhand smoke, thirdhand smoke, and aerosol.** The last iteration of the *Health Content Standards for California Public Schools* included Standards that informed on the dangers of secondhand smoke. CTCP encourages the continued inclusion of education into the Framework on this known human carcinogen which has long term risks to youth who are exposed to it.[15] Acute effects of secondhand smoke are serious and include increased frequency and severity of asthma attacks, the initiation of asthma, respiratory symptoms such as coughing, shortness of breath, and respiratory infections such as bronchitis and pneumonia.[4]

   Exposure to tobacco secondhand smoke adversely affects cardiovascular health and impairs blood vessel function in humans and in rats. A study using a rat model showed that, similar to tobacco, marijuana secondhand smoke exposure impairs the ability of arteries to vasodilate (regulation of diameter based on conditions). The long-term effects of exposure to marijuana secondhand smoke among youth may lead to impairment.[16]

   Thirdhand smoke (THS) is the toxic residue that is left behind after a person has smoked tobacco. Anyone who spends time in a place where smoking has occurred can be exposed to thirdhand smoke. Infants and children spend more time indoors, and have age-specific behaviors (crawling, teething) that can increase exposure to THS in environments where smoking has occurred.[17] Exposure to thirdhand smoke may damage genetic material (DNA), increasing the risk for short- and long-term health problems such as asthma and cancer.[18]

   Research available on secondhand exposure to the aerosol emitted by ESD, is somewhat limited as these are relatively new products. Several studies have shown

that aerosol exposure is harmful to indoor air quality due to increases in fine and ultrafine particulate matter that can be deposited in the lungs.[19,20] There have been reports that frequent low exposure to particulate matter can increase the risk of cardiovascular and respiratory diseases.[21] At least one study has found some toxins that are present in cigarette smoke also in ESD aerosol, including formaldehyde, acetaldehyde, isoprene, and acetone, though they were measured at lower levels than cigarette smoke.[22] CTCP recommends continued education of our youth on the dangers of secondhand smoke and the introduction of marijuana secondhand smoke, thirdhand smoke, and aerosol.

Thank you for this opportunity to comment on the *2019 Health Education Framework for California Public Schools* revision. Please do not hesitate to contact CTCP if you have any additional questions.

Sincerely,

Tonia Hagaman, MPH, Chief
Community and Statewide Interventions Section
California Tobacco Control Program
Tonia.Hagaman@cdph.ca.gov
(916) 449-5472

Enclosures: References and Attachment A – Proposed Updates to the 2008 Tobacco *Health Content Standards for California Public Schools*

References

1. U.S. Department of Health and Human Services. The Health Consequences of Smoking—50 Years of Progress: A Report of the Surgeon General. Atlanta: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, 2014, Accessed October 12, 2016.
2. Centers for Disease Control and Prevention. Smoking-Attributable Mortality, Morbidity, and Economic Costs (SAMMEC) - Smoking Attributable Mortality (SAM). 2005–2009. 2015, Accessed October 12, 2016.
3. Centers for Disease Control and Prevention. Best Practices for Comprehensive Tobacco Control Programs—2014. Atlanta, GA: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health; 2014.
4. California Department of Public Health, California Tobacco Control Program. *California Tobacco Facts and Figures 2016 [pre-print version]*. Sacramento, CA: California Department of Public Health; 2016.
5. Barrington-Trimis JL, Urman R, Leventhal AM, et al. E-cigarettes, cigarettes, and the prevalence of adolescent tobacco use [published online ahead of print July 11, 2016]. *Pediatrics.* 2016; 138(2): e20153983. doi: 10.1542/peds.2015-3983.
6. Leventhal AM, Strong DR, Kirkpatrick MG, et al. Association of electronic cigarette use with initiation of combustible tobacco product smoking in early adolescence. *JAMA.* 2015; 314(7): 700–707. doi: 10.1001/jama.2015.8950.
7. Primack BA, Soneji S, Stoolmiller M, Fine MJ, Sargent JD. Progression to traditional cigarette smoking after electronic cigarette use amont US adolescents and young adults. *JAMA Pediatr.* 2015; 169(11): 1018-1023. doi: 10.1001/jamapediatrics.2015.1742.
8. Barrington-Trimis JL, Urman R, Berhane K, et al. E-cigarettes and future cigarette use. *Pediatrics.* 2016; 138(1): e20160379. doi: 10.1542/peds.2016-0379.
9. Wills TA, Knight R, Sargent JD, Gibbons FX, Pagano I, Williams RJ. Longitudinal study of e-cigarette use and onset of cigarette smoking among high school students in Hawaii [published online ahead of print January 25, 2016]. *Tob Control.* 2016. doi: 10.1136/tobaccocontrol-2015-052705.
10. Arrazola RA, Singh T, Corey CG, et al. Tobacco use among middle and high school students — United States, 2011–2014. *MMWR Morb Mortal Wkly Rep.* 2015; 64(14): 381–385.
11. Corey, C.G., et al., Flavored tobacco product use among middle and high school students—United States, 2014*. Morbitity Mortality Weekly Report*, 2015. 64 (38): p. 1066-1070.
12. Ambrose, B.K., et al., Flavored Tobacco Product Use Among US Youth Aged 12-17 Years*, 2013-2014. Journal of the American Medical Association*, 2015: p. 1-3.
13. Hook et al. Flavored Tobacco Product Use Among US Youth Aged 12-17 Years, 2013-2014. Journal of the American Medical Association. 2015;314 (17):1871-1873.

14. Bonnie, R.J., et al., Public Health Implications of Raising the Minimum Age of Legal Access to Tobacco Products Report Brief. Institute of Medicine of the National Academies, 2015.p.2.
15. U.S. Department of Health and Human Services. The Health Consequences of Involuntary Exposure to Tobacco Smoke: A Report of the Surgeon General. Atlanta, GA: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health; 2006.
16. Wang, X., et al., One Minute of Marijuana Secondhand Smoke Exposure Substantially Impairs Vascular Endothelial Function. J Am Heart Assoc, 2016(5).
17. Acuff, L., et al., *Third-Hand Smoke: Old Smoke, New Concerns.* J Community Health, 2016. 41(3): p. 680-7.
18. Hang, B., et al., Thirdhand smoke causes DNA damage in human cells. Mutagenesis, 2013. 28(4): p. 381-91.
19. Schober W, Szendrei K, Matzen W, et al. Use of electronic cigarettes (e-cigarettes) impairs indoor air quality and increases FeNO levels of e-cigarettes consumers. *Int J Hyg Environ Health.* 2014; 217(6): 628–637. doi: 10.1016/j.ijheh.2013.11.003.
20. Soule EK, Maloney SF, Spindle TR, Rudy AK, Hiler MM, Cobb CO. Electronic cigarette use and indoor air quality in a natural setting [published online ahead of print February 15, 2016]. *Tob Control.* 2016. doi: 10.1136/tobaccocontrol- 2015-052772.
21. Grana R, Benowitz N, Glantz SA. E-cigarettes: a scientific review. *Circulation.* 2014; 129(19): 1972–1986. doi: 10.1161/CIRCULATIONAHA.114.007667.
22. Schripp T, Markewitz D, Uhde E, Salthammer T. Does e-cigarette consumption cause passive vaping? *Indoor Air.* 2013; 23(1): 25–31. doi: 10.1111/j. 1600-0668.2012.00792.x.

Health Education Content Standards for California Public Schools- Kindergarten through Grade 12

Page	Section/ Subject Header	Applicable Excerpt	Notes
3	Kindergarten Standards/ Alcohol, Tobacco, and Other Drugs/ Standard 1: Essential Concepts	• **1.5.A** Recognize that tobacco smoke **and the aerosol produced by electronic smoking devices are** harmful to health and should be avoided.	
11	Grade Two Standards/ Alcohol, Tobacco, and Other Drugs/ Standard 1: Essential Concepts	• **1.1.A** Distinguish between helpful and harmful substances (including alcohol, tobacco **products, including liquid nicotine**, and other drugs).	
12	Grade Two Standards/ Alcohol, Tobacco, and Other Drugs/ Standard 4: Interpersonal Communication	• 4.1A Demonstrate refusal skills to resist an offer to use drugs**, tobacco,** or inappropriate medicines. • **4.2.A** Demonstrate communication skills to alert an adult about unsafe situations involving drugs**, tobacco,** or medicines.	
21	Grade Four Standards/ Alcohol, Tobacco, and Other Drugs/ Standards 1: Essential Concepts	• **1.4.A** Identify family and school rules about alcohol, **tobacco**, and drug use.	**1.4.A: Update Standards to reflect that schools are tobacco-free zones.**
29	Grade Six Standards/ Alcohol, Tobacco, and Other Drugs/ Standards 1: Essential Concepts	• **1.5.A** Explain the dangers of secondhand **tobacco and marijuana** smoke **and thirdhand smoke.**	
40	Grade Seven and Eight Standards/ Alcohol, Tobacco, and Other Drugs/ Standards 1: Essential Concepts	• **1.8.A** Explain school policies and community laws related to the use, possession, and sale of alcohol, tobacco, and illegal drugs.	**1.8.A: Update Standards to reflect that schools are tobacco-free zones and that the age of sale for tobacco products is 21 years of age.**
41	Grade Seven and Eight Standards/ Alcohol, Tobacco, and Other Drugs/ Standards 6: Goal Setting	• **6.1.A** Develop short-and long-term goals to remain drug **and tobacco**-free.	

41	Grade Seven and Eight Standards/ Alcohol, Tobacco, and Other Drugs/ Standards 8: Health Promotion	• **8.1.A** Participate in school and community efforts to promote a drug **and tobacco**-free lifestyle.	
51	Grades Ninth- Twelfth Standards/ Alcohol, Tobacco, and Other Drugs/ Standards 1: Essential Concepts	• **Include updated Standard: Analyze the consequences of tobacco use and its relationship to cancer, cardiovascular disease, respiratory disorders, and other illnesses.** • **1.8.A** Interpret school policies and community laws related to alcohol, tobacco, and illegal drug use, possession, and sale. • **1.10.A** Clarify myths regarding the scope of alcohol, other drug**s, and tobacco use, including that electronic smoking devices are a safer alternative to tobacco among adolescents.**	**1.8.A: Update Standards to reflect that schools are tobacco-free zones and that the age of sale for tobacco products is 21 years of age.**
52	Grades Ninth- Twelfth Standards/ Alcohol, Tobacco, and Other Drugs/ Standards 5: Decision Making	• **5.2.A** Explain healthy alternatives to alcohol, **other drug use,** and tobacco**. Clarify the myth that use of electronic smoking devices are healthy alternatives to other tobacco products.**	
56	Grades Ninth- Twelfth Standards/ Personal and Community Health/ Standards 5: Decision Making	• **5.2.P** Explain how decisions regarding health behaviors have consequences for oneself and others**, e.g. secondhand tobacco and marijuana smoke and thirdhand smoke .**	
61	Glossary Term: **Smoking**	• **Smoking means inhaling, exhaling, burning, or carrying any lighted or heated cigar, cigarette, or pipe, or any other lighted or heated tobacco or plant product intended for inhalation, whether natural or synthetic, in any manner or in any form. “Smoking” includes the use of an electronic smoking device that creates an aerosol or vapor, in any manner or in any form, or the use of any oral smoking device for the purpose of circumventing the prohibition of smoking.**	
61	Glossary Term: **Tobacco**	• **Tobacco pertains to any tobacco product containing, made, or derived from tobacco or nicotine that is intended for human consumption, whether smoked, heated, chewed, absorbed, dissolved, inhaled, snorted, sniffed, or ingested by any other means, including, but not limited to, cigarettes, cigars, little**	

		cigars, chewing tobacco, pipe tobacco, or snuff. Tobacco products are also electronic devices that deliver nicotine or other vaporized liquids to the person inhaling from the device, including, but not limited to, an electronic cigarette, cigar, pipe, or hookah. Any component, part, or accessory of a tobacco product, whether or not sold separately should also be considered tobacco.	

Comments Received via E-Mail

From: Sinor, Kathie
Sent: Tuesday, September 06, 2016 10:16 AM
To: Deborah Franklin
Subject: RE: your health focus group application

One note, and I am not sure even if this is appropriate. I have been teaching Health to teens for over 20 years and I do not feel enough emphasis is placed on sleep. In fact, the new Glencoe Health book we are using only has three paragraphs addressing this topic. I feel this may be a topic of discussion for the focus group.

Just a thought!

Kathie Sinor
Health and Wellness Teacher
& Department Coordinator,
Granite Bay High School

From: Sinor, Kathie
Sent: Tuesday, September 06, 2016 10:33 AM
To: Deborah Franklin
Subject: RE: your health focus group application

New research indicates that many teens are self-medicating and begin taking drugs because of the physical, mental and emotional effects of lack of sleep. Also, many teens are taken to their family doctor for "not feeling well" being frustrated, angry, cannot focus – and are often misdiagnosed with ADD or ADHD. This is a very beg health issue.

Kathie Sinor
Health and Wellness Teacher
& Department Coordinator,
Granite Bay High School

From: Gina Lepore
Sent: Tuesday, November 29, 2016 12:16 PM
To: HEALTHEDUCATIONFRAMEWORK
Subject: comment on health framework revision

I am certain that you all are gathering a rich set of comments and suggestion on this framework revision from your numerous focus groups. I'm also guessing that the one comment I am submitting has been echoed by others, but just in case….

I would like to see TRUE gender equity in the presentation and teaching of sexual anatomy in schools. I would like to have it required, or at least strongly recommended, that educators use anatomical diagrams that depict external genitalia, including new usage of 'corona' in place of 'hymen', and full clitoral anatomy, not just the glans as it appears under the clitoral hood. I think that if this level of detail is being provided for those with typical male anatomy (depicting corpus cavernosa, corpus spongiosum, etc.), the same should be taught for female anatomy. If not, this could be seen as (should be seen as) gender-based discrimination. I would also like to see mention/discussion of female ejaculation if male ejaculation is discussed/presented.

That's it for now. I could give more input but imagine that whatever I would offer is being offered up by others, including, hopefully, what I have suggested above.

Thanks!

Gina

Gina Lepore, M.Ed. | Research Associate/Trainer
ETR | www.etr.org