

HEALTH EDUCATION FRAMEWORK

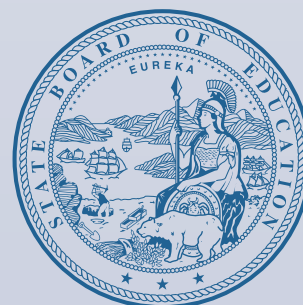


FOR CALIFORNIA PUBLIC SCHOOLS
Kindergarten Through Grade Twelve

Chapter 6
Grade Levels Nine Through Twelve

Adopted by the California State
Board of Education
May 2019

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



Grade Levels Nine Through Twelve

CHAPTER

Introduction

High school is a challenging but also exciting and rewarding time for most students as they transition into young adulthood. Most teens are experiencing a higher level of independence than in earlier grades. Students this age often have adult responsibilities including driving, employment, romantic relationships, or caring for younger family members. Therefore, making standards-based competencies and instructional strategies that foster responsible decision-making a critical component of health education.

Some students are embarking on an exciting new experience with their first year of high school. Others are progressing through their academic journey, while students in upper grade levels are preparing for life after high school. Although it may seem like students' behaviors are well established, health education teachers continue to play a critical role in implementing standards-based instruction, applying evidence-based curriculum and programs, integrating medically accurate resources, and mentoring students to foster a lifetime of healthy behaviors. Health education instruction is best provided by credentialed health education teachers or a credentialed school nurse with a specialized teaching authorization in health ideally in a stand-alone, year-long health class to best meet students' need for high-quality, effective health education.

Physiologically, the teen years are particularly active with many developmental and hormonal changes occurring. The ability to reason, think abstractly and

critically, solve complex problems, and evaluate consequences are continuing to develop for most but will not be fully developed until young adulthood. All adolescents develop at different rates, and some may feel awkward as hormonal changes continue to occur. Physiologically, some students are fully mature in high school while others continue to mature after high school. Some transgender students may be taking medications (puberty blockers or hormone therapy) to more closely align the physical characteristics of their body with their gender, while others may be transitioning socially without medical intervention. For all students, this is a period of great change.

Most teens are generally healthy. However, substance misuse, risky sexual behaviors, mental health issues, and obesity are very real concerns for many youths. According to the California Healthy Kids Survey, 29 percent of high school students report using alcohol, 16 percent are using marijuana, 11 percent are using other drugs, and 16 percent of eleventh-graders were current tobacco users (which includes vaping and electronic cigarettes), making high school a necessary time for ongoing prevention and harm reduction education (WestEd 2018).

Regarding sexual behavior, 32 percent of California students in grade levels nine through twelve report ever having sexual intercourse, approximately 10 percent lower than the national average (CDC n.d). The CDC confirmed 32 percent of high school students (ninth through eleventh grade) felt sad or hopeless almost every day for two or more consecutive weeks, prompting them to discontinue their usual activities (2018, 48). And 16 percent of high school students reported seriously contemplating suicide (WestEd 2018, 37). The CHKS also reported mental health issues are a particular concern for California high school students with data confirming that slightly over 30 percent of ninth and eleventh graders reported feeling sad or hopeless almost every day for two weeks or more in the past 12 months which caused them to discontinue a normal activity. Health education teachers, administrators, and school support staff such as counselors, school nurses, and school social workers play a pivotal role in supporting students to learn and adopt healthy behaviors that promote lifelong good health.

High school students typically develop more complex relationships than in previous years; it is important for them to explore these complexities and gain a deeper understanding of healthy relationships. This understanding includes advanced learning about the different types of relationship violence and the cycle of abuse. Because sexual health education is thoroughly discussed in ninth

through twelfth grades, it is also important to address sexual assault, affirmative consent, and cultural influences that shape attitudes towards sex and sexual violence. High school students may also be at risk of sex trafficking, which must be addressed in the classroom. Normalization of relationship abuse and sexual violence contribute to students' lack of awareness and ability to self-protect or reach out for help. Teenagers are exposed to sex in the media, online, and by peers and receive a number of negative and confusing messages regarding gender roles, relationships, and violence. Giving students the tools they need to protect themselves from sexual violence and risky behavior means addressing these issues honestly, directly, and accurately through prevention education and supportive interventions.

Providing students with ample opportunities to build a solid foundation in health education promotes positive social and emotional behaviors and practices, and also supports a lifetime of good health and productivity. Mental health also plays an important part in high school health education, as most teens begin to develop more resiliency and self-esteem, a greater sense of self-identify, and a greater ability to communicate, resolve conflict, and empathize with others. Students in grade levels nine through twelve may also be experiencing stress and anxiety due to many academic responsibilities, family expectations, college preparation, peer and social pressures, and organized sports and activities, making stress reduction an important skill to learn and develop (American Psychological Association 2014, TeensHealth n.d.). Other causes of severe stress, including traumatic life events like witnessing community violence and racism, disproportionately affect the mental health of students of color (Priest et al. 2013). Depression and anxiety rates among teens are rising and so, too, have suicide rates (Mojtabai, Olfson, and Han 2016). Between 2007 and 2015, the suicide rate for fifteen- to nineteen-year-old girls doubled, and for boys, it rose 30 percent (CDC 2017b). Mental, emotional, and social health education is a critical part of ensuring that all students are able to learn and thrive in high school and beyond.

Though technology can be a positive tool for learning, high levels of exposure to social media, screen time, and technology (electronic devices and activities, such as texting, gaming, watching movies, and checking social network sites) are a concern for this population (American Academy of Pediatrics 2016b, American Academy of Pediatrics 2018). Teens greatly benefit from physical activity, proper nutrition, sufficient sleep, and healthy, trusting relationships with peers and adults—the overuse of technology can be a barrier to realizing these benefits.

Learning the principles of good health in high school leads to positive academic performance, retention, and successful degree completion—healthy students become healthy adults (CDC 2014a).

Through standards-based instruction, students in grade levels nine through twelve learn the physical, academic, mental, and social benefits of physical activity, and how nutrition impacts their short- and long-term personal health. Nutrition and physical activity are critical to health education, as our state and nation continue to be challenged by an obesity epidemic that is leading to many chronic diseases (Robert Wood Johnson Foundation 2019). Students also learn essential skills for injury and violence prevention; strategies for optimal mental, social, and personal health; and responsible decision-making.

Health instruction is best provided by credentialed health education teachers or credentialed school nurses with a specialized teaching authorization in health who have the knowledge necessary to effectively teach comprehensive health education. While guest speakers and video resources can be an important supplemental resource for health education, the primary instruction is the responsibility of the credentialed health education teacher.

In California, districts are required to ensure that all selected instructional materials comply with state laws and regulations. State laws and the State Board of Education guidelines require that instructional materials used in California public schools reflect California's multicultural society, avoid stereotyping, and contribute to a positive, safe, and inclusive learning environment. Teachers should check with their administration regarding their district's policy on reviewing and selecting instructional materials or inviting guest speakers into their classrooms. The recommended materials in this framework are designed to give local educational agencies and educators a range of materials to choose from to meet the diverse needs of local teachers and students. It should be understood that inclusion of the materials provided in this framework does not preclude local teachers and administrators from selecting different materials that best suit the needs and interests of their students.

Establishing a caring, respectful, inclusive, and compassionate classroom and school climate sets the foundation for many of the standards-based instructional strategies covered in this chapter. When designing instruction and creating

examples that require using names, teachers are encouraged to use names for people that reflect the diversity of California. Motivation, engagement, and culturally and linguistically responsive practices are essential to ensuring that all students achieve the health education standards. For additional guidance on creating an inclusive learning environment, see the [“Access and Equity”](#) chapter.

Health Education Standards for Grade Levels Nine Through Twelve

All six of the content areas (Nutrition and Physical Activity; Growth, Development, and Sexual Health; Injury Prevention and Safety; Alcohol, Tobacco, and Other Drugs; Mental, Emotional, and Social Health; and Personal and Community Health) are covered in the grade levels nine through twelve health education standards. All eight overarching standards are addressed in each of the six content areas. It should be noted that content areas are presented in the same order as the standards; however, content areas such as Alcohol, Tobacco, and Other Drugs; Mental, Emotional, and Social Health; and Growth, Development, and Sexual Health may be taught after the other content areas to foster skill development and scaffolding of more complex health issues, and to ensure the development of a safe environment necessary for learning. Ninth- through twelfth-grade students will need instructional support, guidance, and resources to learn and practice the skills and health behaviors in the eight overarching standards.

Nutrition and Physical Activity (N)

High school students demonstrate greater autonomy in their food choices because their preferences and tastes are more established. They may be earning money, which allows them to purchase foods or beverages of their choice. Unhealthy food and snack options are accessible in vending machines, convenience stores, and by going to fast-food establishments with friends (Saksena et al. 2018).

Proper nutrition and physical activity greatly impact an adolescent’s academic performance and can prevent obesity and obesity-related health concerns for youths, support the maintenance of a healthy body weight, and address issues of under nourishment (American Academy of Pediatrics 2016a; American Academy of Pediatrics 2016c; National Institute of Diabetes and Digestive and Kidney

Diseases 2016). Maintaining a healthy body weight is essential for good health. Students this age are still experiencing increased appetites associated with puberty growth spurts, which continue, on average, until age seventeen. In addition, teens may be eating high-fat, high-calorie, high-sodium, or high-sugar foods and beverages due to a variety of external and internal influences, including social, cultural, behavioral, or environmental influences.

Poor health outcomes can be linked to being overweight, obese, having a high BMI, nutrition deficiencies, lacking sleep or poor sleep hygiene, and high blood pressure (Robert Wood Johnson Foundation 2019). In addition, 15.6 percent of ten- to seventeen-year-olds in California were overweight or obese (Robert Wood Johnson Foundation 2019). Also, adolescents engage in 7.5 hours of screen time (texting, gaming, watching movies or television, using apps, browsing or shopping online, or engaging in social media on computers, tablets, and smart phone devices) a day (National Heart, Lung, and Blood Institute 2013). High amounts of screen time are linked to an increased level of obesity and decreased levels of exercise among adolescents (Rosen et al. 2014).

In high school, students' nutrition habits are generally well-established. However, knowledge and behavioral skills reinforcement of the importance of proper nutrition—that includes an abundance of fruits, vegetables (leafy greens), lean proteins (including lean meats, fish, beans, peas, and soy products), calcium-rich foods for bone development, and whole grains—is important. Nutrition education is a continuum of learning experiences to develop knowledge and skills that become lifelong healthy practices (Contento 2016). Young students learning how to cook and prepare their own foods is an example in support of a lifetime of healthy eating.

Most teens do not receive their recommended amount of calcium, iron, folate, and zinc (American Academy of Pediatrics 2016a). Iron is particularly important for menstruating teens who are losing iron each month (American Academy of Pediatrics 2011). Calcium, vitamin D, and weight-bearing exercise are also critical for teens as their bones continue to grow until age 18, when their bones then become the densest and strongest they will ever be—building healthy bones at this young age helps to prevent osteoporosis later in life (American Academy of Pediatrics 2015).

Through programs, policies, and learning opportunities, schools play a key role in establishing positive environments that promote and support healthy practices

and behaviors, such as regular physical activity and nutritious meal and beverage choices (CDC 2019e). School and district policies are able to address food allergies and the need for substitute foods that provide students the same kinds of nutrients. If a teen’s diet includes a variety of fruits, vegetables, whole grains, lean protein, and calcium-rich foods each day, they should be receiving adequate nutrition. High-sugar and high-fat food and beverages, including fruit juices (limit to 8–12 ounces a day), should be “sometimes” foods. Popular beverages that are marketed to teens include energy and sports drinks. Sports drinks are not necessary to replace electrolytes if teens receive proper nutrients and hydration with water, milk, or plant-based alternative beverages. Energy drinks are never recommended for consumption, as they contain caffeine, high amounts of sugar or sweeteners, and herbal supplements. Energy drinks can place a teen at risk dehydration, heart complications, anxiety or feeling nervous and jittery, and insomnia and are particularly harmful when combined with alcohol (CDC 2019f; Temple et al. 2017). Search the USDA website and other reliable, medically accurate resources for the most current food groups and recommended portion sizes along with activities.

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

Opportunities to support teens when they are making healthy choices surrounding nutrition and physical activity are always encouraged. This can be demonstrated by using supportive language, informing students that eating is one of life's greatest pleasures, and that consumption of all foods can be balanced for an overall healthy lifestyle. Reframing nutrition vernacular away from “don't” and “you shouldn't” can be more effective with teens who have a strong sense of independence. For example, it is alright to eat sweets once in a while in balance with healthy foods and physical activity.

Cultural considerations of students' eating customs and nutrition choices should always be handled with sensitivity and inclusion. In addition, sensitivity to students' food decisions that are based on moral and ethical reasons should be validated and respected. Some students may be vegetarian or vegan by choice and should be included in discussions about proper nutrition in accordance with their dietary restrictions. Students can reference the Healthy Vegetarian Eating resource available at the Dietary Guidelines for Americans website. This topic can be a rich opportunity for evidence-based discussions about how people make conscious and subconscious decisions about the food they eat. Food allergies and how they affect food choices is another topic for discussion, as is researching foods that provide similar nutrients to foods to which people are allergic. Students can also learn about mindfulness and how to eat in a more peaceful environment by focusing on what they are eating—without technological devices or distractions—and encouraging family members to do the same (9–12.4.1.N, Interpersonal Communication).

An example of an activity encouraging nutrition and physical activity is to have students work in pairs to assess their personal nutrition needs and physical activity levels, then identify two individual nutrition goals and two physical activity goals they want to achieve by the end of the semester through daily practices. The goals should start out small and obtainable. Students are encouraged to continue to log their food consumption, beverage consumption, and physical activity, or journal their reflections on their own or by using a technology app. Every month, students share their progress with the teacher or one another by summarizing how they are progressing toward their goals (9–12.6.1-.3.N; Goal Setting; 9–12.7.2.N, 9–12.7.5.N; Practicing Health-Enhancing Behaviors; this activity aligns with the CA CCSS for ELA/Literacy, W.9–12.10).

Guidelines for physical activity can be found at USDHHS, Physical Activity Guidelines for Americans: Youth Physical Activity Recommendations; the

American College of Sports Medicine’s Youth Physical Activity in Children and Adolescents; and the CDC’s Youth Physical Activity Guidelines.

Physical activity, physical education, and physical fitness are often used interchangeably, but each is distinctly different. *Physical activity* is any type of bodily movement and may include recreational, fitness, and sport activities. Physical activity builds self-esteem, confidence, muscle, and bone strength. Social skills and academic performance, including concentration and retention, are also positively influenced by physical activity. *Physical education* is the instructional mechanism through which students learn to be physically active by demonstrating knowledge, motor, and social skills. *Physical fitness* is defined as a set of attributes that people have or achieve related to their ability to perform physical activity. It can be further defined as a state of well-being with a low risk of premature health problems and the energy to participate in a variety of physical activities (Caspersen, Powell, and Christenson 1985).

Physical activity is essential to adolescent growth and development. Some students at this age are very physically active via participation of school-sponsored sports, organized community sports, or activities such as dance, martial arts, or cheerleading. Other students are not as physically active and engage in physical activity periodically, but not consistently or for the recommend amount of time per day (Wolstein, Babey, and Diamant 2015, 18). Some adolescents may spend more time socializing with their friends and/or engaged in technology-related activities (texting and online social media on their electronic devices, playing video games, or watching television) than in physical activity, placing them at an increased risk for obesity-related childhood diseases, such as diabetes (Rosen et al. 2014). Some students’ home cultures may have limited expectations on the type of activities that are considered appropriate or may have family members with limited mobility (Sabo and Veliz 2008). Other students may experience barriers to participating in physical activity, such as a lack of access to a safe area to exercise or for recreation, transportation challenges, or limited funds to participate in exercise programs or obtain equipment (Pate et al. 2011).

State statute requires that all high school students attend at least 400 minutes of physical education each 10 school days, unless otherwise exempted (EC Section 51222[a]). In California, 38 percent of adolescents do not participate in physical education and 19 percent are not meeting the recommended daily amount of 60 minutes of vigorous activity a day (Diamant, Babey, and Wolstein 2011, 1).

Therefore, your work as a health education teacher or an administrator is critical in promoting and incorporating this essential practice within and beyond the school day to help students experience a lifetime of good health. This section provides ideas for integrating physical activity both in and away from school and in your health education instruction.

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

VIGNETTE

Classroom Example: Analyzing Influences

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

Standards:

- **9–12.2.6.N** Analyze internal and external influences that affect physical activity (Analyzing Influences).
- **9–12.3.6.N** Describe internal and external influences that affect physical activity (Accessing Valid Information).

Lesson Narrative:

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

Working in pairs or small groups, Ms. G's students describe and analyze the positive and negative internal and external influences on physical activity by identifying various examples of each. Students identify positive influences such as individuals who can be role models, peer and family support for exercise, a safe place or local park in which to exercise, group- and school-sponsored sports or activities, physical activity apps, and online information and resources on physical activity. Some of the negative influences identified are a lack of access to a safe place to exercise, lack of peer or family support, low or no self-motivation, or excessive use of technology (social media, texting, or watching videos) in lieu of exercising.

Ms. G's students write a short summary, write a brief "mock news" report, design a creative piece, or use an electronic mapping app to highlight the positive and negative influences and recommend solutions for some of the barriers identified. Students provide three valid and credible citations to support their findings (this activity also connects to the CA CCSS for ELA/Literacy, W.9–12.1–2, 7–9).

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

SNAPSHOT**Nutrition and Physical Activity Learning Activities**
.....

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

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

Energy Balance

Referencing their food journals, students calculate how many calories they normally expend a day versus how many calories they typically consume and compare their caloric consumption with the daily recommendation. A diagram of a scale balance can be printed as a graphic support for the activity. Using the metaphor of a car, students learn that their bodies need fuel (energy) to run. The body converts calories obtained from food and beverages into energy. Three types of nutrients provide calories: carbohydrates, protein, and fat.

Students learn there are three ways the body uses energy: basal metabolism, physical activity, and thermic effect of food by researching these terms online with guidance from the teacher. Students discover that ideally the scale is balanced between food consumed and energy expended. Focus is then directed to physical activity. Students research the caloric expenditure of their various activities. An extension of this activity can be a healthy cooking demonstration to sample healthy foods or student research on the physiological and neurophysiological effects of foods high in sugar. See Drexel University’s *Eat Right Now: Understanding Energy Balance* for a detailed lesson plan for grade levels nine through twelve (see the body image section of this chapter to support students for whom this may be a triggering activity).

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

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

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

Chronic Disease Epidemiology

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

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

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

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

Snack Smarts

Students first journal their snacking for three days using a notepad or electronic journaling app. They record the reason they ate the snack (e.g., hunger, boredom, convenience, their schedule) and then determine whether the reason would be considered an internal or external influence. They note if the influence supported healthy eating and what barriers might have prevented healthier choices. Students discuss their journals and learn that many people snack due to boredom and tend to oversnack while watching television or distracted by technology.

The teacher will share pictures of the nutrition labels for common snack foods so that students can compare the caloric intake and recommended portion sizes. They can then determine which of the foods have the lowest fat and/or calorie content or the highest nutritional value. They can identify healthier alternatives to their favorite snacks, such as eating bean or carrot chips that are high in fiber in place of potato chips. Students reimagine one of their own favorite snacks and come up with ways to make it healthier, for example, by replacing potato chips with kale chips. Students will use a goal-

setting process to develop a practical solution for removing a personal barrier to healthier snacking. Whenever possible, incorporate fresh produce grown by the students themselves to increase their motivation to eat it. An optional activity is to distribute sample healthy snack foods for tasting. The National Institute of Health’s “Read It Before You Eat It Nutrition Facts” label guide may be used as a resource.

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

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

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

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

Think Before You Drink

Teens often consume large amounts of sugary soda or sweetened beverages, which leads to a high consumption of empty calories. To begin the activity, a student volunteer can demonstrate how many teaspoons of sugar are in a typical can of soda or sweetened coffee drink by actually pouring teaspoons of sugar into a clear measuring cup. Students research the sugar, calorie, fat, and caffeine content of the beverages they typically consume. Students then research the importance of water for hydration, cell movement, and body development.

Students collectively compile a list of beverages, including healthier beverages, and their related nutrition content to display on the whiteboard and/or using a shared electronic writing program. The collective document is printed as a resource for future reference and to share with family members and peers. Students then prepare a healthy alternative to soda or energy drinks, such as a fruit-infused water, an herbal tea, or a smoothie. As they enjoy together, they review the health benefits of replacing a soda or energy drink with this alternative.

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

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

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

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

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

Registered Dietitians Recommendations: Case Studies

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

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

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

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

Breakfast Educators

The California Healthy Kids Survey reports that 40 percent of high school students do not eat breakfast (WestEd 2018, 36). Students in upper grade levels provide peer education (supervised by their teacher) to first period classes and during lunch to educate students in lower grade levels on the importance of breakfast. Students research and create short classroom presentations or fun

games to present on the importance of a healthy breakfast. Interesting facts, such as the multiple names of sweeteners used in cereals (e.g., corn syrup, molasses, agave nectar, and brown sugar) are shared.

Breakfast educators teach on the importance of finding time-effective and easy-to-prepare options for making breakfast ahead of time. Examples may include chia pudding, overnight oats, breakfast burritos with whole grain tortillas, and unsweetened yogurt with fresh fruit and nuts. Students are encouraged to research other quick, healthful options.

Questions can be asked and answered in an interactive or game format. Healthy breakfast snack ideas or snacks themselves can be shared. The breakfast educators also use other platforms, such as the school's announcement system, video monitors, sports events, website, or social media, to deliver nutrition information. The criteria for a healthy and nutritious breakfast are established or vetted by the teacher. Students provide information of why their researched breakfast items are healthy. Students are encouraged to search for common breakfasts in other cultures or countries and nontraditional breakfast items.

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

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

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

Food Deserts

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

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

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

60 Minutes Every Day

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

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

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

What Should We Choose?

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

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

Too Good to Be True?

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

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

Practicing Positive Refusal Skills

Students will brainstorm ideas on how to respond to six different situations where they might need to refuse less-nutritious foods. Examples might include being offered unhealthy choices by a grandparent, deciding what to order when sharing a meal with friends, spending the night at a friend’s house, or attending a sporting event. For example, students might say “no thank you” to the grandparent. If the grandparent offers again, they might accept the food and then just eat a little of it or have polite reasons to share why they do not want to eat the offering. When sharing a meal with friends, they might suggest a more nutritious option to go with the less-nutritious food, such as eating a salad and splitting a pizza or politely declining a sugary beverage from a friend. Students may also find creative solutions, such as patronizing a restaurant that can modify foods based on personal lifestyle preferences or food allergies. Once the students have brainstormed their lists for each situation, they will take turns practicing their refusal skills. Each number on a dice will be assigned a different scenario. When a student rolls the dice, they will practice responding to the corresponding scenario.

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

Yoga Stretch Break

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

Partnering with Your School

Students participate in school activities that promote health, nutrition, and physical activity by creating a school-wide health campaign (see the [Classroom Example](#) in the Nutrition and Physical Activity section of the “Grade Levels Seven and Eight” chapter). Students advocate and educate peers by convening a student health council that is governed under the student council, or serving as a student representative to the school board or parent-teacher association. Students may also lead an effort to ensure the student store and school vending machines comply with state nutrition policy guidelines (9–12.7.5.N, Practicing Health-Enhancing Behaviors; 9–12.8.1-2.N, Health Promotion).

Partnering with Your Community

Service learning is another meaningful way high school students learn about nutrition and apply what they have learned in class. Service learning goes beyond the basic tenets of volunteerism by providing greater accountability and civic responsibility, clearly articulated program goals and outcomes, and performance evaluation. As part of the evaluation process, students engage in critical reflection of what was learned via written self-reflection reports and presentations with the ultimate goal of an enriched learning experience for the student as well as a strengthened community (National Commission on Service-Learning n.d.).

Students analyze the internal and external influences that affect food choices and the personal barriers to healthy eating, describe community programs and services that help people gain access to affordable healthy foods, and advocate enhanced nutritional options in the school and community by partnering with various nutrition-based nonprofits or grant-funded programs such as First 5 California, Meals on Wheels, a local community garden, or a food bank. As an extension of this activity, students determine the mission of the agencies and how their mission impacts the nutritional needs of the populations they serve. Teachers and administrators can search Dietary Guidelines for Americans, Healthy Eating Patterns for resources, and the California School-Based Health Alliance website for additional California nonprofit agencies (9–12.2.1.N, Analyzing Influences; 9–12.3.5.N, Accessing Valid Information; 9–12.8.1.N, Health Promotion; this activity aligns with the CA CCSS for ELA/Literacy, W.9–12.1, and the California English Language Development Standards [ELD Standards] ELD Standard PI.9–12.9–12a).

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

Partnering with the Family

Parent engagement and support improves adolescent learning, development, and health (CDC 2018). Create a welcoming, inclusive climate for parents, guardians, and caretakers. Host a family health fair that includes health screenings provided by trained professionals. Survey parents, guardians, or caretakers, or host a town hall meeting to solicit their input on the health and nutrition topics or issues they would like to see included in the school's curriculum.

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

Growth, Development, and Sexual Health (G)

The California Healthy Youth Act (EC sections 51930–51939) took effect in January 2016 and was updated in 2017 and 2019 to include human trafficking. The law requires school districts to provide all students with integrated, comprehensive, medically accurate, and unbiased comprehensive sexual health and human immunodeficiency virus (HIV) prevention education at least once in junior high or middle school, and at least once in high school. Under the California Healthy Youth Act, comprehensive sexual health education is defined as education regarding human development and sexuality, including education on pregnancy, contraception, and sexually transmitted infections.

The California Healthy Youth Act lists many required topics, including information on the safety and effectiveness of all FDA-approved contraceptive methods, HIV and other sexually transmitted infections (STIs), gender identity, sexual orientation, healthy relationships, local health resources, and pupils' rights to access sexual health and reproductive health care. The California Healthy Youth Act also requires that instruction on pregnancy includes an objective discussion of all legally available pregnancy outcomes. Students must also learn about the Safe Surrender Law—the law on surrendering physical custody of a minor child 72 hours of age or younger, pursuant to Section 1255.7 of the California *Health and Safety Code* and Section 271.5 of the California *Penal Code*.

The California Healthy Youth Act requires that districts notify parents and guardians of the instruction and provide them with opportunities to view the curriculum and other instructional materials. Districts must allow parents and caretakers to excuse their student from instruction if they so choose, using a passive consent (“opt-out”) process in which parents and guardians must request in writing that their student be excused from the instruction. Districts may not require active consent (“opt-in”) by requiring that students return a permission slip in order to receive the instruction. However, LGBTQ+ content is not considered comprehensive sexual health education, nor HIV prevention education, and thus may not be opted out of as a stand-alone topic. Because California law protects students against discrimination on the basis of gender or sexual orientation, schools may not facilitate the selective opt-out of LGBTQ+-related content in the context of comprehensive sexual health and HIV prevention education. General instruction or programming relating to LGBTQ+ people and issues is not subject to parental opt-out (EC 51932[b]).

Comprehensive sexual health instruction must meet each of the required components of the California Healthy Youth Act. Instruction in all grade levels is required to be age-appropriate, medically accurate, and inclusive of students of all races, ethnicities, cultural backgrounds, genders, and sexual orientations, as well as students with physical and developmental disabilities and students who are English learners. Students must receive sexual health and HIV prevention instruction from trained instructors. When planning lessons, please visit the California Department of Education Comprehensive Sexual Health and HIV Instruction web page, and the California Healthy Youth Act web page for up-to-date information.

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

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

The purposes of the California Healthy Youth Act are to provide students with knowledge and skills to

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

This chapter is organized to provide standards-based sexual health resources and instructional strategies consistent with the California Healthy Youth Act; however, this chapter does not address all of the content required under it.

It is important for educators to know their district's protocol, resources, and procedures for implementing comprehensive sexual health instruction to ensure

that instruction fully meets the requirements of the California Healthy Youth Act and other state statutes. Use peer-reviewed medical journals or reliable websites, such as the CDC, American Academy of Pediatrics, American Public Health Association, and American College of Obstetricians and Gynecologists as sources of information that is current and medically accurate. Additional collaboration with district-level curriculum specialists, credentialed school nurses, school counselor, your school or district Title IX coordinator, or qualified community-based organizations and agencies can assist in providing medically accurate information that is objective, inclusive, and age-appropriate.

EC Section 51938 requires school districts to notify parents of the instruction prior to implementation and to make materials available for parents to review. School districts must notify parents/guardians either at the beginning of the school year or at least 14 days prior to instruction. The school must also notify parents and guardians of their right to excuse their child from comprehensive sexual health education by stating their request in writing to the school district. Teachers or outside speakers must have training in and knowledge of the most recent medically accurate research on the topic. The district must also periodically provide training to all district personnel who provide HIV prevention instruction. Outside organizations or speakers must also follow all laws when they present. Instruction must be appropriate for students with disabilities, English language learners, and students of all races and ethnic, religious, and cultural backgrounds. Schools must make sure that all students can get sexual health education and HIV prevention in a way that works for them. For further information, please visit the California Department of Education Comprehensive Sexual Health and HIV/AIDS Instruction web page, and the California Healthy Youth Act under the California Legislative Information web page.

High school students, particularly in the early years, continue to experience many developmental changes. Students at this age are typically enjoying increased social independence that may include dating or being in an exclusive relationship. Students are forming bonds with their peers that tend to be more intensive and rewarding. Intellectually, students in upper grade levels may be nearing adulthood yet may still exhibit impulsive or risky behavior, limited planning skills, and a lack of understanding of how their actions can lead to long-term consequences (Parent Toolkit 2020).

Teaching sexual health education can be interesting for many teachers, but may also be a subject of trepidation. Schools and districts should ensure their educators have the training, resources, and support to teach these subjects effectively—and that the school environment is welcoming, inclusive, and safe for all students (Sexuality Information and Education Council of the United States [SIECUS] 2018). For information about teacher trainings in the California Healthy Youth Act, please visit the California Department of Education web page, Comprehensive Sexual Health and HIV Instruction, and the Teacher Training tab web page for up-to-date information.

Adolescents are developing the attitudes, knowledge, and skills needed to become sexually healthy adults. According to SIECUS, “Young people have the right to sexual health information, education, and skills to help ensure their health and well-being throughout their lives (2018). High-quality comprehensive sexuality education is science-based, medically accurate and complete, and age, developmentally, and culturally appropriate” (SIECUS 2018). The percentage of teens engaging in sexual activity has decreased since 1988, and contraception use has continued to increase since the 1990s leading to the lowest unintended adolescent pregnancy rate in years (Kappeler 2015). In California, 32 percent of students in grade levels nine through twelve report ever having sexual intercourse, approximately 10 percent lower than the national average (CDC n.d.). Despite this promising news, 1 in 8 adolescent women will become pregnant before the age of twenty, which also impacts their lives and their partner’s (Kappeler 2015). Youth between the ages of fifteen and twenty-four account for close to half of the STIs diagnosed nationwide each year (CDC 2017c). Approximately 20 percent of teens between the ages of fifteen and nineteen in California are diagnosed with an STI each year (CDC n.d.). Health education teachers serve as a resource for students by keeping abreast of current, medically accurate sexual health research and inclusive terminology and abbreviations, such as LGBTQ+ and STI.

Health education teachers also serve as resources for other important topics, such as vaccinations. Health education teachers are encouraged to consult the CDC for vaccine guidelines for various infectious diseases, including human papillomavirus (HPV), hepatitis A, and hepatitis B. Health education teachers and administrators play a pivotal role in supporting students to learn and adopt positive sexual health behaviors and healthy relationship practices, and create an inclusive and safe, school climate.

Please note that the California Health Education Standards use the term Sexually Transmitted Diseases (STDs); however, the more current, inclusive, medically accurate term according to the CDC and subsequently used in this framework is Sexually Transmitted Infections (STIs).

Setting a standards-based foundation of comprehensive sexual health knowledge, such as anatomy and physiology, reproductive options, contraceptives and barrier methods, and diverse and healthy relationships free from violence, is proven to have a positive influence on academic performance and retention, pregnancy prevention, and STI and HIV prevention. Standards-based comprehensive sexual health education can also support a reduction in sexual risk-taking behaviors once students do become sexually active (Davis and Niebes-Davis 2010). Positive health practices that are established during adolescence, such as delaying sexual activity, safer sex precautions, and developing a healthy body image, can have a lifetime of positive implications that impact one's sexual health and overall well-being.

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

Integration with the CA CCSS for ELA/Literacy and CA ELD Standards occurs when students are extensively discussing, reading, and researching about growth, development, and sexual health topics for deep learning. Students achieve further mastery by first researching valid, reliable, and medically accurate health content in support of health literacy and then presenting and listening to other students report their research findings. Writing research papers, making scholarly presentations, and using digital sources and technology to publish students' writing are encouraged in any subject matter but can be particularly beneficial in comprehensive sexual health. By engaging in these activities, students explore sexual health topics including STI/HIV prevention, growth and development, reproduction, and healthy relationships (Standard 1: Essential Concepts). Research and writing can be approached in a wide array of scholarly approaches, including analyzing and summarizing issues of the CDC's Morbidity and Mortality Weekly report that pertain to adolescent sexual health. Students may write papers on current event topics related to growth, development, and sexual health. Another

creative writing assignment is for students to write a monthly column for the school newspaper specific to growth, development, and sexual health. The column can be formatted as a “Dear Abby” or *Loveline* approach where students research responses to questions submitted by other students (Standard 1: Essential Concepts, 9–12.8.3.G, Health Promotion; the activities above connect to the CA CCSS for ELA/Literacy, W.9–12.7–9, SL.9–12.4–6).

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

Role-playing or brief skits using valid and reliable content in scripts, researched and written by the students and reviewed by their teacher, can also be effective in applying Standard 4: Interpersonal Communication (9–12.4.1–3.G, Interpersonal Communication). These activities provide an engaging way for students to analyze how interpersonal communication affects relationships, use effective verbal and nonverbal communication skills, and demonstrate effective communication skills. The health education teacher can partner with the theater arts program in their school or community for a collaborative effort that can be showcased for the entire school. As a variation to this approach, students can work in pairs to practice assertiveness training, negotiation, or refusal skills. Students are provided with short vignette dialogues and prompts for this activity. Vignette topics should be conveyed objectively and may include pregnancy options and the decision to parent, have an abortion, or choose adoption.

Under the California Healthy Youth Act, students are encouraged to speak to parents, guardians, and other trusted adults regarding human sexuality and can role-play asking difficult questions in class. Another option is using a fact-versus-myth discovery approach, during which students explain and summarize factual

concepts of conception, pregnancy, and HIV through facilitated discussion. Fictitious myths are identified and clarified by the facilitator or by responding to anonymous questions from students that are submitted in advance. Teachers are encouraged to reference the California Healthy Youth Act for required sexual health and healthy relationship topics, as well as the district’s approved sexual health curriculum for content ideas (9–12.1.2.G, 9–12.1.5.G, Essential Concepts).

Students develop as global citizens by watching documentaries such as *No Woman, No Cry* (2010) that show how women in different countries struggle with access to care and maternal health issues, including women in the United States; *Half the Sky: Turning Oppression into Opportunity for Women Worldwide* (2012); the HIV documentary written for teens, *It’s Not Over* (2014); or *Let’s Talk About Sex* (2009). Students research state and national policies related to sexual health locally and globally. Thoughtful discussion follows viewing the documentaries and students write reflection papers after the discussion (9–12.1.7.G., Essential Concepts; 9–12.2.G, Analyzing Influences).

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

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

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

SNAPSHOT

Growth, Development, and Sexual Health Learning Activities

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

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

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

STI Reflection

Human papillomavirus (HPV) is the most common STI. According to the CDC, 79 million Americans, most in their late teens and early adulthood, have HPV,

which is associated with cervical cancer (2018). The CDC recommends HPV vaccination for girls, boys, and young adults.

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

- Various STIs include ...
- The best way to avoid getting an STI is ...
- Some common symptoms of an STI are (note to educator: an important point to make is that some STIs commonly have no symptoms) ...
- Discussing STI status with current and future partners is important because ...
- If I thought my friend or partner had an STI, I would ...
- I would be tested for an STI at ...
- Getting tested before and after having sex with a new partner is important because ...
- If I tested positive for an STI, I would ...
- It is important for an infected partner to tell their partner(s) because ...

Students discuss their reflections in small groups. Students then choose an STI as a topic for a written research summary, and create and deliver a presentation using an electronic or other creative format. The presentation includes information on the short- and long-term effects of the infection, rates of infection among teens, prevention, symptoms, and treatment.

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

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

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

Working in groups, students research local community resources where teens can go to get tested for STI/HIV and pregnancy, and to obtain contraceptives. Alternatives at little to no cost, such as public health clinics, should be

mentioned. Students investigate the programs that help pay for these preventive medical services, such as Family PACT or Medi-Cal. They also research California laws regarding minors' access to reproductive health care, including the right to excuse themselves from campus to obtain confidential medical services without parental permission or notification and the right to confidentiality in insurance under the Confidential Health Information Act. Students strategize on creative and concise ways to disseminate the information.

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

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

STI Presentation

Small groups of students will research an assigned STI as well as a list of local community resources where teens can go to get tested for an STI/HIV. Students also investigate California laws regarding minors' access to reproductive health care and the costs of these preventive medical services. They then create and present to the class a song, poem, talk show, slideshow presentation, or animation. The presentation must include at least 10 facts, such as the causes of their assigned infection (virus or bacteria), treatment, prevention or risk reduction (abstinence, condom use, limiting partners), and where a teen might get testing or treatment. Students are encouraged to present in a way that is informative as well as interesting and creative.

Essential Concepts: 9–12.1.12.G Evaluate the safety and effectiveness (including success and failure rates) of FDA-approved contraceptives in preventing HIV, other STDs, and pregnancy.

Contraception Evaluators

Note for this activity: *The educator must research and reference reliable, medically accurate information on each contraceptive method prior to implementation of the activity, per the California Healthy Youth Act.*

The students participate in a station activity on a variety of contraceptive methods. At each station, they complete a worksheet covering how the

method works, how it is used, possible side effects, and the safety and effectiveness in preventing pregnancy, STIs (referred to as STDs in the health education standards), and HIV. The teacher reviews the worksheet for any misinformation and assigns students to groups of four. Each student has a small whiteboard or sign with one of the four major types of contraceptives written on it (behavioral, hormonal, long-acting reversible contraceptives [LARC], and barrier). The groups will evaluate the contraceptive methods by lining up to various prompts. Prompts might include, “line up from least to most effective in preventing the spread of STIs,” “line up from the least safe to most safe when considering possible side effects,” or “line up according to the method teens are least to most likely to use.” As students show their whiteboards to the class, they can be asked to explain their reasoning so that the teacher can correct any misinformation.

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

CA CCSS Reading Standards for Literacy in Science and Technical Subjects 6–12: Reading 9–10 #3 Follow precisely a complex multistep procedure when carrying out experiments, taking measurements, or performing technical tasks, attending to special cases or exceptions defined in the text.

Barrier Method Demonstration

A condom (internal/female and external/male condom) and dental dam are shown as examples. Alternatively, a demonstration can be provided with students individually practicing the step-by-step process on a penis model. After the demonstration, students individually practice the step-by-step process on a penis model. Alternatively, students can place the steps, displayed on cards, in the correct order and show examples of internal/female and external/male. For teaching methods, health education teachers should reference current medically accurate instructional resources online and show examples of male and female condoms and dental dams. In addition to skill demonstration, students also apply a decision-making model to evaluate the value of using condoms for STI and pregnancy prevention.

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

Sexting

Sexting is defined as the sending of sexually explicit messages or images by mobile device (Merriam-Webster 2018). Students can learn the possible negative, legal, and lasting consequences of sexting by researching and analyzing current events related to sexting and then discussing the outcomes (see Burlingame (California) School District’s Middle School Sexual Health Education website for video and other sexting resources for teens at <https://www.cde.ca.gov/ci/he/cf/ch6.asp#link1>). With their peers as the intended audience, students create an informational flyer highlighting one or more of the consequences of sexting.

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

What are Risky Situations?

Teachers should remind students that the blame for sexual assault and nonconsensual sexual activity lies solely with the perpetrator, and that the purpose of this activity is to empower students to evaluate, avoid, and mitigate risky situations—not shame victims for situations they may find themselves in.

After leading a discussion and providing definitions and information on sexual risk including STIs and HIV, and unplanned pregnancy, teachers ask students to brainstorm a list of situations that might lead to nonconsensual sexual activity. Students discuss why they feel those situations could place them at risk for unwanted sexual activity, and/or what influences might affect their decision making in those situations. They also suggest ways to lessen the risk for each situation or share activities that may lead to productive and satisfying lives, such as working at a job, developing supportive relationships with peers, engaging in nonthreatening social activities, participating in sports or other extracurricular activities, or volunteering for causes they are interested in. Students may discuss why engaging in these activities will give them advantages, both in their immediate circumstances and their futures. They may also suggest ways to get started in these activities or share stories about the impact these activities have had in their lives. For example, students might share about steps they took to get a job.

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

Protecting Myself

Students will write a goal for a teen hoping to maintain their sexual health. Delayed sexual activity (abstinence) is also considered. The goal should include action steps such as using condoms correctly and consistently if sexually active; having a conversation with their partner about boundaries, including discussing and modeling affirmative consent (e.g., Yes Means Yes law) and the related California laws around consent; identifying their closest healthcare providers, including school nurses and school counselors; and knowing California laws regarding minor consent and confidential medical release, such as the Yes Means Yes law. The health benefits of maintaining this goal should be clearly shown.

Essential Concepts: 9–12.1.11.G Evaluate the benefits to mother, father, and child when teenagers wait until adulthood to become parents.

Goal Setting: 9–12.5.6.G Use a decision-making process to evaluate the social, emotional, physical, and economic effects of teen pregnancy on the child, the teen parent, the family, and society.

Students explore the lifelong economic, legal and lifestyle impacts of pregnancy, childbirth, and raising a child. Suggested topics for reflection and discussion include:

- A medical overview of pregnancy and childbirth, including conception health and maternal and infant health.
- A discussion of the financial costs of pregnancy and childbirth with and without health insurance, the cost of health insurance for self and dependents, cost and availability of various health insurance options
- A legal overview of parental responsibilities of raising a child (including obligations to provide child support in or out of marriage and after marriage or family dissolution), a discussion of Family Court, the impact of divorce on parents and children, and the role of Child Protective Services

- Financial costs and considerations of raising a child from birth to age eighteen, including food, clothing, healthcare, childcare, education, recreation, and leisure
- A brief exploration of extra and long-term costs and family life impacts of giving birth and raising a child with special needs, to include a brief introduction to the educational obligations of raising and schooling a child with special needs (IDEA and Section 504 of the Rehabilitation Act of 1973)
- An exploration of the obligations and possible sacrifices that parents encounter when having a child as a teen, including restrictions, alterations, or delays of life goals (including plans for travel, higher education, choice of work or professions, social, lifestyle, and other life options)

Protecting Myself

Students will write a goal for a teen hoping to maintain their sexual health. Delayed sexual activity (abstinence) is also considered. The goal should include action steps such as using condoms correctly and consistently if sexually active; having a conversation with their partner about boundaries, including discussing and modeling affirmative consent (e.g., Yes Means Yes law) and the related California laws around consent; identifying their closest healthcare providers, including school nurses and school counselors; and knowing California laws regarding consent and confidential medical release, such as the Yes Means Yes law. The health benefits of maintaining this goal should be clearly shown.

Ninth- through twelfth-grade students continue to explore and develop their individuality and identity. As such, students may have various gender identities and sexual orientations. *Sexual orientation* refers to a person's romantic and sexual attraction. *Gender identity* refers to one's internal, deeply-held sense of being male, female, neither of these, both, or other gender(s) and may not necessarily correspond with an individual's sex assigned at birth.

There are an infinite number of ways an individual can express their individuality and sense of self. Students may not conform to the social norms of binary gender identities of male and female (e.g., gender nonbinary, gender nonconforming, androgynous, genderqueer, gender fluid), and it is important to be as sensitive and responsive to students' needs as possible. Be mindful of students' identified gender pronouns and be aware not to make assumptions based on appearance.

Teachers should affirmatively acknowledge the existence of relationships that are not heterosexual by actively using examples of same-sex couples in class discussions and using gender-neutral language when referencing gender identity and relationships to create an inclusive and safe environment. It also is important that educators are mindful that some students are not comfortable discussing their gender identity or sexual orientation, and ensure a student's gender identity or sexual orientation is never revealed or discussed with anyone without the student's consent. This is especially pertinent when educators communicate with other students, teachers, or students' families.

Common Gender Pronouns and Gender-Neutral Language

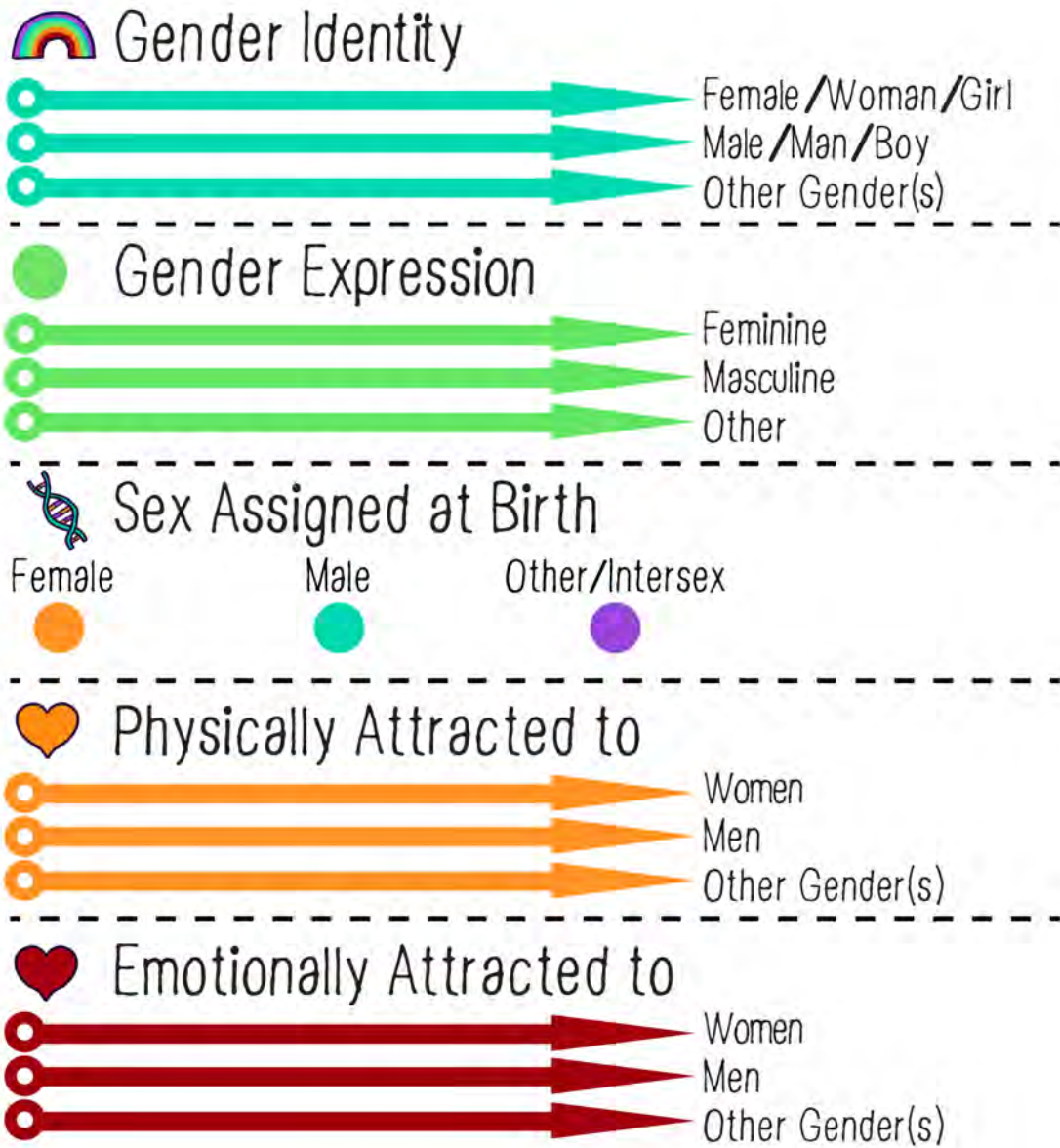
Male/Masculine	Female/Feminine	Gender Neutral
He	She	They (Singular)
His	Hers	Their (Singular)
Him	Her	Them (Singular)
Boyfriend	Girlfriend	Partner/Significant Other

Common Sexual Orientations

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

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

Gender and Sexuality Continuum



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

Source: Trans Student Educational Resources, graphic adapted with permission (2019).

Invite a guest speaker from a local LGBTQ+ center to provide support and information regarding gender and sexuality. It is beneficial to have representatives from different organizations and diverse cultures and ethnicities. This diversity may help students who are struggling with or

exploring their identity, or acknowledging attractions that may differ from their peers. It can also help other students understand that differences in sexual attraction and gender expression are normal and respected (9–12.5.5.G, Decision Making; 9–12.1.10.G, Essential Concepts).

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

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

It is important to establish a safe learning environment, one in which students feel comfortable and supported by peers and teachers when discussing sensitive topics. Prior to discussing these areas of instruction, develop classroom guidelines that promote a mutually respectful, nonjudgmental, and confidential

space for students to honestly share experiences and opinions. Students should agree to the classroom guidelines and keeping other students' personal information confidential and within the classroom. Students should be informed that teachers and other school personnel are mandated reporters of child abuse and will need to break confidentiality if anyone discloses information that indicates harm to self or others.¹

Students are aware of the different forms of dating abuse from learning in earlier grade levels, as discussed in chapter five, "Grade Levels Seven and Eight." It is relevant and beneficial to revisit this topic, as many youths are impacted by dating violence, whether through personal experience or someone they know; instruction in these topics is also required by the California Healthy Youth Act. One in three teens will experience teen dating violence, and many do not report or even recognize their experience as abuse (Liz Claiborne Inc. and Family Violence Prevention Fund 2009; CDC 2019a).

Students can research domestic violence and teen dating violence to learn more about its prevalence and impact and resources for support for themselves or others. It is important for students to understand that relationship abuse or intimate partner violence impacts people of all genders and sexual orientations, and is about one person having power and control over another. It is not limited to physical violence. Different forms of abuse are meant to control the person being targeted. Coercive control is a pattern of behavior which seeks to take away the victim's liberty or freedom and to strip away their sense of self. Through further discussion and research, students can assess characteristics of harmful or abusive relationships (9–12.7.5.S), including the six forms of relationship abuse shown in the table below.

1 Teachers must follow mandated reporting laws. After filing the mandated report, teachers should follow the school and district policies for next steps. For additional information, see the [Mandated Reporting section](#) of the Introduction chapter.

Forms and Examples of Abuse

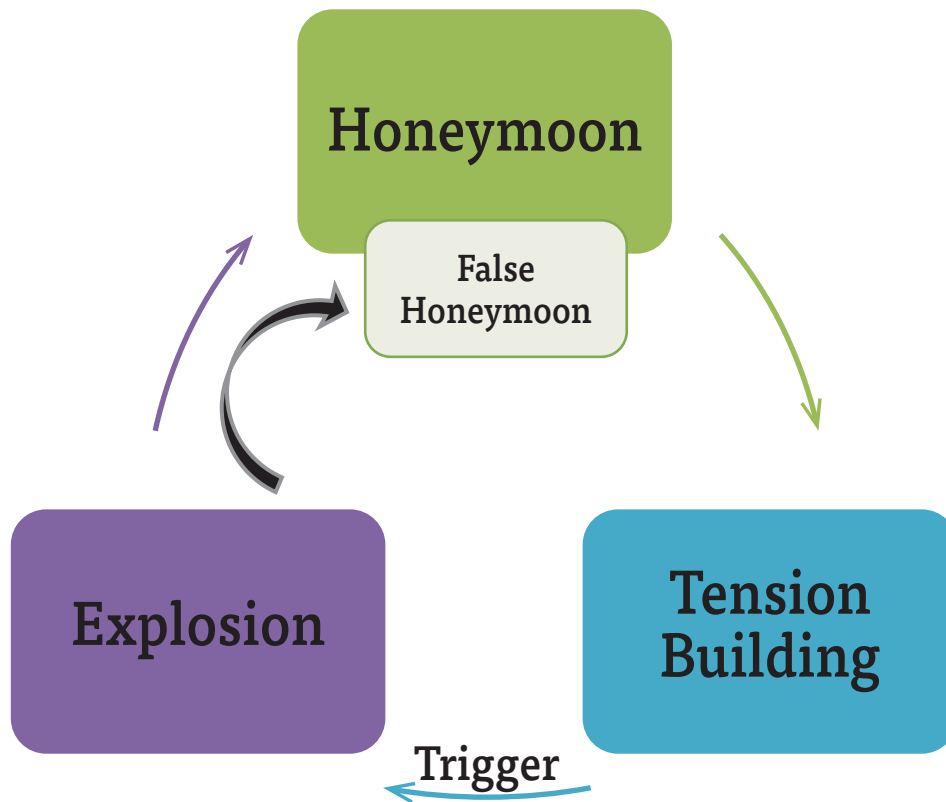
Forms of Abuse	Examples of Abuse
Physical	Hitting, slapping, kicking, biting, pushing, shoving, pulling hair, blocking or preventing partner from moving or leaving, punching a wall, and strangulation
Emotional	Put-downs, name-calling, humiliation, isolation from friends and family, threatening to “out” someone who identifies as LGBTQ+, and stalking behavior
Sexual	Forced sexual acts, pressure to have sex, any unwanted sexual activity, withholding affection or sex as a punishment, reproductive coercion, unwanted viewing/making pornography, unwanted sexting, including demanding/sending unwanted sexual pictures
Financial	Destroying personal belongings, stealing, forcing partner to pay for things all the time, forcing or manipulating partner to “earn” money, including exchanging sex for money or gifts
Spiritual	Using spiritual beliefs to justify abuse, forcing others to adhere to rigid gender roles, forcing partner to do things against their beliefs, mocking beliefs or cultural practices, not allowing partner to do things they enjoy or to better themselves, including interfering with their education
Technological	Cyberbullying, stalking, sending explicit photographs, sharing explicit photographs and/or video with others or posting online, possession or distribution of child pornography, demanding email or social media passwords, taking photographs of someone without their knowledge

Source: Adapted from WEAVE (2019c).

An advanced discussion about relationship violence is appropriate for ninth-through twelfth-graders as dating relationships become more prevalent. Students are more independent, which allows for more time with a partner and the potential for students to view their relationship as increasingly exclusive, committed, and intimate. As students revisit the different forms of abuse, they also learn about the cycle of abuse. See the figure below for a visual representation of the cycle of abuse.

The cycle begins the same way that most other relationships begin, with romance, attraction, and emotional connection. This part of the cycle is called the *honeymoon* phase. In an unhealthy or abusive relationship, the next phase is called *tension building*, which victims of abuse often describe as feeling as if they are walking on eggshells. As tension builds, there is ultimately an *explosion* or abusive incident when abuse occurs during the third phase. Because relationship violence occurs in a cycle, the relationship reenters the honeymoon phase after an explosion or abusive incident. This is often referred to as a *false honeymoon* phase, during which the perpetrator will apologize, may shower the victim with gifts or praise, and give a false sense of hope that the abuse was an isolated incident and will never happen again. Students understand that this false-honeymoon part of the cycle can keep individuals in an abusive relationship. The abusive relationship cycles through the phases repeatedly and usually escalates in severity and frequency of abuse.

Cycle of Abuse



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

Source: Adapted from WEAVE and the "Cycle of Abuse" developed by Walker (2019a; 1979).

Teachers provide scenarios that students analyze to determine whether it is an example of a healthy or unhealthy relationship. Students put the scenarios into three categories: (1) Healthy, (2) Concerning/Unhealthy, and (3) Abusive. Students explain their rationale for putting the scenarios into a particular category. These insights can prompt discussion about what students value and tolerate in relationships, and can even challenge their current beliefs about what is healthy or unhealthy.

Example scenarios

- My partner says they do not like any of my family or friends and does not want me spending time with any of them.
- My partner respects my boundaries, stops if they see I am uncomfortable, or asks for my consent prior and during any sexual activity.

- My partner demands my social media passwords and/or monitors my activity through social media.
- My partner threatens to hurt themselves if I break up with them.
- My partner and I discuss our future goals and encourage each other to succeed.
- I have to tell my partner everything I am doing and who I am with, or my partner gets upset.
- My partner shows up unexpectedly while I am out with friends.
- My partner and I argue all the time.
- My partner is jealous when I talk to people my partner thinks I am interested in.
- My partner pressures me to have sex.
- My partner stops me when I try to leave their house after an argument.
- My partner and I talk openly and honestly about STIs and/or pregnancy prevention.
- My partner and I both have friends that we can hang out with, without each other.
- I try to listen and understand before I get upset with my partner.
- My partner sometimes makes fun of me in front of our friends.
- My partner keeps asking me to send nude pictures of myself, even though I do not want to.
- My partner “likes” all of my posts on social media.
- My partner gets upset when I do not respond to text messages right away.
- My partner took a video of us having sex without me knowing.
- My partner pays my cellphone bills and, in exchange, asks me to hook up with their friends.
- My partner asks if I am OK with different levels of physical affection.

As students determine what is healthy and unhealthy in a relationship, it is beneficial to further discuss characteristics of healthy relationships, dating, committed relationships, and marriage (9–12.1.3.G, Essential Concepts). Working in small groups, students identify characteristics of a healthy relationship and

agree on a few examples to present to the class for discussion. Some examples that should be discussed are equality, communication, honesty, trust, respect, support, and compromise (9–12.4.1.G, Interpersonal Communication; 9–12.1.3.M, Essential Concepts; refer to the “[Grade Levels Seven and Eight](#)” chapter for a handout on healthy relationships).

Students can write a private letter, which is not meant to be sent or turned in but rather used as a form of self-expression and reflection, to someone they know who is in an abusive relationship or who has exhibited abusive behavior. Some students may not have been impacted by relationship violence or be ready to acknowledge that they have been affected. In this case, students can write the letter from the perspective of what they would say if they ever become involved in an abusive relationship or know someone who is in the future. Remind students to be cautious regarding victim-blaming language and instead focus on care, compassion, and concern for safety. This activity allows students to express and process their honest thoughts and feelings about relationship violence and how they may have been impacted. It may also help students articulate how they would stand up to violence or abuse. It is important to acknowledge that there may be students in the classroom who have engaged in abusive behaviors. Calling attention to this fact can challenge students to evaluate their own actions and behaviors within a relationship. Students may want to take this opportunity to write a letter of apology or make a personal commitment to change, with a reminder that this is a personal and private letter and should not be sent. Encourage students to turn this self-reflection activity into action and take a stand against relationship violence and abuse (9–12.8.1.G, Health Promotion).

Some students may choose to share their letter and/or seek support after the exercise. Teachers must report suspected abuse as required by state statutes and should also offer the student additional support and resources. Others may not actively seek support, but may show signs of being triggered by this exercise. Teachers, as well as other educators, should pay attention to cues that may indicate a student needs additional support, such as withdrawal, sadness, anger, or any shift from normal behavior. They should provide all students with information on local domestic violence agencies and school support systems, such as counseling and guidance offices.

Students may benefit from more anonymous online resources, such as the Love is Respect website of the National Domestic Violence Hotline. Students may also benefit from making a connection with helpful people and resources in the community. Inform students that many services available at domestic violence agencies, youth service agencies, and suicide prevention hotlines and organizations are confidential and do not require parental consent to access (e.g., counseling and support hotlines). Invite a local domestic violence agency to present information about dating violence and locally available resources and services. Information about domestic violence organizations can be an important resource for students who are exposed to abusive adult relationships. These agencies are usually experienced in providing presentations to youth and can help facilitate discussion about the issue. They can also provide safety planning information and counseling services for students who are in an unhealthy or dangerous situation (9–12.5.3.G, 9–12.5.1.S, Decision Making).

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

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

Examples of Sexual Harassment

Verbal	Visual	Physical
<ul style="list-style-type: none"> ▪ “Catcalling” or street harassment ▪ Offensive sexual invitations or suggestions ▪ Comments about size or shape of a person’s body ▪ Comments about sexual orientation ▪ Sexually explicit jokes or comments ▪ Sexually based rumors and gossip ▪ Asking someone to go out repeatedly ▪ Unwanted communication 	<ul style="list-style-type: none"> ▪ Writing or sending unwanted sexual notes, texts, or emails ▪ Inappropriately looking at someone’s body part or for a long time ▪ Gesturing with a tongue, hands, or mouth ▪ Acting out sexual gestures 	<ul style="list-style-type: none"> ▪ Any unwanted touching, grabbing, pinching, hugging, or kissing ▪ Intentionally bumping into someone’s body or rubbing up against them ▪ Blocking someone’s path

Source: WEAVE, Inc. (2019b).

Schools have anti-bullying and sexual harassment policies that teachers should discuss with students and then guide students in addressing these problems. Students can research and describe California laws regarding bullying, sexual violence, and sexual harassment (9–12.1.8.S, Essential Concepts; 9–12.5.2.S, Decision Making). Students need multiple opportunities to learn and practice skills to appropriately intervene when witnessing violence, bullying, or sexual harassment. With sufficient practice, students can be empowered to report dangerous situations, seek adult support, or stand up for someone being bullied, harassed, assaulted, or abused if it is safe to do so (9–12.1.8.M, Essential Concepts). This is called bystander intervention.

Sexual harassment is sometimes the precursor to sexual assault, as violence that is normalized can often escalate. *Rape culture* is the normalization, desensitization, and acceptance of sexual violence, and is an important concept to discuss with students in ninth through twelfth grades. Examples of rape culture include the objectification of women and feminine-presenting people, glamorization of sexual violence in music and film, minimizing sexual violence or blaming the victim of sexual assault, and misogyny. Unrealistic expectations of masculinity may also be problematic if it promotes harmful and rigid gender stereotypes that could contribute to rape culture. Students may not relate to this as a social issue if they believe that rape culture does not exist or if they think they do not participate in or perpetuate it. Students need teacher guidance to think critically about how they may or may not contribute to rape culture. Possible responses to sexual violence that reflect rape culture are listed below.

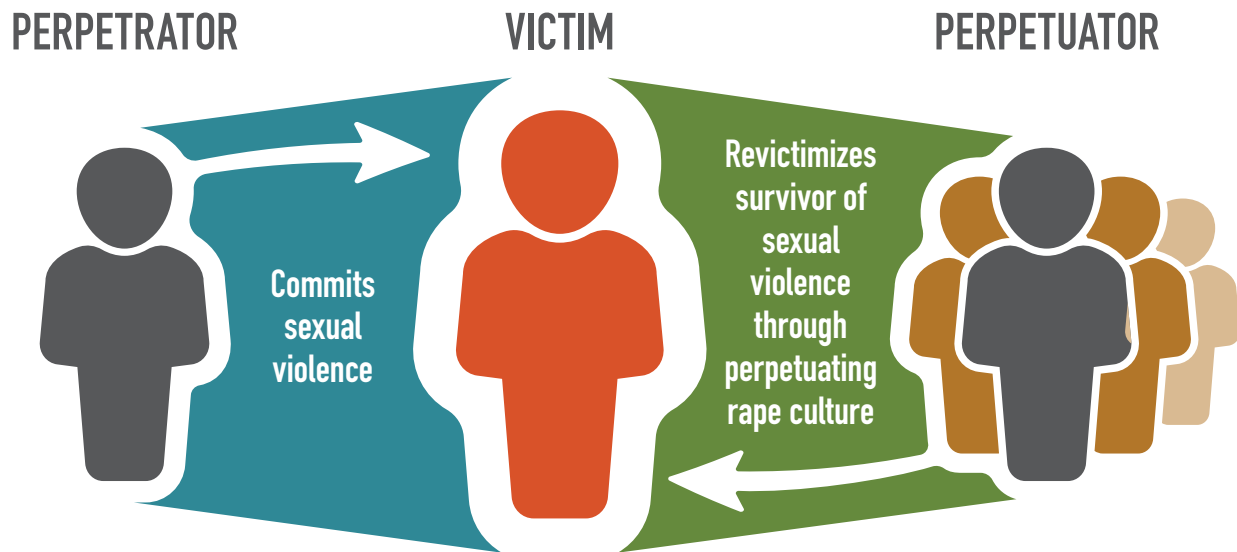
Comments that Reflect Rape Culture

- They should not have worn that.
- They should not have had so much to drink.
- It does not impact me.
- Real men cannot be raped.
- Laughing at rape jokes does not mean I am going to rape anyone.
- Women need to empower themselves to say no.
- They should not put themselves in risky situations.
- What about false accusations?
- I do not condone sexual violence, but I do not want to get involved.
- They have had sex before—they are in a relationship.

Much of rape culture has to do with victim blaming, lack of bystander intervention, and an overall lack of empathy, as illustrated in these examples. Exploring this further will help students understand the basic concept of rape culture and examine ways they may unknowingly perpetuate the problem. Students should be encouraged to make a commitment to stop perpetuating rape culture and work toward promoting positive change at school, within the community, and beyond. The figures below may provide a visual representation

for students to gain a better understanding of how victims of sexual violence may also be revictimized by those who perpetuate rape culture.

Rape Culture and Sexual Violence

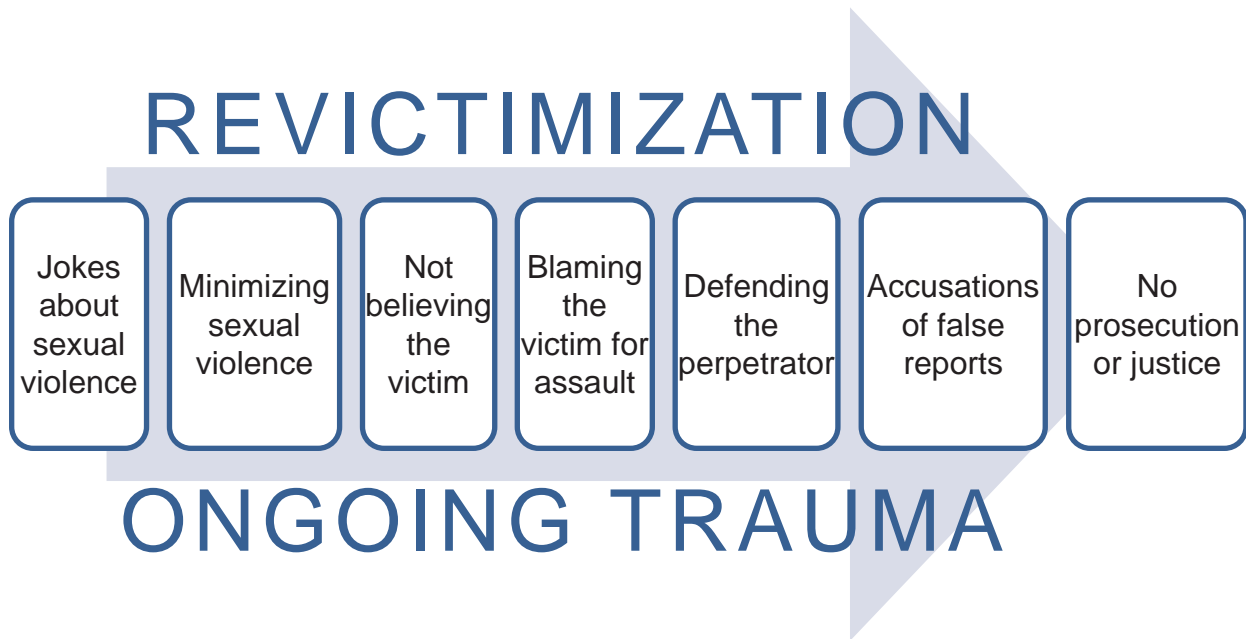


Long Description of Rape Culture and Sexual Violence is available at <https://www.cde.ca.gov/ci/he/cf/ch6longdescriptions.asp#chapter6link3>.

Source: WEAVE (2019e).

This image represents the impact of individual actions by perpetrators of sexual violence and those who also contribute to rape culture by perpetuating normalization and acceptance of sexual violence. The image does not represent equal weight of the trauma endured by the individual—rather, it is meant to demonstrate that both can be traumatic, which victims/survivors may experience differently. For example, it can be triggering and re-traumatizing for a student who has been sexually assaulted and then overhears rape jokes. This not only is traumatic in the moment, but it can also hinder the healing process. The following image provides examples of how a victim of sexual violence may be revictimized over time and is not necessarily linear.

Revictimization and Ongoing Trauma



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

Source: WEAVE (2019e).

Students may also better understand the issue of sexual violence and victim blaming through expanding their knowledge about sexual assault and consent. According to the National Intimate Partner and Sexual Violence Survey, 30 percent of female rape victims were first victimized as a minor between the ages of eleven and seventeen, making middle school and high school critical times to discuss culture change and strategies for preventing victim blaming (Black et al. 2011, 25). It is important to address affirmative consent, the right to refuse sexual contact, and laws related to sexual behavior and the involvement of minors (9–12.1.9.G, Essential Concepts). Students learn in earlier grade levels the definition of sexual assault and consent and revisit this topic in ninth through twelfth grades. Examples of sexual assault include rape, attempted rape, unwanted sexual touching, and unwanted sexual acts such as oral sex. It is important to remind students that sexual assault is not limited to heterosexual relationships and is inclusive of same-sex relationships and other gender dynamics.

Definitions of Sexual Assault and Affirmative Consent

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

Source: Adapted from California Penal Code Section 261 and WEAVE (2020).

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

Students must understand that compliance or the absence of refusal is not affirmative consent. Individuals who are faced with unwanted sexual activity may react in different ways and may not resist the assault. This is a normal trauma response and important to discuss with teenagers, as some may blame themselves for what is perceived as compliance, silence, or lack of resistance. Other students may feel pressured to engage in sexual activity based on actual or perceived social norms, which should be analyzed and assessed (9–12.2.3.G, Analyzing Influences). Students should also learn and discuss the idea that respecting consent and refusal also means accepting that individual's right without pressure, shame, or debate. Challenging the concept of entitlement to sexual activity promotes primary prevention efforts.

This is an appropriate time to ensure that students know how to access local sexual assault response services, including access to emergency contraception and counseling, and their rights to obtain these services. Because there is pressure from both social norms and individuals to engage in sexual activity, it is important for students to determine their own personal boundaries and practice affirmative consent and refusal skills (9–12.7.6.M, Practicing Health-Enhancing Behaviors). Knowing their personal boundaries can also help students evaluate and avoid risky or potentially dangerous situations and empower students to report sexual assault and molestation (9–12.4.2.S, Interpersonal Communication; 9–12.5.1.S, Decision Making).

Students are led in a discussion that explores and identifies the physical response to feelings and emotions. From this discussion, students can learn how to be aware of the physical sensations in their body when trust and respect are present compared to when a boundary is being crossed. Students are guided in discussions about the right to refuse sexual contact, including in dating relationships, long-term relationships, and marriage. Students can advocate for violence prevention and work to create a school and community where sexual assault is not tolerated (9–12.8.1.S, Health Promotion). This also means supporting peers in making positive and healthful choices about sexual behavior (9–12.8.3.G, Health Promotion) and protecting their rights to personal boundaries and affirmative consent. Students can research support resources, such as the local rape crisis center, law enforcement agencies, and local and national organizations including hotlines and support centers, and distribute the information to other students. As an engaging and entertaining activity, students can participate in a poetry slam, visual art, film, music, or theater to explore issues of sexual violence through a creative voice.

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

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

VIGNETTE

Classroom Example: Sex Trafficking

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

Standards:

- **9–12.2.4.G** Assess situations that could lead to pressure for sexual activity and to the risk of HIV, other STDs, and pregnancy (Analyzing Influences).
- **9–12.3.4.G** Evaluate laws related to sexual involvement with minors (Accessing Valid Information).
- **9–12.1.2.S** Recognize potentially harmful or abusive relationships, including dangerous dating situations (Essential Concepts).
- **9–12.3.1.M** Access school and community resources to help with mental, emotional, and social health concerns (Accessing Valid Information).

Lesson Narrative:

At the beginning of the year, Mr. H informs students about his role as a mandated reporter. Before starting this lesson, students are reminded of classroom agreements to ensure everyone feels safe and accepted. Mr. H specifically points out the agreement the class made to treat others with

respect, keep information shared by other students confidential, and be open-minded about differences in opinion and experiences. Mr. H provides students with a list of local resources as he explains that talking about violence and abuse can be difficult and may cause some to have an emotional reaction. He tells students to be aware of how the material might be affecting them and to seek support if needed.

Mr. H begins the lesson by asking students to respond to statements regarding their current knowledge and opinions about sex trafficking. Mr. H asks the students if they agree or disagree with the following statements:

- Slavery still exists today
- They know what human trafficking and sex trafficking are
- Sex trafficking is a problem in their area
- Students can be sex trafficked
- Sex trafficking can be prevented
- Sex trafficking can be eradicated

After the exercise, Mr. H explains that sex trafficking is a type of human trafficking and a form of modern-day slavery. Students draw from learning in social science classes to describe what slavery is. A student explains their understanding of slavery and says, “Slavery is when someone is owned by another person or whose freedom is restricted.” Mr. H acknowledges that this definition is also fitting for human trafficking.

Mr. H adds that anyone under the age of eighteen who is engaged in commercial sex acts is considered a victim of trafficking, not a criminal. Students ask what commercial sex is, and Mr. H explains that it is any sexual act that is exchanged for something of value. This can include an exchange of sexual acts for money, food, clothing, shelter, drugs, or other “gifts.” Forms of sex trafficking include involvement in prostitution, pornography, escort services, and strip clubs.

Mr. H recognizes that some students may have unknowingly been trafficked, are being groomed by a trafficker, have been approached by a recruiter, or could be in the future. He explains this to the class and shares examples of these scenarios. Mr. H references earlier learning about healthy and unhealthy relationships, and explains how traffickers often exploit their victims by first pretending to be a romantic partner. This happens through a process called *grooming*, in which a trafficker identifies a vulnerability, gains the victim’s trust, and then exploits them for the purpose of commercial sex and monetary gain.

“Who doesn’t want to feel wanted, loved, and accepted? Traffickers know that, and use it to their advantage,” says Mr. H.

Because traffickers, or their recruiters, are often looking for victims with a vulnerability to exploit, they may pose as romantic partners, friends, or offer false employment opportunities like modeling or acting. It is common for peers to recruit for traffickers and offer a lifestyle of easy money and expensive possessions. This lifestyle may be appealing to some youth, but Mr. H reminds students that traffickers are looking to exploit and profit from victims, not help them.

Regardless of willing participation, minors engaged in this activity are considered victims. Sex trafficking is illegal, no matter the age of the victim. Traffickers maintain power and control over victims using coercion and violence, and often threaten or harm youth who seek to exit that lifestyle and its associated abuse.

Mr. H gathers background information about current popular social media apps, as he understands that traffickers often use social media to find, groom, and exploit victims. Mr. H discusses these apps with students, asking questions about the purpose of each app, level of privacy, and level of perceived safety. There are apps in which the purpose is to connect with a stranger, some to anonymously share personal information and possible vulnerabilities before making connections, and others to casually hook up with or meet people in person. Mr. H explains that traffickers can hide behind the anonymity of these apps and other social media platforms to gain the trust of a potential victim. A trafficker may ask to meet a youth or request incriminating photos or videos that the trafficker will later use to blackmail the potential victim. While many traffickers begin as strangers to the victim, some youth are exploited by peers or family. Gang involvement can also put youth at risk, as gangs often view women and girls as property and see potential profit in exploiting them.

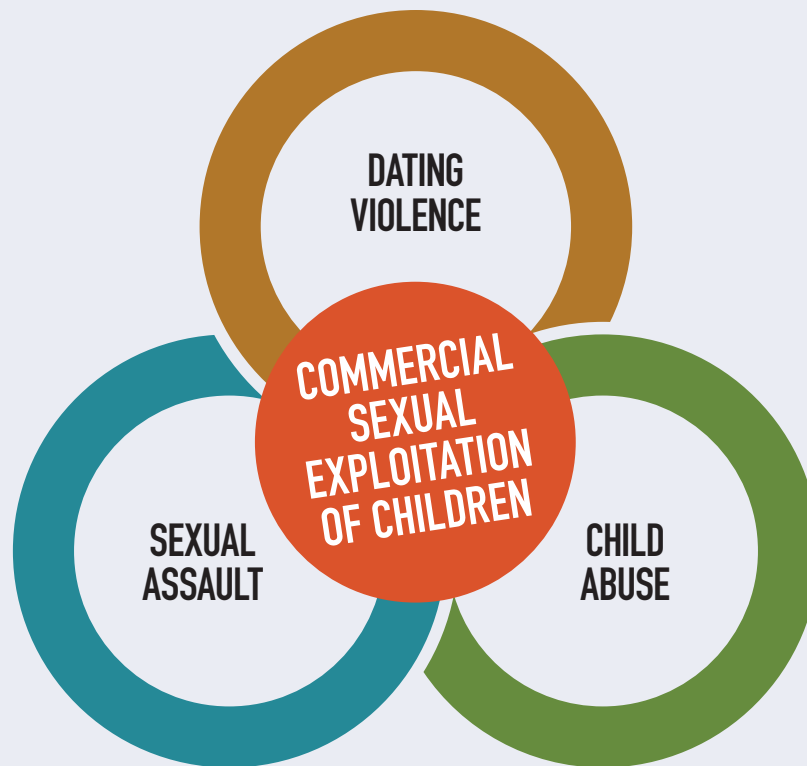
Students explore the relationship between sex trafficking and dating violence, sexual assault, and child abuse. Through group discussion, students are able to identify overlapping components of each of these issues and recognize that not all sex trafficking victims experience all forms of violence. Students discuss how sex trafficking can look like an unhealthy relationship. Referring to the different forms of dating or relationship violence, students make the connection that sex trafficking can fall under all six forms of abuse—physical, emotional, sexual, spiritual, financial, and technological.

Victims are often forced or manipulated into participating in commercial sex, and because minors cannot consent to these acts, this is considered to be

repeated sexual assault. While high school students may see themselves as adults and not identify as children, they can still recognize how adults may exploit minors in a way that meets the definition for child sexual abuse. By understanding the difference between healthy and unhealthy relationships, students can guard themselves against potential traffickers.

Mr. H provides a visual for students to conceptualize the intersections of sexual violence, noting that a student may be sex trafficked by their partner, which constitutes dating violence, repeated sexual assault, and child abuse because they are a minor. Mr. H explains that while the graphic illustrates intersections of sexual violence, not all forms of violence and abuse must be present to constitute sex trafficking.

The figure below illustrates the intersections of sexual violence.*



** This does not apply to all instances of Commercial Sexual Exploitation of Children (CSEC) or sex trafficking, but demonstrates how sometimes these forms of abuse and sexual violence intersect and add to the complexity of the trauma one may experience.*

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

Source: WEAVE (2019d).

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

Mr. H assigns a research project in which students analyze why sex trafficking exists and possible ways to address this global problem that also may occur in their community. Students research the prevalence of sex trafficking and are alarmed at how widespread it is. In analyzing its existence, some students relate the problem to the overt hypersexualization and objectification of women portrayed in the media, in addition to pornography and sex industry. Students discover that research demonstrates a link between pornography and sex trafficking. They further evaluate the relationship between pornography and sex trafficking by discussing how pornography may create more demand from the buyers of sex. Pornography may normalize sexual violence and its viewers may become desensitized to its impact, not understanding that many individuals featured in the photographs or videos are actually being trafficked as minors or otherwise forced or manipulated into participation. It is not uncommon for pornography to reflect rape culture, and it can sometimes be a form of sex trafficking. Students can also relate this concept to economic studies of supply and demand. If there is no demand for the purchasing of sexual acts, there would be no need for the supply of sex trafficking victims. In analyzing this concept, many students conclude that some people who participate in the sex industry may be coercive or coerced, and this may promote sex trafficking.

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

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

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

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

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

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

Source: WEAVE (2019e).

Partnering with Your School

Students encourage, advocate for, and support others by planning a schoolwide awareness event on December 1 for World AIDS Day, Walk a Mile in Her Shoes, or Denim Day (9–12.8.1-3.G, Health Promotion), or a Take Back the Night event (9–12.8.2.G, Health Promotion). Partner with GSA Network (transgender and queer youth uniting for racial and gender justice) to create an LGBTQ+ student-run club (9–12.1.10.G, Essential Concepts).

Partnering with Your Community

Students identify local resources for reproductive and sexual health, and evaluate laws related to sexual involvement with minors by inviting the local Planned Parenthood, California Department of Public Health, California Department of Education, school-based health center, or other verified medically accurate organizations to provide a professional development presentation on the California Healthy Youth Act for teachers, administrators, school board members, and parents, guardians, and caretakers. Using valid and reliable web resources, students create a local resource guide of medical, health, and clinical providers, including those who provide services to the LGBTQ+ population, for reproductive and sexual health services that includes how to locate accurate sources of information on reproductive health in their community (9–12.1.9.G, Essential Concepts; 9–12.3.2.G, 9–12.3.4.G, Accessing Valid Information).

Partnering with the Family

Approximately 40 percent of youth still learn about growth, development, and sexual health from their parents (Kaiser Family Foundation 2003, 55). In accordance with the California Healthy Youth Act, encourage students to engage in an open dialogue with their parents, guardians, or other trusted adults about human sexuality. Students should be made aware that it is important to have someone that they feel comfortable speaking with when needed, and that someone at school such as a school counselor or credentialed school nurse can be a resource. A creative way to begin the conversation with parents, guardians, or caretakers may be for students to ask their parents, guardians, or caretakers: *When did you first start dating? When did you have your first boyfriend, girlfriend, or partner? How did you learn about sexual health?*

Under the California Healthy Youth Act, parents and guardians must be notified that their student will receive comprehensive sexual health and be allowed to view the materials prior to instruction. Consider creating a California Healthy Youth Act community by hosting an education materials review night or encouraging administrators to share sexual health materials on the school district's website. Parents and guardians may have their student excused from comprehensive sexual health education and HIV prevention education only by submitting a request in writing to the school. However, general instruction or programming relating to LGBTQ+ people and issues is not subject to parental opt-out (EC

51932[b]). California law protects students against discrimination on the basis of gender or sexual orientation, schools may not facilitate the selective opt-out of LGBTQ+-related content in the context of comprehensive sexual health and HIV prevention education.

Injury Prevention and Safety (S)

High school students are potentially engaging in various activities that make them more prone to injuries and accidents, such as driving and organized sports and activities. Some teens are involved in romantic relationships, making them more at risk of bullying, abuse, harassment, or violence. Others are at risk of gang involvement. Most high school students use some form of technology and spend time online, making them susceptible to electronic aggression, such as cyberbullying, cyber harassment, and cyberstalking (Stopbullying.gov 2019). According to the California Healthy Kids Survey, approximately 18 percent of students across all grades experienced cyberbullying in the past 12 months (WestEd 2018, 36).

The National Center for Injury Prevention and Control under the CDC reported that unintentional injury is the leading cause of death among youth ten to twenty-four years of age in the United States (2017a). Motor vehicle crash injuries are one of the leading causes of death for young people between the ages of ten to twenty-four (Heron 2019). As high school students transition to adulthood and may have perceptions of invincibility, school-based injury and violence prevention strategies are of paramount importance in this phase of a young person's education, before students enter adulthood. High school health education teachers and administrators can play a key role in supporting students to learn and apply the skills necessary for injury prevention and safety in person and online. To increase their awareness of potential injury, students research how to recognize and prevent sports-related health issues such as sudden cardiac arrest and traumatic brain injury (e.g., concussions). Resources related to sudden cardiac arrest can be found on the California Department of Education Eric Paredes Sudden Cardiac Arrest Prevention Act web page and through the Eric Paredes Save A Life Foundation. The California Interscholastic Federation provides resources related to concussions and sudden cardiac arrest, including information sheets for students who participate in school athletics.

This content area includes the important topic of violence. Violence is a serious public health issue in our country. Applying a standards-based curriculum focused

on violence prevention skills and competencies can support the overall goal of preventing youth violence. According to the CDC, youth violence refers to harmful behaviors among children and adolescents that lead to injury or death (2019b). Various behaviors, such as bullying, physical abuse such as hitting or slapping, sexual harassment and violence, electronic aggression, and gang and gun violence, all fall under the scope of youth violence. A young person can be a victim, offender, or a witness to the violence—or all of these. Those who survive violence often have lasting emotional trauma associated with the violence (CDC 2019b).

In addition to statutory reporting mandates, all California school districts have mandated abuse and violence reporting policies and procedures in place. If you suspect or know a student is experiencing abuse, neglect, or violence, immediately file the necessary mandated report and follow any school or district protocols for reporting abuse. For additional information, see the [Mandated Reporting](#) section of the “Introduction” chapter.

There are many individual, familial, social, and community risk factors associated with youth violence, including poor academic performance, low commitment to school, and school failure. No one factor causes youth violence; however, one clear protective factor is the engagement of teachers. Schools that create an environment that does not tolerate aggression and bullying may have fewer incidences of violence (Lösel and Farrington 2012). School-based violence prevention programs that have proven to be ineffective include using scare tactics, peer-based education, and brief information-based health education (Telljohann et al. 2015). Effective standards-based safety instruction for students should include active learning strategies and interactive teaching methods that are intellectually engaging, pique learners’ curiosity, and provide ample social and physical learning opportunities (Edwards 2015; Pearlman 2013; Telljohann et al. 2015). Evidence-based instructional strategies provide the foundation for the instructional suggestions found in this chapter.

Building on the safety, violence, and injury prevention content and applied practice students learned in prior grades, students now further their knowledge and skills in this area by learning ways to prevent and reduce one’s risk of violence and injury and how to effectively address harassment should it occur. Though still standards-based, this section includes more methods- and strategies-based approaches versus content-specific lesson plans. Health education teachers are encouraged to assess the unique climate and culture of their classes and

communities, instead of implementing a “one size fits all” approach to the complex and multifaceted challenges of violence prevention.

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

Working in pairs or small groups, students demonstrate effective negotiation skills for avoiding dangerous or risky situations by creating scenarios pertaining to violence or injury. The student-created scenario is then given to another pair or group of students to brainstorm solutions by applying a decision-making process. Students share their solutions with the class and then discuss the positive experiences and challenges with each scenario. If students need ideas for their scenarios, the teacher can suggest examples, such as a student learns that another student has brought a gun to school and has the gun in their locker; a student learns that their friend is being harassed on social media by a group of students; or a student learns that their brother has just joined a gang. Students can also role-play student-created scenarios with an emphasis on integrating a decision-making process. The role-play is followed by a group discussion on the effectiveness and safeness of the actions taken (9–12.4.1.S, Interpersonal Communication; 9–12.5.1.S, Decision Making; 9–12.7.2.S, 9–12.7.4.S, Practicing Health-Enhancing Behaviors).

Obtaining one’s driver’s license is a celebrated milestone for many teens. It is also important for students to understand the risks and responsibilities that come with their newfound privilege. When students apply for a California driver’s license or identification card, they are asked if they want to join the organ and tissue registry. To support students’ decision-making, the Donate Life California High School Education program provides free resources for classroom use that inform students about organ and tissue donation.

Students analyze injury risks associated with driving by researching county- and state-level statistics on automobile crashes. Students can investigate issues that are of interest to them, such as the risks associated with distracted driving, which includes texting while driving or using alcohol, tobacco, or other drugs while driving. They also research pertinent laws and what could occur if someone is in violation of these laws. Students can write a proposed traffic safety bill or letter to their district representative on a concern related to traffic safety. Students research the Healthy People 2020 or 2030 site to investigate various motor vehicle safety objectives—for example, their county’s seat belt usage rate. Students can investigate the barriers that prevent people from wearing a seat belt. Students can role-play scenarios in which they refuse a ride with someone under the influence of alcohol or other drugs.

Parental influence and graduated driver’s licensing laws can have a positive impact on reducing teen automobile crashes (NJM Insurance 2019). Having ample practice time driving with parents, guardians, caretakers, older relatives, or trusted adults beyond receipt of a driver’s license, along with experienced, safe drivers serving as positive role models (for example, not using electronic devices while driving themselves) is key to improving teen driver safety. In pairs, students reflect on their own driving experience and personal driver safety. If they are not yet driving, students reflect on their anticipation of driving and their driver safety plan. Students write a driver safety plan to share with their parents, guardians, caretakers, or friends who are driving. Instruction on defensive driving is another strategy for lowering risk.

Working in pairs or small groups, students first try to identify defensive driving tips from memory, experience, or creativity. Students share their tips by “exponential think, pair, and share,” until one collective list is written. Students then research online defensive driving tips and supplement them with their own ideas. Distracted driving, including using electronic devices while driving, is one of the most pressing issues related to driver safety (CDC n.d.). After researching statistics, policies, and educational material, including public service announcements (PSAs) associated with distracted driving, students write a prevention plan to avoid distracted driving and present their content in class using creative platforms. Students then plan, implement, and evaluate a driver safety campaign for their high school to promote safe driving practices. Student and parent resources in English and Spanish on driving and highway safety can be found online by searching Share the Keys, the Teen Drivers section of the California Department of Motor Vehicles website, and the

National Highway Traffic Safety Administration for education materials (9–12.1.6.S, Essential Concepts; 9–12.2.3.S, Analyzing Influences; 9–12.7.1.S, Practicing Health-Enhancing Behaviors; 9–12.8.1.S, 9–12.8.3.S, Health Promotion; this activity also connects to the CA CCSS for ELA/Literacy [W.9–12.7–9, SL.9–12.4–6]).

In a national survey, 20 percent of high school students reported gang violence in their schools (US Department of Justice n.d.). According to the California Healthy Kids Survey, close to 5 percent of ninth- and eleventh-grade students considered themselves to be members of a gang (WestEd 2018). Encouragingly, the majority of students (approximately 93 percent) in the same survey reported feeling safe at school (WestEd 2018). Youth tend to join gangs for enjoyment, respect, protection, a sense of belonging, financial reasons, or peer influence (US Department of Justice n.d.).

Research varies on the effectiveness of school-based gang prevention programs. However, school connectedness and education partnerships among health agencies do seem to play an important role in lowered health-risk behaviors including violence and, in turn, support academic achievement (Bradley and Green 2013). This complex public health issue requires a comprehensive curriculum approach. See the “[Grade Levels Four Through Six](#)” chapter for instructional methods on teaching content related to gang activity including discussion points, scenario-based responsible decision-making, and setting goals to prevent gang involvement.

Students also learn more about this complex, multifaceted issue through partnership presentations and educational resources from local law enforcement and nonprofit organizations. For example, Orange County California’s Gang Reduction Intervention Partnership is a shared collaborative between the District Attorney’s Office, Park Police, and the Sheriff’s Department. School workshops include risk factors, prevention, and intervention strategies for students, educators, and parents, guardians, and caretakers. The Oakland Unified School District in Alameda County provides gang prevention training for parents, guardians, caretakers, and school staff. Schools can apply for funding with the California Gang Reduction, Intervention, and Prevention (CalGRIP) grant. Most California police departments have a division of gang violence prevention to contact for presentations (9–12.1.7.S, Essential Concepts; 9–12.2.4.S, Analyzing Influences; 9–12.3.1.S, Accessing Valid Information; 9–12.5.3–4.S, Decision Making; 9–12.7.4.S, Practicing Health-Enhancing Behaviors; 9–12.8.1.S, Health Promotion).

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

VIGNETTE

Classroom Example: Sport and Physical Activity Injury-Prevention Ambassadors

Purpose of the Lesson: High school health students lead a peer-based program that empowers team captains to lead their teams to victory and also prevent injuries.

Standards:

- **9–12.1.1.S** Discuss ways to reduce the risk of injuries that occur during athletic and social activities (Essential Concepts).
- **9–12.3.1.S** Analyze sources of information and services concerning safety and violence prevention (Accessing Valid Information).
- **9–12.7.1.S** Practice injury prevention during athletic, social, and motor vehicle-related activities (Practicing Health-Enhancing Behaviors).
- **9–12.8.2.S.** Encourage peers to use safety equipment during physical activity (Health Promotion).
- **9–12.2.1.S.** Practice health literacy by reviewing warning signs of a potential heart condition and encourage students to advocate for themselves (Analyzing Health Influences).

Lesson Narrative:

Mr. L's health education students have been learning an array of injury prevention and safety content throughout the semester. They are now ready to apply what they have learned by embarking on a peer education effort. Mr. L's students have come up with the innovative idea to enlist the team captains for all sports and cheer teams as injury-prevention ambassadors for an injury-prevention campaign. Activities that do not have a captain will elect an ambassador.

Mr. L's students provide ambassadors with evidence-based, reliable, and valid sport injury-prevention materials such as tip sheets and talking points specific to their sport. These resources are researched and summarized by Mr. L's students. Mr. L reviews all content and materials. The coach and physical education teacher also review any pertinent materials.

The ambassadors share materials with their respective teams and advocate for accident reduction in sports and physical activities. Posters profiling the team captains and ambassadors and their personal quotes are displayed in various locations around the school such as the locker rooms, gym, hallways, and school cafeteria. They are also displayed on online resources such as the school's website and social media sites. Mr. L's students create and distribute surveys to evaluate the program and discover if students' knowledge of the campaign and sports injury prevention had increased.

Because prompt initiation of cardiopulmonary resuscitation (CPR) by trained bystanders can double survival rates, learning this safety skill has the potential to impact every student's life and the lives of members of their community. Research confirms that schools are able to offer CPR to students despite time and budget constraints (Hoyme and Atkins 2017). California *Education Code* Section 51225.6 supports students learning and demonstrating hands-only (chest compressions-only) CPR. In districts that require students to complete a health education course to graduate from high school, student must receive CPR instruction prior to high school graduation. Districts are encouraged to provide training to all students even if the district is not required to by statute. Contact local chapters of such organizations as the American Red Cross or the American Heart Association and your local emergency medical service providers who may be able to provide CPR training at low or no cost. A credentialed school nurse or other school staff member may also be able to provide CPR training if they are certified to teach CPR (9–12.1.10.S, Essential Concepts; 9–12.7.3.S, Practicing Health-Enhancing Behaviors).

While CPR is an important skill for all students to learn, there are other emergency care procedures that students should learn, including what to do in the case of a drug overdose at a social event (9–12.1.10.S, Essential Concepts). Prompt response by trained bystanders can also save a life in the event of a drug overdose (Wheeler et al. 2015, 634). Students can research and role-play effective drug overdose prevention, recognition, and response techniques as a complement to CPR training. The American Heart Association has a protocol for responding to suspected opiate overdoses. Drug overdose recognition and response information is also available from community-based organizations, such as the Harm Reduction Coalition and DanceSafe. Students can also research

and debate the pros and cons of the Good Samaritan Law in California (*Health and Safety Code* Section 11376.5), which protects someone who provides medical assistance when responding to an overdose, as well as protecting the person who experiences a drug-related overdose. Additional standards-based learning activities can be found in Table 9.

SNAPSHOT

Injury Prevention and Safety Teaching Learning Activities

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

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

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

National Safety Month

June is national safety month. An opportune time to plan awareness events is before summer break or graduation. Students write research summaries and provide peer-based presentations or schoolwide awareness and social media events on ways to reduce the risk of injuries and safety issues, such as responding to an active shooter, sports injuries including concussions, or cyber harassment. See the National Safety Council’s website for resources.

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

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

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

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

Safety Evaluators

Students learn the process of data collection by surveying fellow students during lunch or in other classes on a variety of safety issues. The survey data is analyzed; displayed using charts, tables, and graphs; and written about in a collective report or eText to be distributed to the entire student body. The data collected on the surveys can be compared with state or national data. Ideas for survey items can be found in the California Healthy Kids Survey, CDC’s Youth Risk Behavior Surveillance System, or Robert Wood Johnson’s County Health Rankings. Students can also take a Safety Snapshot Survey on the National Safety Council’s website that shows their top personal and environmental risks for accidents and injuries.

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

Photovoice

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

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

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

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

Text Ed

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

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

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

Safety Assessors

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

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

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

I Choose Refuse

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

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

Safety PSA

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

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

Avoiding Trouble

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

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

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

Safe Driving

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

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

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

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

Practice health literacy by reviewing warning signs and risk factors of a potential heart condition and encourage students to advocate for themselves.

Sudden cardiac arrest occurs from a heart condition that is often undiagnosed because youths do not necessarily recognize the warning signs of a potential heart condition, or they do not want to feel different or feel left behind because they cannot keep up. They often do not want to jeopardize their ability to participate in activities if they complain about not feeling well. Teach students to recognize warning signs and speak up about a potential health problem they are experiencing.

Warning signs of a potential heart condition could include fainting (the number one sign of a potential heart condition), chest pain, shortness of breath, racing or fluttering heartbeat (palpitation, especially at rest), dizziness or lightheadedness, and extreme fatigue (tiredness). These factors can be easily disregarded or confused with other reasons why they are experiencing them. Risk factors for a potential heart condition include a family member with known heart abnormalities or who experienced sudden death before age fifty, and the student's own use of stimulants, inhalants, unprescribed medication, performance-enhancing supplements, or excessive energy drinks.

Saving a Life

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

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

Getting Out Safely

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

Partnering with Your School

Students encourage their peers to be safe by creating a schoolwide student safety club for school-based advocacy and awareness. The goal of the student safety club is to promote student safety and well-being (Standard 8: Health Promotion).

Partnering with Your Community

Students analyze information and services concerning safety and violence prevention by developing a collective list of activities they are interested in, or careers they may aspire to, and draft invitation letters to contacts at local agencies. Examples of invited guest speakers include an emergency physician, someone from the cybercrime unit of a police department, an environmental health specialist, health inspector, an emergency room nurse, or someone from the local news station who can speak about how the media covers accidents or injuries. Speakers can be invited to address individual classes or larger student groups. Students write career aspiration papers based on the speaker's content (9–12.3.1-2.S, Accessing Valid Information). Students analyze community resources for disaster preparedness and identify and support changes in the community. Students are encouraged to obtain their first aid/CPR, lifeguard, or babysitting safety certifications, and also provided with information about local sources for certification. Students investigate service learning and volunteer opportunities with nonprofits specializing in injury and disaster preparedness, such as the American Red Cross (9–12.3.2.S, Accessing Valid Information; 9–12.8.1.S, Health Promotion).

Partnering with the Family

Working with their family members, guardians, or caretakers, students identify and support changes in the home related to possible safety issues.² Using select items or sections from the *Healthy Housing Manual*, students assess the health and safety of their home and environment (CDC and US Department of Housing and Urban Development 2006). From this assessment, students and their families, guardians, or caretakers can create a personal or family safety plan (9–12.8.1.S, Health Promotion).

Alcohol, Tobacco, and Other Drugs (A)

Most students will be exposed to or offered alcohol, tobacco, or other drugs (ATOD) at some point in high school (National Institute on Drug Abuse 2014a). The California Healthy Kids Survey indicates that 48 percent of eleventh-graders reported experimenting with ATOD at some point in their life (WestEd 2018, 24). Additionally, the CDC reports that opioid use and deaths due to overdose from opioids are increasing in the US (2019g). Prescription medications, including opioids, are some of the most commonly misused drugs by teens, after tobacco, alcohol, and marijuana (CDC 2019g).

Promoting an ATOD-free lifestyle for youths is as rewarding as it is challenging. High school continues to be an important time for students to learn the benefits that can occur from responsible decision-making. Though it may seem like a time when independence prevails as high school students have greater responsibilities and transition to adulthood, positive influences, positive practices, skills, and resources are still valued in establishing a lifetime of good health. The complex issue of substance use and prevention requires a comprehensive community approach involving schools that play a critical role in awareness and prevention efforts (SAMHSA 2017).

Prevention efforts implemented by health education teachers and administrators in California high schools are working, as evidenced by students delaying initiation or usage of ATOD (WestEd 2018, xiii). Encouraging results show that overall and frequent/heavy ATOD use is declining, particularly among eleventh-graders; students also indicated that drugs were less readily available and reported

2 Note that teachers should be prepared to provide an alternative assignment based on their students' living situations.

greater negative perceptions of the harm associated with alcohol and tobacco use (WestEd 2018). However, 23 percent of eleventh grade students report using alcohol, 17 percent use marijuana, 22 percent use other drugs, 4 percent were current tobacco smokers, and close to 14 percent of California twelfth-graders were either smoking tobacco or vaping, making high school a necessary and opportune time for prevention efforts (WestEd 2018, 27, 32; Barrington-Trimis et al. 2016, 4).

Substance use costs our nation hundreds of billions of dollars annually (National Institute on Drug Abuse 2017). Research confirms a correlation between underage substance use and misuse and poor academic performance, academic failure beginning in late elementary grade levels, low school attendance and lack of school commitment, and low high school completion rates (CDC 2019h). Adolescents at high risk for engaging in substances tend to exhibit more rebellious, antisocial tendencies, and a multitude of behavioral high-risk factors. Young people report many reasons for using ATOD that include to have fun, relax, forget troubles, feel better, look cool, and to deal with the stress and pressures of school (National Institute on Drug Abuse 2014b).

Electronic smoking devices, often called e-cigarettes or vape pens, heat and aerosolize a liquid that contains a variety of ingredients, including flavorings and varying levels of nicotine. According to the CDC, use of electronic smoking devices has increased substantially in recent years, particularly among youth (2019d). Under California state law, a tobacco product is any product containing, made from, or derived from tobacco or nicotine and any electronic vaping device or component, part, or accessory of a tobacco product.* The CDC warns that nicotine is highly addictive and can harm adolescent brain development, which continues into adulthood (2019d).

* Nicotine products such as the nicotine patch that the US FDA has approved as cessation products or for other therapeutic purposes are not included.

Building on the foundational ATOD competencies students practiced in prior grade levels, evidence- and theory-based instruction continues in hopes of preparing high school students with the knowledge, skills, attitudes, and behaviors to choose and maintain a drug-free life and to reduce drug-related harms. Other content areas should be integrated into instructional strategies when appropriate. Such content areas include physical activity as a healthy alternative to ATOD use, healthy coping behaviors in lieu of ATOD use (mental, emotional, and social

health), or injury prevention and its connection to ATOD. In addition, students can research the costs to individuals of medical care, lost productivity, and legal consequences of ATOD use to analyze the benefits of an ATOD-free lifestyle. The National Institute on Drug Abuse offers ATOD prevention principles for prevention programs at the community level that can be adapted for school-based programs. Teachers may utilize this resource when implementing ATOD prevention programs and curriculum.

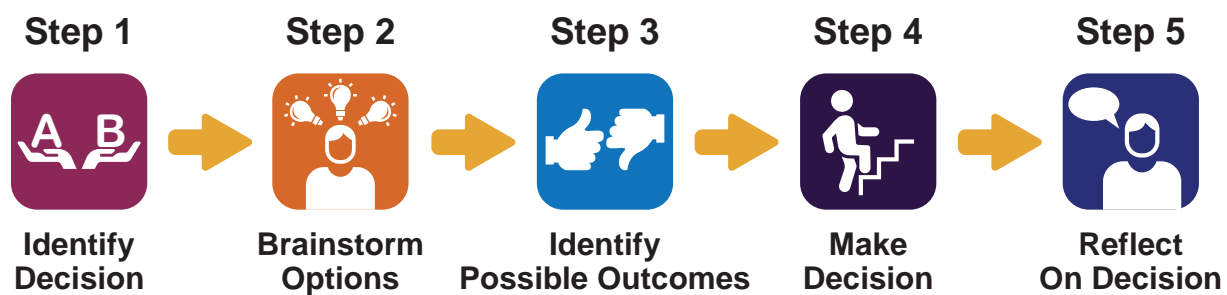
It is important to note that to be effective, ATOD prevention education must be delivered comprehensively with multiple instructional strategies (Stigler, Neusel, and Perry 2011). The most effective approaches are those that have multiple touch points—implementing just one strategy has not been proven effective (Stigler, Neusel, and Perry 2011). Role-playing and case studies approaches are effective for learning about ATOD, as they engage the interest of high school students and elicit skill application. Students can determine various solutions to different scenarios involving ATOD. Responsible decision-making skills can be applied. For example, students practice assertive refusal skills in a scenario where they are offered a cigarette, pressured to use ATOD, offered a ride home from someone who has been drinking, or being offered an unidentified prescription drug taken from a friend's parent's medicine cabinet. Students can also role-play what they would do if they were at a party where everyone was drinking and using other drugs or a person was unconscious from using unknown substances. Interwoven in the role-playing are ways students can use assertive refusal skills versus passive or aggressive communication. Students are encouraged to share the skills with friends, parents, guardians, or caretakers, and family. It is important to include solutions such as contacting a parent, guardian, caretaker, or trusted adult (Standards 4: Interpersonal Communication and 5: Decision Making).

Evidence has shown that students in middle grade levels are at the greatest risk for first time and continued use of ATOD (National Institute on Drug Abuse 2014a). However, continuing to educate students about the danger of ATOD abuse through high school is an important endeavor. One evidence-based comprehensive curriculum provides motivational, continual instruction using a variety of engaging methods. Some of the strategies are utilized in this evidence-based approach include the following (Sussman n.d.; 9–12.2.2.A, Analyzing Influences; 9–12.3.2.A, Accessing Valid Information):

- Exploration of stereotypes
- Identifying myths versus facts of ATOD usage
- Psychodrama and talk show skits
- Researching local treatment centers and support groups
- Healthy ways to cope with stress
- Completion of life goals along with a personal commitment contract regarding ATOD usage

Students read online vignettes or watch videos of actual high school students who struggled with refusing ATOD or felt pressured by their peers. They may also view videos of students who engaged in binge drinking or smoking marijuana and later regretted it. Online vignettes can be paired with reflection writing assignments. Search online for free ATOD video vignettes resources, such as SAMHSA's *Talk About Alcohol with Your Teen* (2011; 9–12.1.1.A, Essential Concepts; 9–12.5.1.A, Decision Making). Educators can search National Institute on Drug Abuse curriculum for evidence-based resources. Students may also complete online training certification in overdose recognition and response that the teacher has vetted.

Five-Step Decision-Making Model for Grade Levels Nine Through Twelve



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

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

ATOD use is a complex personal and public health issue that is influenced by many internal and external factors. Mapping out various risk factors by using an electronic program, students identify individual risks for ATOD, which may include interpersonal risks (with influences such as peers), environmental

risks (such as a liquor stores selling alcohol to minors or a student ordering an electronic smoking devices [ESD] online), community risks (such as the pervasive use of alcohol in the media), or public policy (such as the laws that are in place in one's community). Students analyze the influence of alcohol and other drug use on personal, family, and community safety. They identify community resources and analyze sources of information as they research a specific risk factor and then deliver an oral presentation on ways to decrease its impact (9–12.1.1.A, 9–12.1.4.A, 9–12.1.8.A, Essential Concepts; 9–12.2.2.A, Analyzing Influences; 9–12.3.1-2.A, Accessing Valid Information; this activity also connects to the CA CCSS for ELA/Literacy, W.9–12.7–9, SL.9–12.4–6).

Originating from drug use and HIV prevention, harm reduction can provide a foundational methodology for teaching a variety of issues, including ATOD. Harm reduction applies a practice, program, and policy approach. Recognizing students may engage in high-risk behaviors, it is important for them to have strategies and skills to mitigate harm from unsafe behaviors. Approaching these topics from a realistic perspective can be useful for students who are developing a more complex set of decision-making skills. Students can research harm-reduction models online to share with their peers. A teacher-led discussion on harm reduction focuses on how effective, sustained behavior change occurs incrementally over time and meets each individual where they are in the behavior-change process. Students explore specific risks and harms associated with ATOD use, what causes the risk and harms, and what can be done to reduce the risk and harms of various ATOD substances (see Harm Reduction International's "What Is Harm Reduction?" for principles and goals of harm reduction [2019]). The use of designated drivers to prevent drunk driving is an example of harm reduction.

Harm reduction has also been used to reduce the risk of drug-related injuries, such as overdose or assault, as well as infectious diseases, such as HIV and hepatitis C. According to the California Viral Hepatitis Coordinating Committee and California Department of Public Health, hepatitis C rates increased 40 percent among males between the ages of fifteen and nineteen from 2007–2015, likely due to increases in injection drug use, making harm reduction strategies for young people critical (2018, 9). Harm reduction strategies include safe injection education and supplies through syringe exchange programs and pharmacies; medication-assisted treatment for alcohol and opioid use disorders, such as naltrexone, buprenorphine, and methadone; and the distribution of

naloxone to laypersons to reverse opioid overdose. Harm reduction has also included strategies such as testing drugs to determine what they contain—for example, testing ecstasy to determine if it is contaminated with fentanyl or methamphetamine. More information is available from the Harm Reduction Coalition, DanceSafe, Drug Policy Alliance, and Students for a Sensible Drug Policy. Additional teaching activities can be found in below.

SNAPSHOT

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

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

Fact or Fiction

Using fact or fiction stickers that are made in advance, students post what they think is fact or fiction about alcohol, tobacco use, or popular drugs (such as marijuana or inhalants) in response to various statements or statistics posted around the room or displayed on large paper or poster board. Teachers correct any incorrect facts or misconceptions. As a group, students discuss the facts. Students then individually write a reflection document listing items such as, *I was surprised to learn ...*, *I did know that ...*, and *In the future, I will ...*

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

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

Photovoice

Students showcase positive alternatives and positive coping strategies to avoid using ATOD when offered by creating photos for display using software or a poster format. Students write a one-sentence caption summarizing each photo in their display. Ideally the students showcase 8–10 photos. Students present their photovoice project to their peers. For more information and resources, search *photovoice* online.

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

Blood Alcohol Content

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

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

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

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

ATOD Journalists

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

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

A High Price to Pay

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

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

My Solution

Students write a persuasive letter to the editor or provide a persuasive argument on a controversial ATOD topic of their choice, such as whether performance-enhancing drugs should be legal, whether professional athletes have a responsibility to their fans concerning the use of alcohol and other drugs, whether alcohol use or advertising should be banned from films or other popular media, or whether items such as electronic smoking devices (ESD) and the benefits of banning the sale of tobacco products to those born after a certain year. Prior to the activity, students will research valid and reliable resources finding evidence for or against their chosen topic. The letter must include at least three reasons backed by evidence to support their opinion.

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

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

Staying Safe

Using a free digital program, students write and create a children’s book on the how to use over-the-counter- or prescription drugs safely. Having students present to local elementary school students or featuring the children’s book on the school’s website can further develop this activity (this activity also supports CA CCSS for ELA/Literacy standards in writing for different audiences).

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

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

CA CCSS Reading Standards for Literacy in Science and Technical Subjects 6–12: Reading 9–10 #2 Determine the central ideas or conclusions of a text; trace the text’s explanation or depiction of a complex process, phenomenon, or concept; provide an accurate summary of the text.

Changing Problems

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

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

What Would You Do?

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

- You and your friends drink occasionally. You ALWAYS have a designated driver. It is Alex's turn to drive but you notice that he has a drink in his hand. Alex says, "I'm only having one drink. Don't sweat it." What would you do?
- You are having dinner at your best friend's house. You noticed that your friend's parents have had several glasses of wine with dinner. After dinner, they offer to drive you home. What do you do?
- Your best friend convinces you to go to a party by telling you that the person you have a crush on will be there. Once you get there, you can tell that there has been a lot of drinking and drug use. Your crush has noticed that you have arrived. It is really loud and your crush suggests that you take a walk so the two of you can be alone. Your crush does not appear to have been drinking but might be under the influence of something besides alcohol. You really like this person. What do you do?

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

Who is Telling the Truth?

Students individually compare two internet sites. One site that promotes the use of electronic smoking devices as a method to stop smoking and the other site disputes that claim. Using a rubric for determining the validity and reliability of the sites, students determine which site is more accurate. Students share their websites and discoveries in small groups. The California Tobacco Control Program is a recommended resource.

Partnering with Your School

See the [Nutrition and Physical Activity Classroom Example](#) for strategies that can be applied to ATOD content. Websites such as Tobacco Free Kids have resources for school events (9–12.1.1.A, 9–12.1.10.A, Essential Concepts; 9–12.8.1–2.A, Health Promotion). As part of your school-wide ATOD health campaign, encourage the teacher librarian to acquire and showcase books that address ATOD among youth, such as *I’ve Got This Friend Who: Advice for Teens and Their Friends on Alcohol, Drugs, Eating Disorders, Risky Behaviors and More* by KidsPeace and Anna Radev (2007) and *On the Rocks: Teens and Alcohol* by David Aretha (2006). Students are encouraged to convene a reading or book club focused on health-related issues (9–12.8.1–2.A, Health Promotion).

Partnering with Your Community

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

Partnering with the Family

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

Mental, Emotional, and Social Health (M)

Adolescence can be a challenging time for some students. Many high school students are experiencing physical, emotional, hormonal, sexual, social, and intellectual changes that may seem overwhelming. For some teens, these changes may lead to one or more mental health disorders (American Psychological

Association 2014; TeensHealth n.d). Mental health conditions are considered by some as the most pervasive chronic disease (US Department of Health and Human Services, Office of Disease Prevention and Health Promotion 2019). Building self-awareness through standards-based instruction on mental, emotional, and social health can foster academic success and emotional well-being for a lifetime. Learning activities that include setting goals assist students in self-discovery of their strengths and can be particularly important at this juncture.

Research confirms mental health conditions are increasing among youth with estimates that up to 20 percent of teens have a serious mental health issue, with only approximately half (51 percent) receiving treatment (National Research Council and Institute of Medicine 2009, 1; National Alliance on Mental Illness 2019b). Mental health conditions are considered by some as the most pervasive chronic disease, affecting 20 percent of students each year (National Research Council and Institute of Medicine 2009, 1). Some groups, such as LGBTQ+ students, are at higher risk for mental health issues including suicide (National Alliance on Mental Illness 2019a). Major depressive episodes increased 37 percent among adolescents from 2005–2014 (Mojtabai, Olfson, and Han 2016, 4). Over \$250 billion is spent annually on childhood mental health conditions, including anxiety disorders, attention deficit hyperactivity disorder (ADHD), autism spectrum disorders, trauma- and stress-related disorders, bipolar disorder, borderline personality disorder, depression, eating disorders, and childhood-onset schizophrenia (National Research Council and Institute of Medicine 2009). Nationally, suicide is the second-leading cause of death among adolescents aged ten to fourteen years old, and the third-leading cause of death among California youth (Heron 2019, 11; Kidsdata 2019). According to the California Healthy Kids Survey, approximately 30 percent of ninth- and eleventh-graders reported feeling sad or hopeless almost every day for two weeks or more in the past 12 months, which caused them to discontinue a normal activity (WestEd 2018, 37). Importantly, 16 percent of high school students surveyed shared that they seriously considered attempting suicide in the last 12 months (WestEd 2018, 37). California's largest school district, Los Angeles Unified School District, reported more than 5,000 incidents of suicidal behavior in 2015, with 30 percent of high school students reporting prolonged feelings of hopelessness and sadness lasting more than two weeks, and 8.4 percent of high school students in the district attempting suicide (Los Angeles Unified School District 2016, 9, 7). To address this pervasive issue, the American Academy of Pediatrics

is now recommending depression screenings for all youth ages twelve and over (Zuckerbrot et al. 2018).

The following mental health issues experienced by some students may negatively impact their academic performance and success.

Mental Health Issues of Adolescent Students

- Stress and anxiety
- Problems with family or friends
- Visible and nonvisible disabilities
- Thoughts of suicide or of hurting others
- Academic difficulties
- Worries about being bullied
- Loneliness or rejection
- Depression
- Concerns about sexuality or gender identity
- Alcohol and substance abuse
- Fear of violence, terrorism, and war
- Fear of being harassed or deported due to their immigration status

Source: (US Health and Human Services, Office of Population Affairs 2019; WestEd 2018; World Health Organization 2019)

Academic performance improves when a school’s curriculum includes teaching students how to manage their stress and emotions and to practice empathy and caring behaviors (CASEL 2019). Health education teachers, credentialed school nurses, school counselors, and administrators play an important role in navigating students to appropriate services and referrals within the school setting. Establishing a caring, respectful, inclusive, and compassionate classroom and school climate sets the foundation for many of the standards-based instructional strategies covered under this content area and the entire chapter.

There are many resources available to assist teachers in providing instruction on suicide awareness and prevention, which can be a difficult topic to teach.

Districts are responsible for providing teachers and other district and school personnel the tools to recognize and respond to warning signs, as well as guidance on what to do or say when a student needs help. Schools are required under *EC* Section 215 to adopt a policy on suicide prevention, intervention, and postvention. The policy also requires suicide awareness and prevention training for teachers. Additionally, parents, guardians, caretakers, and students will be notified twice annually about local mental health services at school and within their community. Suicide prevention hotline numbers will be printed on the back of all school identification cards. It is the hope that the inclusion of these measures will help to reduce the stigma of mental health and suicide. The policy must address suicide awareness and prevention training for teachers. The Model Youth Suicide Prevention Policy and other resources are available on the California Department of Education Mental Health and Youth Suicide Prevention web pages. The American Foundation for Suicide Prevention, National Alliance for Mental Health, and California Mental Health Services Agency also provide resources for schools.

AB 2639 requires schools to review their pupil suicide prevention policy at a minimum of every five years and, if necessary, update its policy. Requiring schools to review and reevaluate their pupil suicide prevention policies will ensure that these policies remain relevant and continue to support students' mental health needs, including those of high-risk groups such as LGBTQ+ youth.

A Safe Zone is a safe, confidential, inclusionary, and welcoming space where all people can bring their authentic selves and feel welcomed (Safe Zone Project n.d.). To create Safe Zones in the school, as well as in the classroom, health education teachers, credentialed school nurses, and school administrators identify teachers, administrators, and school counselors who can serve as Safe Zone gatekeepers for students who are suffering from a mental health challenge or issue. Safe Zones can be designated by a decal or sticker on classroom or office doors, inside classrooms, and any health service area such as the school-based health center or school nurse office. The intent is not for all teachers to be designated as official Safe Zone gatekeepers, only those who have a particular interest or experience in mental health or a particularly good rapport with students. GLSEN has developed a Safe Spaces Kit for teachers and other school staff that is available online at no cost.³

3 As of October 2019, digital copies are free and printed versions are available for purchase.

Students can honor teachers who serve as Safe Zone gatekeepers by creating a Safe Zone poster to hang in the classroom.

Building on mental, emotional, and social health content learned in prior grades, students continue to apply standards-based competencies for positive mental health practices and recognition of mental health issues. Working in small groups, students first analyze the differences between mental distress, a mental health problem, and a mental disorder or mental illness by brainstorming and then researching words and terms associated with each mental health state in a group setting. Findings are shared with the entire class and clarified, if necessary, by the teacher. Thoughtful discussions that contextualize mental health for students focus on how mental illness is viewed in society and how stigma, stereotypes, and discrimination affect those with mental illness. Helping behaviors, such as listening, communication, showing compassion, empathy, and relationship building, serve to provide students with a better understanding of the social determinants of mental health and the role that students and teachers play in promoting mental health wellness and recovery.

After learning the definitions for common mental health conditions, students research and identify various signs and symptoms, along with the prevalence of mental health conditions experienced by adolescents. Some examples include eating disorders, ADHD, substance abuse and addiction, anxiety disorders, and depression. Findings are shared with the class. Working in small groups, students research and identify ways to change the public's negative attitudes toward mental illness, including education and awareness, legislation and public policy, open dialogue, and research. Activities to include appropriate language may include *Mental Health Matters: 8 Stigmatizing Phrases to Stop Using* (GoodTherapy 2015). Students support the needs and rights of others regarding mental and social health by learning why changing negative attitudes toward those with a mental health illness, and being aware of the stereotypes and stigma surrounding mental health issues, is critical for removing barriers associated with access to care. Students evaluate the benefits of professional services for this complex and pervasive public health issue (Teen Mental Health 2017, 51; 9–12.2.1.M, Analyzing Influences; 9–12.3.2.M, Accessing Valid Information; 9–12.7.4.M, Practicing Health-Enhancing Behaviors; 9–12.8.1.M, Health Promotion).

Role-playing and case studies are effective approaches for learning mental health content as they engage the interest of high school students and elicit active

learning and skill application. Videos of teens experiencing a mental health issue also work well, such as the video, *It's Real: College Students and Mental Health*, produced by the American Foundation for Suicide Prevention (2017), which features actual students and is designed to raise awareness about mental health issues commonly experienced by students. The resource may be used as part of a school's educational program to encourage seeking help. Students can determine various solutions to different complex scenarios, such as seeking help or assistance from a trusted adult for someone who is experiencing stress, depression, or is at risk of harming oneself or others by using *What If? ...* scenarios such as the following:

- Your friend seems really sad and has missed a lot of school
- Your friend seems to be losing interest in activities they once enjoyed
- Your friend is no longer being social with you and your other friends

Students analyze the internal and external issues related to seeking mental health assistance and why those with mental disorders often do not seek help, so outreach from concerned friends and teachers is important in caring for others. Students discuss suicide prevention strategies by researching how to recognize and support someone who may have a mental health problem or may be at risk for suicide and create a tip sheet to educate other students (9–12.1.10.M, Essential Concepts; 9–12.2.1.M, Analyzing Influences; 9–12.4.1-2.M, Interpersonal Communication; 9–12.5.3.M, Decision Making; 9–12.7.3.M, Practicing Health-Enhancing Behaviors).

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

High school students experience stress from a wide array of internal and external pressures. This becomes an important time to teach stress management. One instructional strategy for stress management is monitoring stress and assessing

and comparing various coping mechanisms for managing stress with a weekly check-in activity (9–12.1.9.M, Essential Concepts; 9–12.5.1-3.M, Decisions Making; 9–12.7.1.M, Practicing Health-Enhancing Behaviors).

Sitting in a circle, students discuss how their week is going. Students can begin with sharing how stressed they are feeling on a scale of 1 to 10, 10 being very stressed and 1 being not stressed at all. Students should be reminded that this classroom is a safe place, but they do not have to discuss their feelings if it would be uncomfortable. If it seems as though students do not feel comfortable at first, begin the activity by recounting an event that happened in the past (e.g., the first day of high school) and building each week from there. Students are encouraged to provide more than one-word responses. Students learn coping mechanisms for stress management from their research, peers, and health education teacher and are encouraged to identify goals for handling stress in healthy ways such as meditation, mindfulness, taking a break from social media or technology, abdominal or deep breathing, muscle relaxation, talking about your problems or worries to a trusted adult, decreasing negative self-talk, breaking seemingly large tasks into small tasks, listening to music, going to the movies, drawing, reflective journaling or writing, starting a new hobby, physical activity such as dancing or hiking, spending time with pets or animals, or focusing on others such as volunteering for a beach clean-up effort or at an assisted living home (9–12.7.1-2.M, Practicing Health-Enhancing Behaviors).

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

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

Example Prompts for Self-Discovery Journals

- I hope ...
- I hate ...
- When bullied, I ...
- When I am stressed ...
- I am most cheerful when ...
- I love ...
- I am embarrassed when ...
- I have great respect for ...
- The person I admire most ...
- The person who means the most to me ...
- I wish ...
- The thing I am most afraid of ...
- When I am late, I feel ...
- When I am angry ...
- When I feel awkward, I ...
- When I want to show someone I like them ...

An important standard at the high school level is for students to identify the signs of various eating disorders including anorexia (eating too little), bulimia, (eating and then vomiting), and anorexia athletica (over-exercising on a limited caloric intake) (9–12.1.6.M, Essential Concepts). Close to 60 percent of teens engage in dieting, fasting, self-induced vomiting, or taking diet pills or laxatives; furthermore, female teens who are overweight are more likely than female teens who are the recommended weight to engage in extreme dieting (Neumark-Sztainer 2005; Wertheim, Paxton, and Blaney 2009). The National Eating Disorders Association estimates between 0.9 and 5.2 percent of teens have an eating disorder (2012). Male teens are also at an increased risk of body image concerns with the media’s focus to be muscular, fit, and, in many cases, thin (Evans et al. 2017, National Eating Disorders Association 2018). Eating disorders are often unknown and unreported and are one of the most difficult disorders to cure (American Psychological Association 2011; Merikangas et. al 2011).

One of the purposes of the California Healthy Youth Act is to provide students with the knowledge and skills needed to develop healthy attitudes concerning positive body image. Student discussions on healthy body images can help dispel common stereotypes surrounding society's perception of what an ideal body image is. For example, students may be healthy and not fall into society's expectations of a thin physique. In addition, different cultural, racial, or ethnic groups may value different body types as ideal or healthy. Some people are naturally thin while others may have a taller, larger, or more muscular body type.

Students at this age are inundated with media images and marketing regarding body image and society's overemphasis on the importance of being thin, overly muscular, or athletic. Some students may be experiencing changes related to puberty as their body grows and develops, making them self-conscious about their body. Teens who participate in weight-conscious activities, such as ballet, gymnastics, or wrestling can be particularly vulnerable to external influences and pressure. Students discover more information on eating disorders (for example, anorexia nervosa, bulimia nervosa, or binge-eating disorder), disordered eating (periodic or episodic engagement in an eating disorder), issues with malnutrition, and the importance of maintaining a healthy weight (9–12.1.11–12.N, Essential Concepts; 9–12.3.1–2.N, Accessing Valid Information).

Eating Disorders Awareness Week is typically around the end of February and the first week in March. Students plan and implement a variety of events such as a film screening. Two examples of documentaries that could be screened are *All of Me* (2016), which features teens and adults who were challenged by eating disorders and highlights their emotional recovery, and *Dying to be Thin* (Public Broadcasting System [PBS], NOVA 2004), which examines the increase in eating disorders. As a culminating activity, the screening can be followed by a question-and-answer session with an expert panel. Students can develop and implement a student-led social media campaign to raise awareness of eating disorders and supportive community resources. Case-study analysis and reports on books featuring young adults with eating disorders can also be effective, such as *Thin* by Lauren Greenfield (2006), *Perfect: Anorexia and Me* by Emily Halban (2008), *Wasted: A Memoir of Anorexia and Bulimia* by Marya Hornbacher (1998) or *Man Up to Eating Disorders* by Andrew Walen (2014). After viewing the documentaries and reading the books, students write a self-reflection summary on what they were surprised to discover and whether they feel pressured by peers, media, or family to look a

certain way (these instructional strategies also align to CA CCSS for ELA/Literacy for reading informational text).

Students research various popular diets, healthy ways to maintain a healthy weight through choosing nutritious foods and beverages, and how to lose or gain weight safely. Examples of healthier ways to maintain a healthy weight, or lose or gain weight, include the following:

- Engaging in physical activity
- Avoiding skipping meals
- Eating recommended portions of fruits and vegetables
- Drinking plenty of water
- Eating a variety of proteins and whole grains
- Being aware of meal portion sizes
- Limiting foods high in sugar and unhealthy fats

Students learn that responsible decision-making is essential to safe diet practices. Students research examples of tactics advertisers use to market supplements for losing or gaining weight and diets that restrict calories or certain foods. By accessing school and community resources, students learn that information they may be receiving on dieting from the media, peers, or online may be inaccurate or promote eating disorders. They also evaluate the benefits of accessing professional services to address eating disorders. With additional instruction, students learn that if they or someone they know is suffering from an eating disorder, it is important to contact a trusted adult such as their health education teacher, other teachers, the credentialed school nurse, or school counselor for help (9–12.3.1-2.N, Accessing Valid Information). Additional learning activities are found below.

SNAPSHOT**Mental, Emotional, and Social Health Learning Activities**

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

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

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

Positive Coping

Students journal the various stressors they encounter for three days, where the stressor occurred (home, at school, or with friends or family members), and how they coped with the stress. On the fourth day, students reflect and identify if they positively or negatively coped with each stressor. Negative coping mechanisms might include eating unhealthy foods, playing more video games to tune out their stress, having unhealthy outbursts of anger, using substances, or sleeping to avoid the stressor. The teacher can lead the class through some common stress management techniques, such as deep breathing, guided imagery, and mindfulness.

Students can then be given the opportunity to participate in a station activity where they choose which stations they would like to explore. Stations can include ways to prevent stress, such as guiding students as they set priorities by writing out a schedule or by allowing them time to organize their backpacks. Other stations can provide ways to manage stress, such as allowing students to write letters of gratitude, do basic yoga movements, or create small posters giving themselves positive affirmations. They will then use a decision-making process to compare three of the prevention and/or coping strategies they have experienced. After determining what might be most beneficial to their health, they can use a goal-setting process to set a goal for preventing or managing their life stressors.

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

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

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

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

Friend Card

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

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

Decision Tree

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

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

Erase Away Stress

Students collectively write their stressors on a whiteboard in class. Examples include a difficult class; getting along with parents, guardians, or caretakers; or making the soccer team are listed. On another whiteboard in class, students

list what they are happy about in their life. There is power in seeing the collective comments displayed in the room. A teacher-facilitated discussion on stress management follows. At the end of the activity, a student volunteer symbolically erases the stressors listed. As an extension of this activity, students develop a stress-relief technology meme (a short repeating video or graphic to be shared online) to be shown at the beginning of each class.

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

What is My Personality?

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

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

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

Reflection on Loss

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

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

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

The Stages of Grief and Loss

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

I believe this quote from _____ (include the name of the piece you chose) illustrates _____ (include the stage of grieving) because _____ (begin your analysis).

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

Partnering with Your School

To promote a positive and respectful environment, students can become a school advocate for social and emotional health by promoting a positive and respectful school environment. They can model behavior outlined in the *Framework for Social and Emotional Learning* core competencies of social- and self-awareness and self-management of inappropriate actions (e.g., bullying) towards peers and community members that is based on perceived personal characteristics or sexual orientation (CASEL 2019; 9–12.8.2–3.M, Health Promotion). Students create a schoolwide campaign to promote any of the issues covered in this section, such as lessening the stigma linked to mental health issues (see the Nutrition and Physical Activity Classroom Example in the “[Grade Levels Seven and Eight](#)” chapter for more information). Students, teachers, and administrators should partner to bring greater awareness of the school’s required suicide prevention policy along with the tools and resources available for suicide outreach and prevention. See the American Foundation for Suicide Prevention for school-based programs and student training resources.

Students can also create a school club focused on stress management where they not only promote stress prevention at school but also plan and enjoy activities together, such as hiking, going to a movie, or watching a school athletic team compete. Consider involving school counselors and school psychologists in the club. Request funding from the school district or school for the activities or strategies provided in this chapter. The National Alliance on Mental Illness has free evidence-based high school lesson plans for educating teens on a variety of challenging mental health disorders such as schizophrenia and bipolar disorder. Resources for role-play, story vignettes for those suffering from mental disorders, videos, and presentations are provided. Free mental health high school curriculum can also be found on the websites for *Walk in Our Shoes* and *Teen Mental Health* (9–12.7.4.M, Practicing Health-Enhancing Behaviors; 9–12.8.1-2.M, Health Promotion).

Partnering with Your Community

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

Partnering with the Family

Networking with parents, guardians, caretakers, family members, and friends of students plays an important role in developing an environment that fosters a student’s resiliency and a teacher’s bond with the student. To support the needs of others and promote a positive and respectful environment, invite parents, guardians, caretakers, and family members to a presentation on youth mental health issues, such as *Walk in Our Shoes*. Mental health notices and resources should be visible in class and readily available for student, parent, guardian, and caretaker access. *Education Code* requires notification to parents and students twice annually on how to initiate mental health services on campus or in the community (*EC* Section 49428; 9–12.8.1-2.M, Health Promotion).

Personal and Community Health (P)

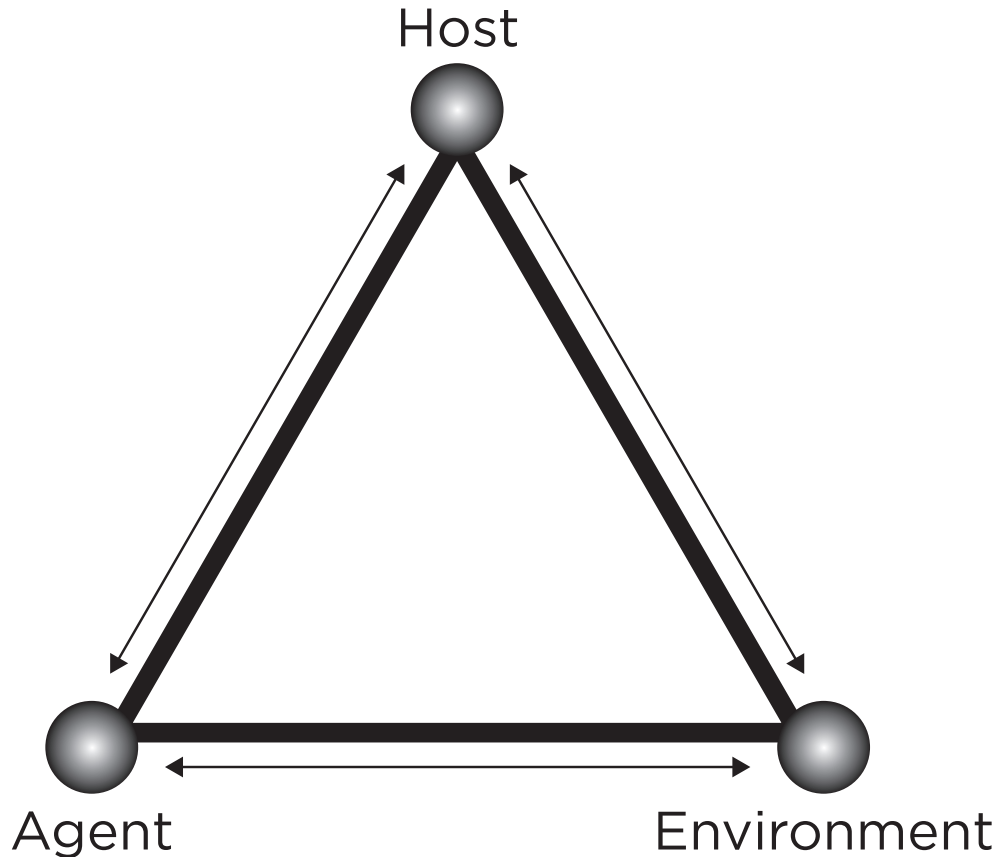
Health policies and local environmental health conditions have an impact on individuals' health. Students this age are more aware of their community beyond home and school, making high school an important time to analyze health issues that are challenging their greater community, including environmental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

Chronic diseases have replaced infectious diseases as the top causes of morbidity and mortality when compared to a century ago (Johnson et al. 2014, 16). Despite marked progress with improved medical care for youth, youth health issues such as obesity, asthma, diabetes, ADHD and autism spectrum disorders continue to be important health considerations in California and across the United States. Many students still experience access-to-care challenges along with myriad health disparities in their everyday life that negatively impact academic performance and success (CDC 2014b).

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

Students investigate the causes and symptoms of communicable and noncommunicable diseases by becoming infectious disease investigators. The field of epidemiology (study of causes and patterns of disease) introduces students not only to a very interesting future career to consider, but also terms such as *host* (the who), *agent* (the what), *fomite* (an object that a virus or bacteria can live on), and *environment* (the where). Students learn the epidemiological terms by labeling an epidemiology triangle.

Working in pairs or small groups, students label their epidemiology triangle to indicate the host, agent, environment, and fomite (if applicable) of an infectious disease they have researched. Various infectious and foodborne illnesses can be assigned to each student team to avoid duplication. Students investigate ways to avoid exposure to communicable diseases and use a decision-making process to identify if and how they need to change their health behaviors. Depending on the technology available, students can locate and print photos to illustrate their epidemiology triangle. The triangles are shared and posted in class. Students can also research the most common infectious diseases affecting young people in their age group in their community and around the world through resources such as the website of the local health department or the California Department of Public Health, Center for Infectious Diseases (9–12.1.5.P, Essential Concepts; 9–12.5.1-4-5.P, Decision Making).

*The Epidemiological Triangle***The Epidemiologic Triangle**

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

Source: CDC (2012).

Aside from promoting health-enhancing behaviors in students' lives, an important outcome of health education is behavior change. Teachers lead a discussion on harm reduction and how effective, sustained behavior change occurs incrementally over time and meets each individual where they are in the behavior-change process (Harm Reduction International 2019). Harm reduction applies a practice, program, and policy approach. Students then research the recommended guidelines for personal health practices and decide on one personal behavior change they would like to accomplish in a semester. Such decisions or goals can include proper toothbrushing and flossing, getting adequate rest and sleep, washing hands regularly, wearing protective gear for eyes (sunglasses, goggles,

etc.), and taking preventative measures to reduce sun exposure damage, and minimizing exposure to loud noises such as amplified music from headphones or earbuds to prevent permanent hearing loss.

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

High school students have a deeper understanding that their decisions have subsequent positive or negative outcomes. However, they are still challenged by feelings of invincibility, making teaching health consequences important. As students move closer to young adulthood, they are also making personal health decisions for themselves and are becoming more aware of behavior changes they can make to maintain their well-being (Parent Toolkit 2020). Students analyze the barriers to adopting positive personal health practices by creating a decision tree that illustrates real-life examples of health decisions they have made and the impact of those decisions. Examples may include working late at a job or partying all night with friends, which lead to poor sleep and feeling tired the next day. The outcome may be poor performance in school, sports, or activities. Another example is not drinking enough water or other fluids while playing sports, which leads to dehydration. Students analyze the influences of culture, media, and technology on their health decisions and the consequences of their decisions (Standard 2: Analyzing Influences, 9–12.7.1.P, Practicing Health-Enhancing Behaviors). They share with one another what they may do differently if the same situation occurs again.

Working in teams, students analyze how environmental conditions affect personal and community health by assessing their community's environmental health concerns. Students summarize their findings in a report and include recommended strategies and goals for solutions, including policy or advocacy outreach ideas. One example is students researching and observing a higher level of air pollution in an identified area of the community. Students link their findings to a related health issue, such as asthma or toxicity levels in affected communities, and provide recommend prevention or remediation strategies including community mobilization and working with advocacy groups such as the Coalition

for Clean Air in California (9–12.1.12-14.P, Essential Concepts; 9–12.2.3.P, Analyzing Influences; 9–12.6.1.P, Goal Setting; this activity also connects to the CA CCSS for ELA/Literacy, W.9–12.7-9.). The classroom example below expands on this activity.

VIGNETTE

Classroom Example: Why is That in Our Community?

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

Standards:

- **9–12.1.12.P** Identify global environmental issues (Essential Concepts).
- **9–12.1.13.P** Describe the impact of air and water pollution on health (Essential Concepts).
- **9–12.2.3.P** Analyze how environmental conditions affect personal and community health (Analyzing Influences).
- **9–12.2.4.P** Discuss ways to stay informed about environmental issues (Analyzing Influences).
- **9–12.3.4.P** Identify government and community agencies that promote health and protect the environment (Accessing Valid Information).
- **9–12.8.2.P** Encourage societal and environmental conditions that benefit health (Health Promotion).
- **Environmental Principles and Concepts (EP&C, from California Education and the Environment Initiative [2019]) I:** The continuation and health of individual human lives and of human communities and societies depend on the health of the natural systems that provide essential goods and ecosystem services.
- **EP&C IV:** The exchange of matter between natural systems and human societies affects the long-term functioning of both.

- **EP&C V:** Decisions affecting resources and natural systems are based on a wide range of considerations and decision-making processes.
- **California Next Generation Science Standard HS-ESS3-4.** Evaluate or refine a technological solution that reduces impacts of human activities on natural systems.

Supplies:

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

Lesson Narrative:

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

Ms. K tells them that she is familiar with an online environmental health screening tool, CalEnviroScreen. She explains that CalEnviroScreen is a screening tool that evaluates the burden of pollution from multiple sources in communities, and it allows the students to study pollution levels in the community and how the pollution levels may be affecting environmental health. Ms. K tells students that CalEnviroScreen enables them to compare different communities in California based on potential exposures to pollutants, adverse environmental conditions, socioeconomic factors, and the prevalence of certain health conditions. She mentions that CalEnviroScreen presents data for areas called "census tracts," which they can use to compare results in different parts of their community or make comparisons to other communities.

Ms. K divides students into teams and assigns each team to compare one census tract in their community to two others—a census tract in a neighboring community and a census tract in an area of their choosing in another part of California. The teams' task is to compare the CalEnviroScreen data related to four environmental topics that are known to affect human health:

1. Water (using data on groundwater threats, impaired water, and drinking water)
2. Toxic chemicals (using data on pesticides, cleanups, and toxic releases)
3. Air pollution (using data on the ozone, particulate matter [PM 2.5], diesel, and traffic)
4. Waste (using data on hazardous waste and solid waste)

They will compare these results against environmental impacts using data for asthma, low birth weight, and cardiovascular disease.

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

- **Principle I:** The continuation and health of individual human lives and of human communities and societies depend on the health of the natural systems that provide essential goods and ecosystem services.
Example: Local water quality issues and their potential impacts on the health of individuals and communities.
- **Principle IV:** The exchange of matter between natural systems and human societies affects the long-term functioning of both.
Example: Byproducts of mining, manufacturing, and agricultural activities entering the air, water, and soil.
- **Principle V:** Decisions affecting resources and natural systems are based on a wide range of considerations and decision-making processes.
Example: Environmental health and environmental justice concerns related to water pollution in the local community and how they differentially affect various parts of a community.

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

Several of the teams mention that they see a pattern that relates to the socioeconomic conditions in the communities they compared. Some of the students mention that they see these issues as directly related to EP&C V, because the places where waste, toxic chemicals, and manufacturing facilities

are located depend on a variety of political, economic, and social factors. Ms. K explains that differential environmental health impacts on communities with varied socioeconomic conditions is a major health topic known as “environmental justice.” Since many of the students express a strong interest in this topic, Ms. K invites a guest speaker from a community-based health organization to provide additional information and answer students’ questions about environmental justice.

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

Personal health topics provide an opportunity to partner with community experts as guest speakers for classes with administrator approval. Subject matter related to injuries, emergency management, and community health is very specific, so partnering with certified, trained professionals is best. For example, someone from Donate Life California or someone who works in organ donation for a local hospital can come to the class or school to provide a presentation on organ donation. A local dental health professional, such as a pediatric dentist, family general dentist, or hygienist, can visit the class to discuss and demonstrate the importance of oral health, dental hygiene, and sports mouth guards; an environmental health specialist can speak on local hazards, waste, pollution, and conservation efforts; or a school nurse or public health nurse or doctor can cover specific health issues (9–12.1.2.P, Essential Concepts).

Sun safety is a personal health concern for many students in California, which has some of the highest skin cancer rates in the nation (National Cancer Institute 2019). The importance of sun protection can be emphasized by informing students that skin cancer is the most common cancer in the nation (CDC 2019c). Students analyze the social influences that encourage or discourage sun-safety practices. They create infographics displaying skin cancer prevention and screening tips in a creative format that is shared with the class or school using an electronic program or the school’s social media site. A guest speaker from the American Cancer

Society, a dermatologist, or someone from an outdoor sports organization may also speak to the class about the importance of sun safety and skin cancer prevention. The presentation could include a discussion of the influences that encourage or discourage sun-safety practices (9–12.2.5.P, Analyzing Influences). See below for additional learning activities.

SNAPSHOT

Personal and Community Health Learning Activities

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

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

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

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

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

Global Citizens

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

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

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

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

Screening Guidelines

Students research medical screening guidelines and recommendations on preventive care, such as cervical cancer screenings, mammograms, testicular cancer self-checks, and prostate cancer screening for various fictitious people or clients. Using valid and reliable medical websites, students create personalized screening infographics or reminder cards for each fictitious person. An example may be a student has a twenty-five-year-old client. Her personalized screening recommendation is for annual cervical cancer screenings, annual dermatology checks for skin cancer, biannual dental exams, and annual physical check-ups. Students then research and write their own personal screening plan for eighteen, twenty-five, forty, fifty, and sixty years of age that includes healthy eating, exercise, regular medical exams and screenings, and vaccinations.

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

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

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

Healthy People 2020

Students explore Healthy People 2020, our nation’s health goals and objectives. They will then choose a disease mentioned as part of the objectives and create a short slide presentation. The presentation will include a slide with basic information about the disease such as causes and symptoms, at least one of the charts or tables from the Healthy People site with a written explanation

of the data, and a suggestion on how more progress towards the goal can be achieved. Students will complete a gallery walk to explore the research of the other students.

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

Tattoos, Piercings, and Safe Needles

Students are given three scenarios regarding getting a tattoo or body piercing. The scenarios might include an eighteen-year-old considering getting a tattoo at an established tattoo parlor, a teen who is being pressured by a friend into giving tattoos to each other, and a teen who wants a body piercing. Working in pairs, students will investigate the risks and consequences of each scenario. For example, students research the risk of contracting hepatitis C in a licensed tattoo and piercing studio compared to the risk of unregulated settings or doing it themselves. Each student will then follow each step of a decision-making process to work through one of the scenarios.

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

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

Social Media Campaign

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

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

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

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

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

Sleep Plan

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

Partnering with Your School

Working with school administrators and parent volunteers, students plan, implement, and evaluate a health resources fair. Students can host various booths on personal and community health subjects covered in this chapter and partner with community health service agencies and health-based nonprofit agencies to be included in the health resources fair. Fellow students, teachers, parents, guardians, caretakers, administrators, parent-teacher volunteer groups, and school board members are invited to attend the informational event (9–12.8.1.P, Health Promotion).

Another activity provides students with the opportunity to analyze their school's safety plan for alignment with the health education standards. Students critically

analyze their school's safety plan and research other school-safety best practices online. Then, they align the plan to the health education standards and provide recommendations for administrators and the school nurse to consider (EP&C I and EP&C II).

Partnering with Your Community

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

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

Partnering with the Family

To promote their family's and community's health and well-being, students design and create a monthly or quarterly health newsletter or opt-in informational email for parents, guardians, or caretakers on various personal and community health topics studied in class. The journalism teachers and students can share any tips for creating newsletters or informational emails (9–12.8.1.P, 9–12.8.2.P, Health Promotion; this activity also connects to the CA CCSS for ELA/Literacy W.9–12.7–9).

References

- American Academy of Pediatrics. 2011. Pump Up the Diet with Iron. <https://www.cde.ca.gov/ci/he/cf/ch6.asp#link2>.
- American Academy of Pediatrics. 2015. Calcium: The Teen Bone Builder. <https://www.cde.ca.gov/ci/he/cf/ch6.asp#link3>.
- American Academy of Pediatrics. 2016a. A Teenager’s Nutritional Needs. <https://www.cde.ca.gov/ci/he/cf/ch6.asp#link4>.
- American Academy of Pediatrics. 2016b. American Academy of Pediatrics Announces New Recommendations for Children’s Media Use. <https://www.cde.ca.gov/ci/he/cf/ch6.asp#link5>.
- American Academy of Pediatrics 2016c. Making Healthy Food Choices. <https://www.cde.ca.gov/ci/he/cf/ch6.asp#link6>.
- American Academy of Pediatrics. 2018. Children and Media Tips From the American Academy of Pediatrics. <https://www.cde.ca.gov/ci/he/cf/ch6.asp#link7>.
- American Psychological Association. 2011. Eating Disorders. <https://www.cde.ca.gov/ci/he/cf/ch6.asp#link8>.
- American Psychological Association. 2014. Teen Stress Rivals That of Adults. <https://www.cde.ca.gov/ci/he/cf/ch6.asp#link9>.
- Barrington-Trimis, Jessica L., Robert Urman, Adam M. Leventhal, W. James Gauderman, Tess Boley Cruz, Tamika D. Gilreath, Steve Howland, Jennifer B. Unger, Kiros Berhane, Jonathan M Samet, and Rob McConnell. 2016. “E-Cigarettes, Cigarettes, and the Prevalence of Adolescent Tobacco Use.” *Pediatrics* 138 (2): 1–10. <https://www.cde.ca.gov/ci/he/cf/ch6.asp#link10>.

- Black, Michele C., Kathleen C. Basile, Matthew J. Breiding, Sharon G. Smith, Mikel L. Walters, Melissa T. Merrick, Jieru Chen, and Mark R. Stevens. 2011. *The National Intimate Partner and Sexual Violence Survey: 2010 Summary Report*. Atlanta, GA: National Center for Injury Prevention and Control, Centers for Disease Control and Prevention. <https://www.cde.ca.gov/ci/he/cf/ch6.asp#link11>.
- Bradley, Beverley J., and Amy C. Greene. 2013. “Do Health and Education Agencies in the United States Share Responsibility for Academic Achievement and Health? A Review of 25 Years of Evidence About the Relationship of Adolescents’ Academic Achievement and Health Behaviors.” *Journal of Adolescent Health* 52 (5): 523–532. <https://www.cde.ca.gov/ci/he/cf/ch6.asp#link12>.
- California Against Slavery Research and Education. n.d. Foster Care and Human Trafficking. <https://www.cde.ca.gov/ci/he/cf/ch6.asp#link13>.
- California Department of Education. 2017. *Nutrition Education Resource Guide for California Public Schools Kindergarten Through Grade Twelve*. Sacramento, CA: California Department of Education.
- California Education and the Environment Initiative. 2019. California’s Environmental Principles and Concepts. <https://www.cde.ca.gov/ci/he/cf/ch6.asp#link14>.
- California Viral Hepatitis Coordinating Committee and California Department of Public Health. 2018. *California Viral Hepatitis Prevention Strategic Plan, 2016-2020*. Sacramento, CA: California Department of Public Health. <https://www.cde.ca.gov/ci/he/cf/ch6.asp#link15>.
- Caspersen, Carl J., Kenneth E. Powell, and Gregory M. Christenson. 1985. “Physical Activity, Exercise, and Physical Fitness: Definitions and Distinctions for Health-Related Research.” *Public Health Reports* 100 (2): 126–131.
- Centers for Disease Control and Prevention (CDC). 2012. Lesson 1: Introduction to Epidemiology. <https://www.cde.ca.gov/ci/he/cf/ch6.asp#link16>.
- Centers for Disease Control and Prevention (CDC). 2014a. Health and Academic Achievement. <https://www.cde.ca.gov/ci/he/cf/ch6.asp#link17>.

- Centers for Disease Control and Prevention (CDC). 2014b. NCHHSTP Social Determinants of Health. <https://www.cde.ca.gov/ci/he/cf/ch6.asp#link18>.
- Centers for Disease Control and Prevention (CDC). 2017a. Leading Cause of Death By Age Groups. <https://www.cde.ca.gov/ci/he/cf/ch6.asp#link19>.
- Centers for Disease Control and Prevention (CDC). 2017b. QuickStats: Suicide Rates for Teens Aged 15–19 Years by Sex — United States 1975–2015. <https://www.cde.ca.gov/ci/he/cf/ch6.asp#link20>.
- Centers for Disease Control and Prevention (CDC). 2017c. Adolescents and Young Adults. <https://www.cde.ca.gov/ci/he/cf/ch6.asp#link21>.
- Centers for Disease Control and Prevention (CDC). 2018. Adolescent and School Health. Parent Engagement in Schools. <https://www.cde.ca.gov/ci/he/cf/ch6.asp#link22>.
- Centers for Disease Control and Prevention (CDC). 2019a. Preventing Teen Dating Violence. <https://www.cde.ca.gov/ci/he/cf/ch6.asp#link23>.
- Centers for Disease Control and Prevention (CDC). 2019b. Preventing Youth Violence. <https://www.cde.ca.gov/ci/he/cf/ch6.asp#link24>.
- Centers for Disease Control and Prevention (CDC). 2019c. Skin Cancer Statistics. <https://www.cde.ca.gov/ci/he/cf/ch6.asp#link25>.
- Centers for Disease Control and Prevention (CDC). 2019d. Tobacco Use By Youth Is Rising. <https://www.cde.ca.gov/ci/he/cf/ch6.asp#link26>.
- Centers for Disease Control and Prevention (CDC). 2019e. Healthy Schools. <https://www.cde.ca.gov/ci/he/cf/ch6.asp#link27>.
- Centers for Disease Control and Prevention (CDC). 2019f. The Buzz on Energy Drinks. <https://www.cde.ca.gov/ci/he/cf/ch6.asp#link28>.
- Centers for Disease Control and Prevention (CDC). 2019g. Opioid Overdose. <https://www.cde.ca.gov/ci/he/cf/ch6.asp#link29>.

- Centers for Disease Control and Prevention (CDC). 2019h. High Risk Substance-Use Among Youth. <https://www.cde.ca.gov/ci/he/cf/ch6.asp#link30>.
- Centers for Disease Control and Prevention (CDC). n.d. High School Youth Risk Behavior Surveillance (YRBS): California 2017 and United States 2017 Results. <https://www.cde.ca.gov/ci/he/cf/ch6.asp#link31>.
- Centers for Disease Control and Prevention (CDC) and US Department of Housing and Urban Development. 2006. *Healthy Housing Reference Manual*. Atlanta, GA: US Department of Health and Human Services. <https://www.cde.ca.gov/ci/he/cf/ch6.asp#link32>.
- Collaborative for Academic, Social, and Emotional Learning (CASEL). 2019. Overview of SEL. <https://www.cde.ca.gov/ci/he/cf/ch6.asp#link33>.
- Colorado Education Initiative. n.d. Grade 9-12 Decision Making. <https://www.cde.ca.gov/ci/he/cf/ch6.asp#link34>.
- Contento, Isobel R. 2016. *Nutrition Education: Linking Research, Theory, and Practice*. 3rd ed. Burlington, MA: Jones and Bartlett Learning.
- Davis, Matthew J., and Allison J. Niebes-Davis. 2010. "Ethnic Differences and Influence of Perceived Future Certainty on Adolescent and Young Adult Sexual Knowledge and Attitudes." *Health, Risk and Society* 12 (2): 149–167.
- Diamant, Allison L., Susan H. Babey, and Joelle Wolstein. 2011. *Adolescent Physical Education and Physical Activity in California*. Los Angeles, CA: UCLA Center for Health Policy Research. <https://www.cde.ca.gov/ci/he/cf/ch6.asp#link35>.
- Edwards, Susan. 2015. "Active Learning in the Middle Grades." *Middle School Journal* 46 (5): 26–32. <https://www.cde.ca.gov/ci/he/cf/ch6.asp#link36>.
- Evans, Elizabeth H., Ashley J. Adamson, Laura Basterfield, Ann Le Couteur, Jessica K. Reilly, John J. Reilly, and Kathryn N. Parkinson. 2017. "Risk Factors for Eating Disorder Symptoms at 12 Years of Age: A 6-Year Longitudinal Cohort Study." *Appetite* 108 (1): 12–20. <https://www.cde.ca.gov/ci/he/cf/ch6.asp#link37>.

GoodTherapy. 2015. Mental Health Matters: 8 Stigmatizing Phrases to Stop Using. <https://www.cde.ca.gov/ci/he/cf/ch6.asp#link38>.

Harm Reduction International. 2019. What Is Harm Reduction? <https://www.cde.ca.gov/ci/he/cf/ch6.asp#link39>.

Heron, Melonie. 2019. “Deaths: Leading Causes for 2017.” *National Vital Statistics Reports* 68 (6): 1–76. <https://www.cde.ca.gov/ci/he/cf/ch6.asp#link40>.

Hoyme, Derek B., and Dianne L. Atkins. 2017. “Implementing Cardiopulmonary Resuscitation Training Programs in High Schools: Iowa’s Experience.” *The Journal of Pediatrics* 181: 172–176. <https://www.cde.ca.gov/ci/he/cf/ch6.asp#link41>.

Johnson, Nicole Blair, Locola D. Hayes, Kathryn Brown, Elizabeth C. Hoo, and Kathleen A. Ethier. 2014. “CDC National Health Report: Leading Causes of Morbidity and Mortality and Associated Behavioral Risk and Protective Factors—United States, 2005–2013.” *Morbidity and Mortality Weekly Report* 63 (4): 3–27. <https://www.cde.ca.gov/ci/he/cf/ch6.asp#link42>.

Kaiser Family Foundation. 2003. *National Survey of Adolescents and Young Adults: Sexual Health Knowledge, Attitudes, and Experiences*. Menlo Park, CA: Henry Kaiser Foundation. <https://www.cde.ca.gov/ci/he/cf/ch6.asp#link43>.

Kappeler, Evelyn M. 2015. “Adolescent Health and Teen Pregnancy in the United States: A Progress Report.” *Public Health Reports* 130 (3): 196–198. <https://www.cde.ca.gov/ci/he/cf/ch6.asp#link44>.

Kidsdata. 2019. Child/Youth Death Rate, by Age and Cause (California and U.S. Only). <https://www.cde.ca.gov/ci/he/cf/ch6.asp#link45>.

Liz Claiborne Inc. and Family Violence Prevention Fund. 2009. “Teen Dating Abuse 2009 Key Topline Findings.” <https://www.cde.ca.gov/ci/he/cf/ch6.asp#link46>.

Los Angeles Unified School District. 2016. *iSTAR Annual Report 2015–2016*. Los Angeles, CA: LAUSD Division of District Operations. <https://www.cde.ca.gov/ci/he/cf/ch6.asp#link47>.

Lösel, Friedrich, and David P. Farrington. 2012. “Direct Protective and Buffering Protective Factors in the Development of Youth Violence.” *American Journal of Preventive Medicine* 43 (2): S8–S23. <https://www.cde.ca.gov/ci/he/cf/ch6.asp#link48>.

Merikangas, Kathleen R., Jian-ping He, Marcy E. Burstein, Joel Swendsen, Shelli Avenevoli, Brady Case, Katholiki Georgiades, Leanne Heaton, Sonja Swanson, and Mark Olfson. 2011. “Service Utilization for Lifetime Mental Disorders in U.S. Adolescents: Results of the National Comorbidity Survey Adolescent Supplement (NCS-A).” *Journal of the American Academy of Child and Adolescent Psychiatry*, 50 (1): 32–45. <https://www.cde.ca.gov/ci/he/cf/ch6.asp#link49>.

Mojtabai, Ramin, Mark Olfson, and Beth Han. 2016. “National Trends in the Prevalence and Treatment of Depression in Adolescents and Young Adults.” *Pediatrics* 138 (6): 1–10. <https://www.cde.ca.gov/ci/he/cf/ch6.asp#link50>.

National Alliance on Mental Illness. 2019a. LGBTQ. <https://www.cde.ca.gov/ci/he/cf/ch6.asp#link51>.

National Alliance on Mental Illness. 2019b. Mental Health Care Matters. <https://www.cde.ca.gov/ci/he/cf/ch6.asp#link52>.

National Cancer Institute. 2019. State Cancer Profiles: California. <https://www.cde.ca.gov/ci/he/cf/ch6.asp#link53>.

National Commission on Service-Learning. n.d. Learning In Deed: The Power of Service-Learning for American Schools. <https://www.cde.ca.gov/ci/he/cf/ch6.asp#link54>.

National Eating Disorders Association. 2012. What are Eating Disorders? <https://www.cde.ca.gov/ci/he/cf/ch6.asp#link55>.

National Eating Disorders Association. 2018. Eating Disorders in Men and Boys. <https://www.cde.ca.gov/ci/he/cf/ch6.asp#link56>.

National Heart, Lung, and Blood Institute. 2013. Reduce Screen Time. <https://www.cde.ca.gov/ci/he/cf/ch6.asp#link57>.

National Institute of Diabetes and Digestive and Kidney Diseases. 2016. Take Charge of Your Health: A Guide for Teenagers. <https://www.cde.ca.gov/ci/he/cf/ch6.asp#link58>.

National Institute on Drug Abuse. 2014a. Principles of Adolescent Substance Use Disorder Treatment: A Research-Based Guide: Introduction. <https://www.cde.ca.gov/ci/he/cf/ch6.asp#link59>.

National Institute on Drug Abuse. 2014b. Principles of Adolescent Substance Use Disorder Treatment: A Research-Based Guide: Why Do Adolescents Take Drugs? <https://www.cde.ca.gov/ci/he/cf/ch6.asp#link60>.

National Institute on Drug Abuse. 2017. Trends and Statistics. <https://www.cde.ca.gov/ci/he/cf/ch6.asp#link61>.

National Research Council and Institute of Medicine. 2009. *Preventing Mental, Emotional, and Behavioral Disorders Among Young People: Progress and Possibilities*. Committee on the Prevention of Mental Disorders and Substance Abuse among Children, Youth, and Young Adults: Research Advances and Promising Interventions. O’Connell, Mary Ellen, Thomas Boat, and Kenneth E. Warner, eds. Board on Children, Youth, and Families, Division of Behavioral and Social Sciences and Education. Washington, DC: National Academies Press. <https://www.cde.ca.gov/ci/he/cf/ch6.asp#link62>.

Neumark-Sztainer, Dianne. 2005. *I’m, Like, SO Fat!*. New York, NY: Guilford.

NJM Insurance. 2019. About Share the Keys. <https://www.cde.ca.gov/ci/he/cf/ch6.asp#link63>.

Parent Toolkit. 2020. Eleventh Grade Social Awareness Skills.

<https://www.cde.ca.gov/ci/he/cf/ch6.asp#link64>.

Pate, Russell R., Ruth P. Saunders, Jennifer R. O’Neill, and Marsha Dowda.

2011. “Overcoming Barriers to Physical Activity: Helping Youth Be More Active.” *American College of Sports Medicine’s Health and Fitness Journal* 15 (1): 7–12. <https://www.cde.ca.gov/ci/he/cf/ch6.asp#link65>.

Pearlman, Rebecca. 2013. “Bring on the Collaboration!” *The Innovative Instructor*. Johns Hopkins University Center for Educational Resources Pedagogy Forum. <https://www.cde.ca.gov/ci/he/cf/ch6.asp#link66>.

Priest, Naomi, Yin Paradies, Brigid Trenerry, Mandy Truong, Saffron Karlsen, and Yvonne Kelly. 2013. “A Systematic Review of Studies Examining the Relationship Between Reported Racism and Health and Wellbeing for Children and Young People.” *Social Science and Medicine* 95: 115–127. <https://www.cde.ca.gov/ci/he/cf/ch6.asp#link67>.

Robert Wood Johnson Foundation. 2019. The State of Obesity in California. <https://www.cde.ca.gov/ci/he/cf/ch6.asp#link68>.

Rosen, L. D., A. F. Lim, J. Felt, L. M. Carrier, N. A. Cheever, J. M. Lara-Ruiz, J. S. Mendoza, and J. Rokkum. 2014. “Media and Technology Use Predicts Ill-being Among Children, Preteens and Teenagers Independent of the Negative Health Impacts of Exercise and Eating Habits.” *Computers in Human Behavior* 35: 364–375. <https://www.cde.ca.gov/ci/he/cf/ch6.asp#link69>.

Sabo, Don, and Phil Veliz. 2008. *Go Out and Play: Youth Sports in America*. East Meadow, NY: Women’s Sports Foundation. <https://www.cde.ca.gov/ci/he/cf/ch6.asp#link70>.

Safe Zone Project. n.d. What is Safe Zone? <https://www.cde.ca.gov/ci/he/cf/ch6.asp#link71>.

Saksena, Michelle J., Abigail M. Okrent, Tobenna D. Anekwe, Clare Cho, Christopher Dicken, Anne Effland, Howard Elitzak, Joanne Guthrie, Karen S. Hamrick, Jeffrey Hyman, Young Jo, Biing-Hwan Lin, Lisa Mancino, Patrick W. McLaughlin, Ilya Rahkovsky, Katherine Ralston, Travis A. Smith, Hayden Stewart, Jessica Todd, and Charlotte Tuttle. 2018. *America’s Eating Habits: Food Away From Home*. Michelle Saksena, Abigail M. Okrent, and Karen S. Hamrick, eds. US Department of Agriculture, Economic Research Service, EIB-196. <https://www.cde.ca.gov/ci/he/cf/ch6.asp#link72>.

Sexuality Information and Education Council of the United States (SIECUS). 2018. *Advancing Sex Education Federal Factsheet*. <https://www.cde.ca.gov/ci/he/cf/ch6.asp#link73>.

Stigler, Melissa H., Emily Neusel, and Cheryl L. Perry. 2011. “School-Based Programs to Prevent and Reduce Alcohol Use Among Youth.” *Alcohol Research and Health* 34 (2): 157–162. <https://www.cde.ca.gov/ci/he/cf/ch6.asp#link74>.

StopBullying.gov. 2019. United States Department of Health and Human Services. *Cyberbullying*. <https://www.cde.ca.gov/ci/he/cf/ch6.asp#link75>.

Substance Abuse and Mental Health Services Administration (SAMHSA). 2017. *Focus on Prevention: Strategies and Programs to Prevent Substance Abuse*. HHS Publication No. (SMA) 10–4120. Rockville, MD: Center for Substance Abuse Prevention, Substance Abuse and Mental Health Services Administration. <https://www.cde.ca.gov/ci/he/cf/ch6.asp#link76>.

Sussman, Steve. n.d. *Project EX: Theoretical Foundation*. <https://www.cde.ca.gov/ci/he/cf/ch6.asp#link77>.

TeensHealth. n.d. *What Stresses You Out?* <https://www.cde.ca.gov/ci/he/cf/ch6.asp#link78>.

Teen Mental Health. 2017. *Mental Health & High School Curriculum Guide: Understanding Mental Health and Mental Illness*. Version 3, USA Edition: Washington state. <https://www.cde.ca.gov/ci/he/cf/ch6.asp#link79>.

Telljohann, Susann K., Cynthia W. Symons, Beth Pateman, Denise M. Seabert. 2015. *Health Education: Elementary and Middle School Applications*. 8th ed. Columbus, OH: McGraw-Hill Higher Education.

Temple, Jennifer L., Christophe Bernard, Steven E. Lipshultz, Jason D. Czachor, Joslyn A. Westphal, and Miriam A. Mestre. 2017. “The Safety of Ingested Caffeine: A Comprehensive Review.” *Psychiatry* 8 (80): 1–19. <https://www.cde.ca.gov/ci/he/cf/ch6.asp#link80>.

Trans Student Educational Resources. 2019. The Gender Unicorn. <https://www.cde.ca.gov/ci/he/cf/ch6.asp#link81>.

US Department of Health and Human Services, Office of Disease Prevention and Health Promotion. 2019. Mental Health. <https://www.cde.ca.gov/ci/he/cf/ch6.asp#link82>.

US Department of Health and Human Services, Office of Population Affairs. 2019. Common Mental Health Disorders in Adolescence. <https://www.cde.ca.gov/ci/he/cf/ch6.asp#link83>.

US Department of Justice. n.d. Gangs. <https://www.cde.ca.gov/ci/he/cf/ch6.asp#link84>.

Walker, Lenore E. 1979. *The Battered Woman*. New York, NY: Harper & Row.

WEAVE. 2019a. Cycle of Violence. <https://www.cde.ca.gov/ci/he/cf/ch6.asp#link85>.

WEAVE. 2019b. Teen Sexual Assault. <https://www.cde.ca.gov/ci/he/cf/ch6.asp#link86>.

WEAVE. 2019c. Types of Domestic Violence. <https://www.cde.ca.gov/ci/he/cf/ch6.asp#link87>.

WEAVE. 2019d. *Early Identification of Commercial Sexual Exploitation of Children Training Program: CSEC Toolkit*. WEAVE Learn. <https://www.cde.ca.gov/ci/he/cf/ch6.asp#link88>.

WEAVE. 2019e. *Early Identification of Commercial Sexual Exploitation of Children Training Program: K-12 CSEC Prevention Education Curriculum Guide*. WEAVE Learn. <https://www.cde.ca.gov/ci/he/cf/ch6.asp#link89>.

WEAVE. 2020. Sexual Assault. <https://www.cde.ca.gov/ci/he/cf/ch6.asp#link90>.

- Wertheim, Eleanor H., Susan J. Paxton, and Simone Blaney. 2009. “Body Image in Girls.” in Smolak, Linda, and J. Kevin Thompson (eds.), *Body Image, Eating Disorders and Obesity in Youth: Assessment, Prevention and Treatment*. 2nd ed. Washington, DC: American Psychological Association.
- WestEd. 2018. *School Climate, Substance Use, and Student Well-Being in California, 2015–17: Results of the Sixteenth Biennial Statewide Student Survey, Grades 7, 9, and 11*. San Francisco, CA: WestEd. <https://www.cde.ca.gov/ci/he/cf/ch6.asp#link91>.
- Wheeler, Eliza, T. Stephen Jones, Michael K. Gilbert, and Peter J. Davidson. “Opioid Overdose Prevention Programs Providing Naloxone to Laypersons — United States, 2014.” *Morbidity and Mortality Weekly Report* 64 (23): 631–635. <https://www.cde.ca.gov/ci/he/cf/ch6.asp#link92>.
- Wolstein, Joelle, Susan H. Babey, and Allison L. Diamant. 2015. *Obesity in California*. Los Angeles, CA: UCLA Center for Health Policy Research. <https://www.cde.ca.gov/ci/he/cf/ch6.asp#link93>.
- World Health Organization. 2019. Adolescent Mental Health. <https://www.cde.ca.gov/ci/he/cf/ch6.asp#link94>.
- Zuckerbrot, Rachel A, Amy Cheung, Peter S. Jensen, Ruth. E.K. Stein, Danielle Laraque and GLAD-PC STEERING GROUP. 2018. “Guidelines for Adolescent Depression in Primary Care (GLAD-PC): Part I. Practice Preparation, Assessment, and Initial Management.” *Pediatrics* 141 (3). <https://www.cde.ca.gov/ci/he/cf/ch6.asp#link95>.

Page 556 intentionally left blank.