Proposed 2020 Health Education Standards of Learning Curriculum Framework

For First Review: January 27, 2022

Introduction

Health Education increases health literacy, helps students understand how to achieve and maintain a healthy lifestyle, and fosters motivation, skills, and self-efficacy necessary to make informed and healthy choices, avoid high-risk behaviors, and build healthy families, relationships, schools, and communities. Effective health education programs help every child in Virginia become health literate, creative problem solvers, self-directed learners, effective communicators, and ultimately responsible and productive citizens who live healthy productive lives. The knowledge and skills described in the 2020 *Health Education Standards of Learning Curriculum Framework* are the culmination of work led by dedicated writing committees composed of Virginia educators, subject matter experts, and other stakeholders who shared the overarching goal of building a supportive foundation for teaching and learning relevant content, rigorous instruction, and academic excellence.

The 2020 *Health Education Standards of Learning Curriculum Framework* aligns with Priorities 1 and 3 of the Virginia Board of Education's (Board) Comprehensive Plan: 2018-2023, and supports the Profile of a Virginia Graduate through the development and use of communication, collaboration, critical thinking, and civic responsibility skills necessary to adopt and maintain health-enhancing behaviors, manage feelings, build healthy relationships, successfully navigate social environments, make safe life choices, advocate for personal health and the health of others. It includes actionable indicators, and provides meaningful enriching classroom experiences for students to apply health education skills to real-life, challenging situations throughout their lives.

The 2020 *Health Education Standards of Learning Curriculum Framework* is organized into strands to provide clarity for learning expectations and guide learning progressions.
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1. *Demonstrate the knowledge and skills to make healthy decisions that reduce health risks and enhance the health of oneself and others.* **(Essential Health Concepts)**

   The intent of this goal is for students to become health-literate, self-directed learners who recognize the relationship between personal behavior and personal health and can skillfully apply health-promotion and disease-prevention strategies as a foundation for leading healthy and productive lives. This includes the development of the capacity to acquire, interpret, and understand health concepts and the development and application of a range of health skills. Instruction will focus on the topics of hygiene, communicable and non-communicable disease prevention, dental health, nutrition, sleep, mental wellness and social and emotional skills, drug use, physical activity, body systems, safety, intentional and unintentional injury and violence prevention, Internet safety, gangs, bullying, and preventive health care. As a result, students will have a comprehensive understanding of essential health concepts related to health promotion and risk/disease prevention, self-awareness and social awareness, and an enhanced ability to engage in lifelong health behaviors.

2. *Demonstrate the ability to access, evaluate, and use health information, products, and services that influence health and wellness in a positive manner.* **(Healthy Decisions)**

   The intent of this goal is for students to demonstrate the ability to identify valid and accurate health information, products, and services. This ability is critical for the prevention, early detection, and treatment of most health problems. Valid health information raises awareness of the long-term consequences of unhealthy decisions and enables students to make decisions that support lifelong health. Students will experience many opportunities across their school years to use information-analysis and responsible decision-making skills as they compare, contrast, analyze, synthesize, and evaluate materials, products, and services related to a variety of health issues. As they become informed consumers, students will become aware of and able to analyze the influence of culture, media, technology, and other factors on health. Upon the completion of the health education program, students will be able to make constructive choices about personal behavior and social interactions based on ethical standards, safety concerns, and social norms, and accept responsibility for personal health practices and engage in healthy decision making.

3. *Demonstrate the use of appropriate health practices and behaviors to promote a safe and healthy community when alone, with family, at school, and in other group settings.* **(Advocacy and Health Promotion)**

   The intent of this goal is for students to become responsible, health-literate citizens who demonstrate an understanding of how to create and maintain an environment that serves to protect and promote the health and wellness of individuals, families, and communities. Students will develop awareness of social and media influences that affect their decision making and develop skills to effectively navigate and resist negative influences while building positive, healthy rewarding relationships with diverse individuals and groups. Students will develop healthy habits for managing emotions including stress, anger, and impulse control, and learn how to effectively advocate for themselves and their communities, which also supports equity. Specifically, upon completing their health education program, students will demonstrate a variety of healthy practices and behaviors and advocate for ways in which peers, families, and community groups can work together to promote safe and healthy communities.

The three strands identify a core set of concepts and skills that facilitate the formation and promotion of healthy behaviors and practices. Indicators that align with the three content strands and address four dimensions of health (i.e., physical, emotional, social, environmental), as well as health careers, are embedded at each grade level. The indicators are sequenced to progress in complexity from grade level to grade level, across several topic areas (i.e., Body Systems, Nutrition, Physical Health, Disease Prevention/Health Promotion, Substance Abuse Prevention, Safety/Injury Prevention, Mental Wellness/Social and Emotional Skills, Violence Prevention, Community/Environmental Health).

The *2020 Health Education Standards of Learning Curriculum Framework,* a companion document to the proposed *2020 Health Education Standards of Learning,* amplifies and supports the *Health Education Standards of Learning* and delineates in greater

specificity the minimum content that all teachers should teach and all students should learn. The standards and curriculum framework are not intended to encompass the entire curriculum for a given grade level or course. School divisions are encouraged to incorporate the standards and curriculum framework into a broader, locally designed or selected curriculum.

The format of the 2020 *Health Education Standards of Learning Curriculum Framework* aligns with each topic in the 2020 *Health Education Standards of Learning* and facilitates teacher planning by identifying the key concepts, knowledge, and skills for each standard. It is divided into two columns: *Understanding the Standard* and *Essential Knowledge and Skills*. The purpose of each column is explained below.

Essential Understandings
This section includes content and key concepts that assist teachers in planning instruction. The statements may provide definitions, explanations, examples, and information regarding connections within and between grade level(s)/course(s).

Essential Knowledge and Skills
This section provides an expansion of the knowledge and skills that each student should know and be able to demonstrate. This is not meant to be an exhaustive list of student expectations.

The standards for each grade level are grouped into three content strands—Essential Health Concepts, Healthy Decisions, and Advocacy and Health Promotion—that align with the overarching learning goals of the 2020 *Health Education Standards of Learning*.

Topic: Body Systems
Standards:
10.1.a Identify and describe the major structures and functions of the lymphatic system.
10.2.a Describe the role of the lymphatic system in providing protection against the spread of disease and cancer.
10.3.a Promote strategies for maintaining healthy cardiovascular and lymphatic systems.

Essential Understandings	Essential Knowledge and Skills

The lymphatic system, which is a part of the immune system, works to keep body fluid levels in balance and to defend the body against infections.
• The lymphatic system is a network of very small tubes (or vessels) that drain lymph fluid from all over the body. Lymph is a clear, watery fluid that contains proteins, salts, and other substances. The major parts of the lymphatic system (for detailed information, see Cleveland Clinic Lymphatic System or Kids Health Spleen and Lymphatic System) (1.a):
   o Lymph
   o Lymph nodes
   o Lymphatic vessels
   o Collecting ducts
   o Spleen
   o Thymus
   o Tonsils and adenoid
   o Bone marrow
   o Appendix
• The lymphatic system helps defend the body against germs (viruses, bacteria, and fungi) that can cause illnesses. Lymph nodes filter germs. Inside the lymph nodes, lymphocytes called T-cells and B-cells help the body fight infection. B cells make antibodies—special proteins that stop infections from spreading by trapping disease-causing germs and destroying them. (2.a) T-Cells migrate to the infection to help destroy it.
	In order to meet these standards, it is expected that students will
	• explain the structures and functions of the lymphatic system (1.a);
	• promote the importance of maintaining healthy cardiovascular and lymphatic systems for good health and disease prevention (2.a, 3.a).
	
	Additional resources:
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• When a person has an infection, germs collect in the lymph nodes and cause swelling. If the throat is infected, the lymph nodes in the neck may swell. That is why doctors check for swollen lymph nodes (sometimes called swollen "glands") in the neck when someone has a sore throat. (2.a)
• Some cells of the immune system can recognize cancer cells as abnormal and kill them. Unfortunately, this may not be enough to get rid of a cancer altogether. But some new treatments aim to use the immune system to fight cancer. (Cancer Research United Kingdom) (2.a)
• To keep the lymphatic system strong and healthy (3.a):
    o Avoid exposure to pollutants, unhealthy environments, and toxic chemicals like those found in pesticides or cleaning products. These chemicals can build up in your system and make it harder for the body to filter waste.
    o Drink plenty of water to stay hydrated so lymph can easily move throughout the body.
    o Maintain a healthy lifestyle that includes regular exercise and a healthy diet.	

Topic: Nutrition
Standards:

10.1.b Identify a variety of diets (e.g., typical American, Mediterranean, vegetarian, vegan).

10.2.b Compare and contrast diverse diets (e.g., typical American, Mediterranean, vegetarian, vegan).

10.3.b Create or modify a personal wellness plan (i.e., goals and action steps based on current guidelines) for healthy eating to meet current and future needs.

Essential Understandings	Essential Knowledge and Skills

Proper nutrition promotes optimal growth and dental health, prevents high blood pressure, and decreases the risk of chronic diseases, obesity, and osteoporosis.
Teacher Note: The term "diet" has two meanings: (1) food and drink regularly provided and consumed and (2) to cause to eat and drink sparingly or according to prescribed rules; a regimen of eating and drinking sparingly to reduce one's weight (Merriam-Webster). While a nutritious diet may result in weight loss, for the purposes of this learning objective, diets explored should be nutritious in nature (long term) and not for the purpose of losing weight (short term).
• Diets and food choices are influenced by culture, religion, geographic area, food availability, health concerns, and personal choice.
• Typical American diet: The typical eating patterns/diets currently consumed by many in the United States do not align with the dietary guidelines.
  o About three-fourths of the population has an eating pattern that is low in vegetables, fruits, dairy, and oils.
  o More than half of the population is meeting or exceeding total grain and total protein foods recommendations but are not meeting the recommendations for the subgroups within each of these food groups.
  o Most Americans exceed the recommendations for added sugars, saturated fats, and sodium.
	In order to meet these standards, it is expected that students will
	• compare and contrast two or more diets for nutritional content and distinguishing components (1.b, 2.b);
	• assess current wellness related to proper nutrition and develop a wellness plan with SMART goals, action steps, monitoring, and reflection to maintain or improve wellness (3.b).
	
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- o Sixty percent of adults have one or more diet-related chronic diseases, such as cardiovascular disease, type 2 diabetes, obesity, liver disease, some types of cancer, and dental caries. (USDA Dietary Guidelines 2020-2025) (1.b, 2.b)
- A Mediterranean diet is typically less dairy and meat than the typical American diet (for more information, see Mayo Clinic Mediterranean Diet). (1.b, 2.b)
- Vegetarian diets (MyPlate) can meet all of the recommendations for nutrients. The key is to consume a variety of foods and the right amount of foods to meet calorie needs. Nutrients that vegetarians may need to focus on include protein, iron, calcium, zinc, and vitamin B12. For more detailed information about vegetarian diets, see Mayo Clinic Vegetarian Diet. (1.b, 2.b)
- Vegan or plant-based diet excludes meat, poultry, fish, eggs, and dairy products, and foods that contain these products. (1.b, 2.b)
- Note: Additional diets may be explored, such as those related to health issues (i.e., DASH diet for lowering blood pressure).
- See USDA Dietary Guidelines 2020-2025 for current nutrition guidelines.

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Topic: Physical Health
Standards:

10.1.c Explain the physical, mental, social, and academic benefits of sufficient sleep and the relationship between sleep deficiency, chronic disease, and the increased risk for injury and substance use.

10.2.c Explain the role of the environment, individual behavior, family history, social norms, legislation, and policies in preventing chronic diseases.

10.3.c Create or modify a personal wellness plan for physical activity, sleep, personal hygiene, and other health-enhancing behaviors to prevent communicable and chronic disease.

Essential Understandings	Essential Knowledge and Skills
Choices related to physical activity, sleep, personal hygiene, and other health-enhancing behaviors made as a teen might positively or negatively affect an individual's lifestyle now and in the future. • Teens ages 13-18 should get 8-10 hours of sleep each night (CDC). • Physical benefits: Getting enough sleep is not a luxury—it is something people need for good health. Sleep helps the brain, mood, and dealing with stress. Sufficient sleep may improve memory, focus, and reflexes. (1.c) • Sleep deprivation in teens can cause effects such as poor concentration, focus, and attention and affect executive functioning (American Sleep Association). Insufficient sleep affects growth, stress hormones, appetite, and breathing, and impairs higher-level reasoning, problem solving, and attention to detail. Lack of sleep can affect mood, energy, and academic performance, affecting the ability to stay focused and concentrate, and may lead to behavior problems. Not getting enough sleep is linked with many chronic diseases and conditions (i.e., type 2 diabetes, heart disease, obesity, and depression) and can lead to motor vehicle crashes. (Sleep and Chronic Disease) (1.c) • Sleep difficulties and hours of sleep are a significant predictor of a number of substance-related problems among adolescents (Prospective Relationship Between Poor Sleep and Substance-Related Problems in a National Sample of Adolescents).	In order to meet these standards, it is expected that students will • compare and contrast the benefits of sleep and the effects of insufficient sleep; • explain the factors affecting chronic disease prevention; • assess current wellness related to proper physical activity, sleep, personal hygiene, and other health-enhancing behaviors, and develop a wellness plan with SMART goals, action steps, monitoring, and reflection to maintain or improve. Additional resources: www.healthsmartva.org https://everfi.com/

Sleep deprivation can impair emotion regulation and executive function (inhibitory control), which is likely involved in the link between insufficient sleep and substance use. The effects of a lack of sleep on dopamine receptors also suggests that stimulant misuse and impaired sleep could be a vicious cycle: Stimulants impair sleep, and reduced sleep produces changes in the brain that predispose to further drug use and addiction. (The Concerning Link Between Inadequate Sleep and Adolescent Substance Use) (1.c)

Noncommunicable/chronic diseases (i.e., asthma, diabetes, heart disease, cancer, obesity, and stroke) are not contagious and may be inherited or may develop from unhealthy lifestyle choices over time. Healthy choices begin early in life. (2.c)

- A noncommunicable disease is a noninfectious health condition that cannot be spread from person to person. This is also known as a chronic disease and it lasts for a long period. A combination of genetic, physiological, lifestyle, and environmental factors can cause these diseases. (Most Common Noncommunicable Diseases) While genetic-related chronic diseases may not be preventable, people can reduce their risk. (2.c)
- For non-genetic related chronic diseases, many are prevented by reducing/eliminating common risk factors such as tobacco use, alcohol use, physical inactivity, and unhealthy eating habits. Other preventive health measures include immunizations, regular health and medical screenings, sleep, and limiting personal technology use. (2.c)
- Environmental factors, such as air pollution, can contribute to chronic diseases including asthma and other chronic respiratory diseases. (WHO) (2.c)
- The growing epidemic of chronic disease is due to tobacco use, unhealthy diet, physical inactivity, and other risk factors. Policymakers play a crucial role in reducing the risk and burden of chronic diseases by implementing policies and programs that create a healthy environment and improve access to care. A formal national policy and planning framework is essential to give chronic diseases

appropriate priority and to organize resources efficiently. (Preventing Chronic Diseases) (2.c) • Recommendations for physical activity (3.c) • Sleep guidelines (CDC) (3.c) • Nutrition (USDA Dietary Guidelines 2020-2025) (3.c)	

Topic: Disease Prevention/Health Promotion
Standards:
10.1.d Identify technologies individuals can use to assess, monitor, improve, and maintain health.
10.1.e Identify regular screenings, immunizations, vaccines, tests, and other medical examinations needed for different stages of life and their role in reducing health risks.
10.1.f Identify and research a selected personal, community, or global health issue.

10.2.d Research the costs and benefits of various technologies that allow individuals to assess, monitor, improve, and maintain health.
10.2.e Explain the purpose of medical screenings, immunizations, vaccines, and tests for different stages of life and the importance of access to health care throughout life.
10.2.f Explain the effects of the social determinants of health on a selected personal, community, or global health issue.

10.3.d Promote strategies to help individuals select technologies to assess, monitor, improve, and maintain health.
10.3.e Determine strategies for improving access to health care and medical services for different stages of life.
10.3.f Design strategies to address and communicate to others about a selected personal, community, or global health issue.

Essential Understandings	Essential Knowledge and Skills
Technologies allow individuals to have a more active role in maintaining their health, help with day-to-day management of chronic illnesses, and may motivate individuals to make healthy life choices by tracking, monitoring, and providing reminders. • Technologies are available to help individuals monitor their personal physical activity time, heart rate, and sleep. Health-related applications may be wearable (watch) or accessed on phones and other personal devices. Apps allow individuals to track food intake and energy expenditure, and sleep. Individuals can set goals and participate in challenges and social networking to provide motivation. Technologies and apps may help with motivation and give a general idea of activity, sleep, caloric intake, and caloric expenditure, but they are not completely accurate. (1.d)	In order to meet these standards, it is expected that students will • compare and contrast several health-related technologies designed to assess, monitor, improve, and maintain health, including benefits, limitations, and costs (1.d, 2.d); • create and promote strategies to help self and others evaluate and select health-related technologies (3.d); • research age-appropriate screenings, immunizations, vaccines, tests, and other medical examinations needed for different

- Additional technologies may be available, such as full-body scans that use computed tomography (CT) (using radiation) to examine the entire body or specific parts, such as the heart and lungs. These are marketed by promising to catch dangerous diseases in earlier, more curable stages. Any technologies should be thoroughly reviewed and discussed with a health care provider. (1.d)

Appropriate medical screenings, immunizations, vaccines, and tests change at different stages of life and help prevent or detect disease early, leading to the best chance of successful outcomes.

- It is always better to prevent a disease than to treat it after it occurs. Diseases that used to be common in this country and around the world, including polio, measles, diphtheria, pertussis (whooping cough), rubella (German measles), mumps, tetanus, rotavirus, smallpox, and Haemophilus influenzae type b (Hib) can now be prevented by vaccination (CDC). See Immunizations for school – Virginia Department of Health for further requirements (1.e. 2.e)
  - o Diphtheria, tetanus (lockjaw), pertussis (whooping cough): one shot for all three given multiple times between infancy and age 7; booster shot at age 10 or 11.
  - o Bacterial meningitis (an infection of the tissue covering the brain and spinal cord, which can lead to lasting brain damage and deafness): between infancy and age 5
  - o Hepatitis A (virus that causes jaundice [yellow skin or eyes], tiredness, stomachache, nausea, and diarrhea): two doses on schedule starting at 12 months
  - o Hepatitis B (can lead to chronic hepatitis [liver inflammation], liver cancer, and death): newborns to adults
  - o Human papillomavirus (HPV) (virus that causes some cancers): three shots given on a schedule between the ages 9 and 45.
  - o Influenza/flu: annual shot or nasal spray to protect against different types of flu

stages of life and how they reduce health risks (1.e, 2.e);
- create strategies for improving access to health care and medical services for different stages of life (3.e);
- explain advanced care planning and advanced directives (3.e);
- research a selected personal, community, or global health issue (1.f);
- for the selected personal, community, or global health issue (2.f, 3.f)
  - o explain the effects of the social determinants of health; and
  - o design strategies to address and communicate to others about the issue.

Additional resources:
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- o   Measles (respiratory disease), mumps (fever, swollen cheeks, and jaw), and rubella (type of measles): 12 months and older.
  - o   Meningococcal (bacterial illness that affect the lining that surrounds the brain and spinal cord; two different types): children through adult depending on type.
  - o   Streptococcus pneumoniae (bacterial infection affecting blood, middle ear, spinal cord, and causes pneumonia): infant to adult.
  - o   Polio (virus that can cause paralysis or death): as young as 6 weeks of age.
  - o   Rotavirus (can cause severe diarrhea and dehydration): as young as 6 weeks of age.
  - o   Varicella virus/chicken pox (can cause skin infections, pneumonia): 12 months of age and older.
- Recommended medical screenings vary at different stages of life and in response to individual controllable and uncontrollable risk factors. For adults ages 18 and above, medical screenings may include blood pressure, cholesterol, obesity, breast and cervical cancer in women, prostate cancer in men, colorectal cancer, skin cancer, eye/vision, oral and dental, diabetes, obesity, and osteoporosis. Blood and urine tests are used to identify health indicators such as renal disease, liver function, and blood sugar. Adults 40 and older may need cardiac health screenings and bone health assessments. (MyHealthfinder at U.S. Department of Health and Human Services Office of Disease Prevention and Health Promotion) (1.e, 2.e)
- It is best to schedule an appointment with a health care provider to discuss screenings and exams needed and when/at what age they are needed. Age, health and family history, lifestyle choices (i.e., what you eat, how active you are, whether you smoke), and other important factors affect what and how often you need health care. (1.e, 2.e)
- Advanced care planning: At any age, a medical crisis could leave a person too ill to make their own health care decisions. Planning for health care is an important step toward making sure a person gets the medical care they would want, if they are unable to speak for themselves and doctors and family members are making the

decisions. Many people face questions about medical treatment but may not be capable of making those decisions, for example, in an emergency or at the end of life. Advance care planning involves learning about the types of decisions that might need to be made, considering those decisions ahead of time, and then letting others know—both family and health care providers—about preferences. These preferences are often put into an advance directive, a legal document that goes into effect only if a person is incapacitated and unable to speak for themselves. This could be the result of disease, mental health condition, or severe injury—no matter a person's age. Advanced care planning helps others know what type of medical care is desired. Talk with a health care provider who can help with decisions. (NIH Advanced Care Planning Information; types of advance directives; and suggested form of written advance directives) (3.e)

Social determinants of health are conditions in the environments in which people live, learn, work, play, worship, and age that affect health, functioning, and quality-of-life outcomes and risks.
- Health is determined in part by access to social and economic opportunities; the resources and supports available in our homes, neighborhoods, and communities; the quality of our schooling; the safety of our workplaces; the cleanliness of our water, food, and air; and the nature of our social interactions and relationships.
- Global health issues (1.f)
- National health issues (1.f)
- Virginia health issues (1.f)
- Five key areas of social determinants (2.f):
  o Economic stability
  o Education
  o Social and community context
  o Health and health care
  o Neighborhood and the built environment

• Examples of social determinants (1.f, 2.f):
  o Availability of resources to meet daily needs (e.g., safe housing, and local food markets, homelessness)
  o Access to educational, economic, and job opportunities
  o Access to health care services (physical and mental health; substance use disorder services)
  o Quality of education and job training
  o Availability of community-based resources in support of community living and opportunities for recreational and leisure-time activities
  o Transportation options
  o Public safety
  o Social support
  o Social norms and attitudes (e.g., discrimination, racism, and distrust of government)
  o Exposure to crime, violence, and social disorder (e.g., presence of trash and lack of cooperation in a community)
  o Socioeconomic conditions (e.g., concentrated poverty and the stressful conditions that accompany it)
  o Residential segregation
  o Language/literacy
  o Access to mass media and emerging technologies (e.g., cell phones, the Internet, and social media)
  o Culture	

Topic: Substance Use/Misuse Prevention
Standards:

10.1.g Research trends and factors that contribute to teen use/abuse and non-substance use of alcohol, tobacco, nicotine products (e.g., e-cigarettes), opioids, and other drugs and their impact on the community.

10.1.h Evaluate the causal relationship between tobacco, alcohol, inhalant, and other drug use and chronic disease.

10.1.i Identify unsafe behaviors that may result in unintentional injury while riding in or operating a vehicle.

10.2.g Explain reasons why teenagers use or avoid drugs or alcohol and how positive role models can influence that decision.

10.2.h Evaluate the protective factors needed to reduce or prevent risk-taking behaviors, acts of violence, and substance use.

10.2.i Explain the role of the environment, individual behavior, social norms, legislation, and policies in preventing motor vehicle-related injuries.

10.3.g Demonstrate assertive communication skills to resist pressure to use alcohol, tobacco, and other drugs.

10.3.h Educate others about the dangers of electronic cigarettes through a brochure, social media campaign, or school club.

10.3.i Encourage responsible teen driving behaviors, and practice using refusal and negotiation skills to avoid riding in a car with someone who has been using alcohol or other drugs.

Essential Understandings	Essential Knowledge and Skills
Every day we make choices that affect our health. People take drugs for many different reasons, such as dealing with life's challenges, escaping reality, relieving pain, or trying to fit in. (Start a Conversation) • For information on current drug use behavior trends: o Youth Risk Behavior Surveillance (YRBS): The Youth Risk Behavior Surveillance System (YRBSS) monitors six categories of health-related behaviors that contribute to the leading causes of death and disability among youth and adults. (1.g) o Monitoring the Future National Survey (grades eight, ten, twelve): Monitoring the Future is an annual drug use survey of eighth-, tenth-, and twelfth-grade students conducted by researchers at the University of Michigan, Ann Arbor, and funded by	In order to meet these standards, it is expected that students will • research current teen use of alcohol, tobacco, nicotine products (e.g., e-cigarettes), opioids, and other drugs (1.g); • explain factors that influence use and reasons to not use substances and what affects decision making (2.g); • demonstrate the use of appropriate assertive, refusal, and negotiation skills

the National Institute on Drug Abuse. Results from the survey are released each fall. (1.g)
- Influences on substance use (2.g):
  o Peers: To fit in, to feel good, to feel better (relieve mental health disorders, stress, physical pain—"self-medicate"), to do better (use stimulants or performance-enhancing drugs), to experiment.
  o Family: Drug use in the household increases the likelihood an adolescent will use drugs. Research found that a healthy person was at a higher risk if a sibling or spouse abused drugs. An adolescent's inherited genetic vulnerability; personality traits like poor impulse control or a high need for excitement; mental health conditions such as depression, anxiety, or attention deficit hyperactivity disorder (ADHD); and beliefs such as that drugs are "cool" or harmless make it more likely that an adolescent will use drugs.
  o Social: Teens who are around other teens who use drugs may have the false impression that everyone their age is using drugs.
  o Media: People on various media (e.g., movies, streamed shows, music, video gaming) talk and joke about drugs and may glorify drug culture without showing the consequences. Some teens might be curious to learn what it's about.
- Teens may engage in risky behaviors not because they want to or do not know whether something is an unhealthy or unsafe choice but because they do not know how to respond, are afraid of losing a friend, looking uncool, or being left out. Practicing and using assertive communication, refusal, and negotiation skills can help teens with peer pressure situations and help build confidence and strength. (2.g)
- Assertive communication skills include listening to others' views and responding appropriately, accepting responsibility, expressing appreciation, admitting mistakes and apologizing, maintaining self-control, acting as an equal to others, using "I" statements, practicing saying "no," remaining calm, rehearsing what you will say, making eye contact, maintaining an upright posture, and maintaining a neutral or positive facial expression. (3.g)

to resist pressure to use alcohol, tobacco, and other drugs in situations, to include avoiding riding in a car with someone who has been using alcohol or other drugs (3.g);
- explain the relationship between chronic disease and substance use/abuse (1.h);
- explore protective factors to reduce/prevent risk-taking behaviors (2.h);
- create an educational message about the dangers and consequences of nicotine products for a variety of audiences (i.e., peers, family, younger students, adults) (3.h);
- identify unsafe behaviors that may result in unintentional injury while riding in or operating a vehicle (1.i);
- explain how the environment, individual behavior, social norms, legislation, and polices can prevent motor vehicle-related injuries (2.i);
- advocate for responsible teen driving behaviors (3.1).

Additional resources:
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Addiction is defined as a chronic, relapsing disorder characterized by compulsive drug seeking and use despite adverse consequences. (Drug Misuse and Addiction)

- Substance use disorder and chronic disease: Drugs that may cause cancer include alcohol, tobacco, steroids, and marijuana/cannabis. (Young adult males who use marijuana/cannabis and began use during adolescence are at risk for an aggressive form of testicular cancer.) Most drugs can have adverse cardiovascular effects, ranging from an abnormal heart rate to a heart attack. Drug use can lead to respiratory problems. Smoking cigarettes, marijuana/cannabis, or crack cocaine can cause bronchitis, emphysema, lung damage, and lung cancer. The use of some drugs, such as opioids, may cause breathing to slow, block air from entering the lungs, or make asthma symptoms worse. Alcohol use can cause stroke, high blood pressure, cirrhosis (scarring of the liver), and cancer (Alcohol's Effect on the Body). (1.h)
- Protective factors to reduce risk-taking behaviors are high personal integrity, performing community service, having teachers recognize good work, having community adults to talk to, participating in extracurricular activities, and having parents available for help. Having three protective factors is essential to reducing risk. (2.h)
- Nicotine products (e-cigarettes/vaping): E-cigarettes produce dangerous chemicals including acetaldehyde, acrolein (used to kill weeds), and formaldehyde. These can cause lung disease, acute lung injury, chronic obstructive pulmonary disease (COPD), cardiovascular (heart) disease, asthma, and lung cancer. (The Impact of E-Cigarettes) (3.h)

Driver performance is influenced by many environmental, psychological, and vehicle design factors. One thing is certain: Teens are not ready to have the same level of driving responsibility as adults. Teen drivers have a higher rate of fatal crashes, mainly because of their immaturity, lack of skills, and lack of experience. They speed, they make mistakes, and they get distracted easily—especially if their friends are in the car. (Teen Driving)

Information from National Highway Traffic Safety Agency unless otherwise indicated.

- Drunken driving or riding with someone who has been drinking: Every day, almost 30 people in the United States die in drunken-driving crashes—that's one person every 50 minutes. These deaths have fallen by a third in the last three decades; however, drunken-driving crashes claim more than 10,000 lives per year. (1.i)
- Drug-impaired driving: Many substances can impair driving, including alcohol, some over-the-counter and prescription drugs, and illegal drugs. Alcohol, marijuana/cannabis, and other drugs impair the ability to drive because they slow coordination, judgment, and reaction times. Cocaine and methamphetamine can make drivers more aggressive and reckless. Using two or more drugs at a time, including alcohol, can amplify the impairing effects of each drug a person has consumed. Some prescription and over-the-counter medicines can cause extreme drowsiness, dizziness, and other side effects. Read and follow all warning labels before driving, and note that warnings against "operating heavy machinery" include driving a vehicle. (1.i)
- Distracted driving: Distracted driving is dangerous, claiming 2,841 lives in 2018 alone. Among those killed: 1,730 drivers, 605 passengers, 400 pedestrians and 77 bicyclists. Distracted driving is any activity that diverts attention from driving, including talking or texting on your phone, eating and drinking, talking to people in your vehicle, adjusting the entertainment or navigation system—anything that takes your attention away from the task of safe driving. (1.i) As of January 1, 2020, *Virginia State Law* § 46.2-818.2 prohibits the use of handheld personal communications devices in certain motor vehicles.
- Not wearing a seat belt: Of the 37,133 people killed in motor vehicle crashes in 2017, 47% were not wearing seat belts. In 2017 alone, seat belts saved an estimated 14,955 lives and could have saved an additional 2,549 people if they had been wearing seat belts. Improperly wearing a seat belt, such as putting the strap below the arm, puts you (driver or rider) and the passengers at risk in a crash. (1.i)
- Speeding: Speeding endangers not only the life of the speeder but all of the people on the road around them, including law enforcement officers. For more than two decades,

speeding has been involved in approximately one-third of all motor vehicle fatalities. In 2017, speeding was a contributing factor in 26% of all traffic fatalities. (1.i)

- Drowsy driving: Effects of fatigue/sleep deficiency include impaired cognition and performance, motor vehicle crashes, workplace accidents, and health consequences. NHTSA estimates that in 2017, 91,000 police-reported crashes involved drowsy drivers. These crashes led to an estimated 50,000 people injured and nearly 800 deaths. But there is broad agreement across the traffic safety, sleep science, and public health communities that this is an underestimate of the effects of drowsy driving. (1.i)
- Research has shown that factors that help to keep teens safe include parental involvement, a minimum legal drinking age and zero tolerance laws, and graduated driver licensing systems. These proven steps can protect the lives of young drivers and everyone who shares the road with them. (Teen Drinking and Driving) (2.i)
- Refusal skills (3.i)
  - o Verbal
    - Say "no." There is no substitute for the word "no." It makes any refusal stronger.
    - Repeat the refusal.
    - Suggest an alternative (suggest something to do instead).
    - Build the friendship (say something to let the person know you are their friend and want to spend time with them). This is especially important because a major reason for ineffective refusals is not wanting to make them mad.
    - Use a firm tone of voice. Be strong and business-like.
  - o Nonverbal
    - Direct eye contact (look the person in the face).
    - Serious expression (use your best "I mean it" face).
    - Hands-off hands (put your hands up in front of you when you refuse). This is especially useful in situations involving physical pressure.
    - Leave (get out of the situation).
    - Avoid situations where there may be pressure.
- Negotiation skills (3.i)

o State what you need. o Listen and clarify. o Identify other perspectives. o Determine common ground. o Elicit an agreement. Information on drug effects obtained from NIH National Institute on Drug Abuse unless otherwise noted.	

Topic: Safety/Injury Prevention

Standards:

10.1.j   List examples and describe the risks of sharing/posting personal information online.

10.2.j   Identify what needs to be considered before posting pictures, videos, and communicating with others online.

10.3.j   Promote safe practices related to online communication and in-person interactions with individuals one meets online.

Essential Understandings	Essential Knowledge and Skills
Electronic media, including social networking, can be used in positive and beneficial ways, but users need to be aware of the risks and protect themselves online. • Personal information: What is posted online can be seen by anyone. Sharing sensitive information such as your address, phone number, family members' names, car information, passwords, Social Security numbers, birth date, school names, passport information, driver's license numbers, insurance policy numbers, loan numbers, credit/ debit card numbers, PIN numbers, and bank account information is risky and should be avoided. Sharing personal information can expose people to theft, frauds and scams. (1.i) • Photos/videos taken from smartphones embed the GPS coordinates in the photo, which will allow others to know the location where the picture was taken and may be used to find you. Beware of this when posting photos to online social media sites. Remember that pictures posted online may be copied, altered, and shared with many people without your knowledge or consent, unless you use privacy settings to limit who has access to the pictures. (U.S. Attorney's Office Northern District of Georgia) Even if privacy settings are set, people can take screenshots of someone else's phone and share or alter the photos or video. (2.i) • Webcams: Be careful when using webcams. They can be hijacked and turned on remotely. This allows others to illegally view and listen to individuals without their knowledge. Consider turning them off or disconnecting them when not in use. (2.i)	In order to meet these standards, it is expected that students will • explain what students should know about the risks of interacting online, including sharing/posting personal information, posting pictures and videos, and communicating with others and in-person interactions with individuals one meets online (1.i, 2.i, 1.j, 2.j); • advocate for safe online practices (3.i). Additional resources: www.healthsmartva.org https://everfi.com/

o Online communication: Getting to know someone online and communicating online, even with someone a person knows, without nonverbal cues or being able to see them, can be risky, causing simple misunderstandings or conflict, cyberbullying, damaged reputations, and manipulation. (2.i) o People do not always represent their true selves online, which may increase risk. Beware of meeting people in person whom you meet online, meet through online channels/texts, or through other forms of electronic communication. Not everyone is honest with their identity, age, gender, and intentions. o The recommendation for teens is never to meet someone in person they have only met online and not talk to people they do not know. As teens move into adulthood (college/career), this may become impractical. As an adult, do your research using public records and consider seeking reputable references. If you decide to meet someone, never go alone, let others know where you are going, meet in a very public place, and have your smartphone readily available. Meeting people who may not be who they say they are can be dangerous. (Known as catfishing—a person who sets up a false personal profile on a social networking site for fraudulent or deceptive purposes) (3.i)	

Topic: Mental Wellness/Social and Emotional Skills
Standards:
10.1.k Identify factors that can influence an individual's mental health, including family, social environment, trauma, genetics, brain chemistry, health behaviors, personal values, peers, media, technology, culture, and community.
10.1.l Identify characteristics of healthy, unhealthy, and abusive peer, family, and dating relationships.
10.1.m Identify health professionals and types of services available for mental illnesses and emotional challenges.
10.1.n Identify different personal relationships teens are involved in and the characteristics of each.

10.2.k Describe the stigma surrounding mental illness and challenges and effects of stigma and discrimination on help-seeking behavior.
10.2.l Explain the role of respecting the experiences of others; accepting differences; and establishing, communicating, and respecting boundaries for healthy relationships.
10.2.m Identify help-seeking strategies and resources and when to seek support for oneself and others with signs of mental illnesses or challenges (e.g., depression, suicidal ideation).
10.2.n Evaluate potentially harmful and abusive relationships, including dangerous dating situations.

10.3.k Explain how demonstrating empathy, compassion, and acceptance can support others who are dealing with mental illnesses and challenges and help reduce stigma.
10.3.l Promote resources and strategies to address unhealthy and abusive peer, family, and dating relationships.
10.3.m Advocate for the use of and the additional need for mental health resources at school and in the community.
10.3.n Describe strategies to set personal boundaries to reduce and prevent relationship and dating violence.

Essential Understandings	Essential Knowledge and Skills
Mental health is an important part of overall health for children and adolescents. Stigma continues to be a significant barrier to mental health treatment for children and their families. • Mental health includes our emotional, psychological, and social well-being. It affects how we think, feel, and act. It also helps determine how we handle stress,	In order to meet these standards, it is expected that students will • describe the influences/factors that affect mental health (1.k);

relate to others, and make choices. Mental health is important at every stage of life, from childhood and adolescence through adulthood and aging.

- Many factors contribute to mental health problems, including:
  o Biological factors, such as genes or brain chemistry
  o Life experiences, such as trauma or abuse
  o Family history of mental health problems
  o Lifestyle, such as diet, physical activity, and substance use. (1.k)
- Stigma is discrimination against an identifiable group of people, a place, or a nation. Stigma is associated with a lack of knowledge, a need to blame someone, fears, and gossip that spreads rumors and myths. Stigma causes people to feel ashamed for something that is out of their control. There are still many harmful attitudes and misunderstandings around mental health and mental illness, which make people ignore mental health, fuel stigma about mental illness, and make it harder to reach out for help. (CDC) (2.k)
- Harmful effects of the stigma related to mental health can lead to a reluctance to seek help or treatment (2.k):
  o Lack of understanding by family, friends, co-workers, or others.
  o Can lead to discrimination.
  o Fewer opportunities for work, school or social activities or trouble finding housing.
  o Bullying, physical violence, or harassment.
  o Health insurance that doesn't adequately cover mental illness treatment.
  o Stigma causes people to feel ashamed for something that is out of their control.
- Ways to fight stigma may include (National Alliance on Mental Illness) (3.k):
  o Be open to conversations about mental health.
  o Educate yourself and others (be understanding of what you might not understand).
  o Be respectful and conscious of language (don't use mental health conditions as adjectives for people).

- describe the stigma associated with mental health and how stigma affects one's ability to seek help (2.k);
- promote ways to reduce stigma for mental illnesses and challenges (3.k);
- compare and contrast healthy, unhealthy, and abusive relationships (1.l);
- describe strategies to build healthy relationships, including setting and respecting boundaries (2.l);
- promote resources to assist teens (self and others) with getting help for addressing unhealthy and abusive peer, family, and dating relationships (3.l);
- advocate with a variety of audiences for the use of and need for mental health professionals and services, including when to seek assistance and the types of professionals and services available (1.m. 2.m, 3.m);
- describe a variety of different teen relationships (1.n);
- describe warning signs for potentially harmful and abusive relationships with family, peers, and in dating relationships (2.n);
- describe strategies to set personal boundaries to reduce and prevent relationship and dating violence (3.n).

- o Be supportive of other people's struggle and recovery (show empathy, compassion, and acceptance for those with mental illness). - o Be active in spreading mental health awareness; encourage equality between physical and mental illness; let the media know when they are being stigmatizing. Respect for oneself and others is a key characteristic of healthy relationships with peers, family, and dating relationships. - Components of healthy relationships include mutual respect, trust, honesty, support, fairness, separate identities, good communication, equality, compromise, and kindness. Learning to give and to receive, revealing feelings (likes/dislikes, dreams and worries, proud moments, disappointments), listening, and supporting others are skills developed through healthy relationships. (Characteristics of Healthy & Unhealthy Relationships) (1.l) - Characteristics of unhealthy relationships include control, hostility, dishonesty, disrespect, dependence, intimidation, physical violence, and sexual violence (Characteristics of Healthy & Unhealthy Relationships). (1.l) - Abusive peer, family, or dating relationships may include physical, emotional, or sexual abuse. (1.l) - o Physical abuse: This includes pinching, hitting, shoving, or kicking. - o Emotional/verbal abuse: This involves threatening a person/partner or harming their sense of self-worth. Examples include name calling, controlling/jealous behaviors, consistent monitoring, shaming, bullying (online, texting, and in person), intentionally embarrassing the person, keeping them away from friends and family. (Dating Violence Prevention) - o Sexual abuse: This is defined as forcing a partner to engage in a sex act when they do not or cannot consent (Dating Violence Prevention). Child sexual abuse refers to the involvement of a child (a person younger than 18) in sexual activity that violates the laws or social taboos of society and that the child (1.l);	Additional resources: www.healthsmartva.org https://everfi.com/

- Does not fully comprehend.
- Does not consent to or is unable to give informed consent to, or
- Is not developmentally prepared for and cannot give consent to.

- Abusive family/parent(s) may also include neglect: The failure to provide adequate food, shelter, affection, supervision, education, or dental or medical care. Neglect is when the parent(s) have the financial means to provide these things but do not. (1.l)
- Setting and communicating personal boundaries may include physical closeness to another person (personal space), emotions and thoughts, time and energy, and stuff or possessions. Boundaries may be flexible depending on the people or situation. Boundaries should reflect basic rights of saying "no," being treated with respect, making personal needs as important as others, being accepting of one's mistakes and failures, and not having to meet unreasonable expectations of others. (How to Build Your Own Personal and Emotional Space)
- Boundaries are a personal choice and vary from one person to the next. Communicate boundaries using "I" statements and assertive communication. Example, "I feel _____ when _____ because _____." "What I need is _____." Say, "No" —it is OK to say "no" without an explanation. Use features on devices such as setting a cut-off time for reading and answering texts. (2.l)
- To address unhealthy and abusive peer, family, and dating relationships, talk to (3.l):
  - A parent, adult family member, adult in your faith community, or other adult you trust.
  - School personnel (teacher, administrator, counselor, psychologist, social worker, nurse).
  - Health care provider.
  - Community resources.

Teacher note: Reminder that all school personnel are mandated reporters. Child abuse and recognition training is required for initial licensure and renewals; training and resources are available at the Virginia Department of Education.

Talk with a parent or other adult you trust if you or someone you know needs help with a mental health issue.
- Resources are available on the National Institute of Mental Health's (NIMH) Find Help for Mental Illnesses webpage. Students can talk to parents/guardians, school counselors, school psychologists, school social workers, school nurses, health care providers, specialized therapists, and local Community Services Board. (1.m)
- Social worker: Helps individuals develop skills to solve and cope with problems in their everyday lives and may diagnose and treat mental, behavioral, and emotional health issues. (1.m)
- Psychologist: Collaborates with physicians, social workers, and others to treat illness and promote overall wellness. (1.m)
- Psychiatrist: Medical specialty (trained as a physician) that involves the treatment of mental health disorders. Psychiatrists are physicians who evaluate, diagnose, and treat patients who are affected by a temporary or chronic mental health problem. (1.m)
- Counselor: Provides mental health and substance abuse care. They work in partnership with individuals, families, and groups to treat mental, behavioral, and emotional problems and disorders. (1.m)
- Psychiatric nurse: Treats patients diagnosed with mental illnesses. (1.m)
- Mental health professionals in schools (1.m)
  - School counselor: Supports student success by providing academic, college and career, and personal and social counseling.
  - School psychologist: Helps students foster social skills, address mental health concerns, and enhance self-regulation skills.
  - School social worker: Provides individual and group counseling to students to develop social-emotional competencies, foster resiliency, and cope with crisis, conflicts and other stressful situations. They also serve as liaison between home,

school, and community, linking students and families to community resources and agency services.

- Often, family and friends are the first to recognize the warning signs of suicide and can be the first step toward helping an at-risk individual find treatment with someone who specializes in diagnosing and treating mental health conditions. If someone engages in unsafe behavior or talks about wanting to hurt themselves or someone else, do not keep it a secret or dismiss it. Seek help immediately. Tell an adult. (2.m)
- Call 911 if you or someone you know is in immediate danger or go to the nearest emergency room. (2.m)
- National Suicide Prevention Lifeline (2.m)
  - Call 1-800-273-TALK (8255); En Español 1-888-628-9454; TTY 1-800-799-4889
  - The Lifeline is a free, confidential crisis hotline that is available to everyone 24 hours a day, seven days a week. The Lifeline connects callers to the nearest crisis center in the Lifeline national network. These centers provide crisis counseling and mental health referrals.
- Crisis Text Line (2.m)
  - Text "HELLO" to 741741
  - The Crisis Text hotline is available 24 hours a day, seven days a week throughout the United States. The Crisis Text Line serves anyone, in any type of crisis, connecting them with a crisis counselor who can provide support and information.

Respect for oneself and others is a key characteristic of healthy relationships with peers, family, and dating relationships.

- Teens are involved in a variety of relationships with family, extended family, community groups (faith community, recreation and athletics, service groups), school groups, school personnel, peers, and others. Each relationship is slightly different. A

teen may share more of a personal relationship with one individual over another. (1.n)

- Teen dating violence is a type of intimate partner violence. It occurs between two people in a close relationship. Teen dating violence includes four types of behavior. (2.n)
  - o Physical violence is when a person hurts or tries to hurt a partner by hitting, kicking, or using another type of physical force. Nearly 1 in 11 female and about 1 in 15 male high school students report having experienced physical dating violence in the last year.
  - o Sexual violence is forcing or attempting to force a partner to take part in a sex act, sexual touching, or a nonphysical sexual event (e.g., sexting) when the partner does not or cannot consent. About 1 in 9 female and 1 in 36 male high school students report having experienced sexual dating violence in the last year.
  - o Psychological aggression is the use of verbal and nonverbal communication with the intent to harm another person mentally or emotionally and/or exert control over another person.
  - o Stalking is a pattern of repeated, unwanted attention and contact by a partner that causes fear or concern for one's own safety or the safety of someone close to the victim.
- Teen dating violence can take place in person or electronically, such as through repeated texting or posting of sexual pictures of a partner online without consent. Unhealthy relationships can start early and last a lifetime. Teens often think some behaviors, like teasing and name-calling, are a "normal" part of a relationship, but these behaviors can become abusive and develop into serious forms of violence. However, many teens do not report unhealthy behaviors because they are afraid to tell family and friends. There is help and assistance: Tell a trusted adult. (2.n)
- Power and control are the reasons abusers choose to use violence and other tactics against their dating partners. They want complete power over and control of their

partners. Note: There are a variety of power and control wheels available online that may be helpful for instruction. (2.n) • Setting and respecting boundaries. See 2.l above. (3.n) • To address unhealthy and abusive peer, family, and dating relationships, talk to (3.n): 　o A parent, adult family member, adult in your faith community, or other adult you trust. 　o School personnel (teacher, administrator, counselor, psychologist, social worker, nurse). 　o Health care provider. 　o Community resources.	

Topic: Violence Prevention

Standards:

10.1.o Identify the skills needed to effectively navigate peer pressure situations.

10.1.p Identify the consequences of using acts of violence to settle disputes.

10.1.q Compare and contrast assertive and aggressive communication and how they affect conflict resolution.

10.1.r Analyze the short- and long-term consequences of gang involvement on personal and community health now and in the future.

10.2.o Examine the influences of peer approval and peer pressure on decision making.

10.2.p Identify protective factors and strategies that may prevent acts of violence.

10.2.q Identify strategies for the peaceful resolution of conflict.

10.2.r Evaluate protective factors needed to prevent gang involvement.

10.3.o Demonstrate effective communication in response to situations influenced by peer pressure and/or peer approval.

10.3.p Describe methods to avoid violent acts of aggression and use of weapons.

10.3.q Practice procedures for peaceful resolution of conflict.

10.3.r Describe and demonstrate methods of avoiding gang-related activity and gang involvement.

Essential Understandings	Essential Knowledge and Skills
Peer relationships are important during adolescence and can have healthy or unhealthy influences on personal health and risk-taking behaviors. • Review assertive communication, refusal skills, and negotiation skills provided in Substance Use/Misuse Prevention topic. (1.o) • Research has found that adolescents possess the knowledge, values, and processing efficiency to evaluate risky decisions as competently as adults; however, adolescents are particularly sensitive to social stimuli (acceptance, fitting in, pressure) and this may affect their capacity to "put the brakes on" acting impulsively. (The Teenage Brain: Peer Influences on Adolescent Decision Making) (2.o)	In order to meet these standards, it is expected that students will • explain the influences of peer approval on peer pressure and decision making (2.o); • demonstrate effective communication in a variety of peer pressure situations (1.o, 3.o); • explain the importance of preventing violence to settle disputes (1.p);

Youth violence is a significant public health problem that affects thousands of young people, and in turn, their families, schools, and communities. (Youth Violence)

- Youth violence is the intentional use of physical force or power to threaten or harm others by young people ages 10-24. It typically involves young people hurting peers who are unrelated to them and who they may or may not know well. Youth violence can include fighting, bullying, threats with weapons, and gang-related violence. A young person can be involved with youth violence as a victim, offender, or witness. (Preventing Youth Violence) (1.p)
- Weapon use and physical violence can lead to injury of self and others, death, result in school suspension/expulsion, arrest, and legal actions. (1.p)
- A weapon is something (such as a club, knife, or gun) used to injure, defeat, or destroy. (1.p)
- Protective factors may lessen the likelihood of youth violence victimization or perpetration. (Risk and Protective Factors) (2.p)
  - o Individual protective factors
    - Intolerant attitude toward deviance
    - High IQ
    - High grade-point average (as an indicator of high academic achievement)
    - High educational aspirations
    - Positive social orientation
    - Popularity acknowledged by peers
    - Highly developed social skills/competencies
    - Highly developed skills for realistic planning
    - Religious beliefs
  - o Family protective factors
    - Connectedness to family or adults outside the family
    - Ability to discuss problems with parents
    - Perceived parental expectations about school performance are high
    - Frequent shared activities with parents

- explain how protective factors affect the prevention of acts of violence (2.p);
- describe methods to avoid violent acts of aggression and weapon use (3.p);
- compare and contrast assertive and aggressive communication (1.q);
- apply knowledge of communication and strategies for peaceful resolution of conflict to a variety of situations (2.q, 3.q);
- describe the effects of gang involvement and gang-related activity on personal, family, and community health (1.r);
- apply knowledge of protective factors to design strategies to avoid gang-related activity and gang involvement (2.r, 3.r).

Additional resources:
www.healthsmartva.org
https://everfi.com/

- Consistent presence of a parent during at least one of the following: when awakening, when arriving home from school, at evening mealtime, or when going to bed
- Involvement in social activities
- Parental/family use of constructive strategies for coping with problems (provision of models of constructive coping)
  o Peer and social protective factors
- Possession of affective relationships with those at school that are strong, close, and prosocially oriented
- Commitment to school (an investment in school and in doing well at school)
- Close relationships with nondeviant peers
- Membership in peer groups that do not condone antisocial behavior
- Involvement in prosocial activities
- Exposure to school climates with the following characteristics:
  - Intensive supervision
  - Clear behavior rules
  - Firm disciplinary methods
  - Engagement of parents and teachers

Conflict can be positive or negative. Conflicts are easier to manage when the people in conflict work together, trust one another, and strive to maintain their relationship. (Peace Building Toolkit for Educators High School Edition)
- The process of conflict management, whether at the personal or international level, is dependent upon trust, relationship building, and working cooperatively to find solutions. (1.q)
- Assertive communication: Individuals clearly state their opinions and feelings and firmly advocate for their rights and needs without violating the rights of others; are strong advocates for themselves while being respectful of the rights of others. (The Four Basic Styles of Communication) (1.q)

- Aggressive communication: Individuals express their feelings and opinions and advocate for their needs in a way that violates the rights of others. Thus, aggressive communicators are verbally and/or physically abusive. (The Four Basic Styles of Communication) (1.q)
- Peaceful resolution of conflict strategies (2.q):
  o Analyze the conflict: What is the conflict about? Who is involved? What does each person in the conflict want? What is the relationship between the people? What is the history of the conflict? How have the parties involved chosen to deal with the conflict? Is there a history of efforts to resolve the conflict?
  o Know your personal conflict style: How do you respond in a conflict? (Avoiding, accommodating, problem solving, compromising, competing).
  o Effective communication skills: active listening (encouraging, eliciting, restating, clarifying, empathizing, summarizing, reframing) and verbal/nonverbal skills.
  o Negotiation: problem solving, compromising.

Compared to non-gang members, gang members commit a disproportionate amount of violent crimes and offenses across the country. Gangs and gang involvement result in short- and long-term negative outcomes for gang-involved youth, their friends and families, and the surrounding communities. (Gang Involvement Prevention)
- Gang members cut ties to other important social groups and organizations, such as family, friends, schools, and religious communities, to focus more intensively on gang participation and identity, leading to higher levels of delinquency. Gang involvement can have long-term effects, including increased participation in crime, school problems, decreased employment prospects, exposure/involvement with drug and alcohol use/abuse and sales, and increased risk of victimization. Long-term gang membership is associated with an escalating succession of effects, such as dropping out of school, increased risk of teen fatherhood/pregnancy, lack of employment success, arrests, being stopped by police, living under the threat of victimization,

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involvement with the criminal justice system, negative contacts with law enforcement, and victimization by other gang members (including physical violence and weapon use leading to injury and death). (Getting Out of Gangs, Staying Out of Gangs) (1.r)

- Large communities, those with a population over 50,000, are at the greatest risk of significant gang activity, and community members face heightened fear that they, their families, schools, or businesses will become victims of theft and/or violence. Further, communities with gang activity are disproportionately affected by theft, negative economic impact, vandalism, assault, gun violence, illegal drug trade, and homicide. (Gang Involvement Prevention) (1.r)
- Protective factors for avoiding gang involvement include positive self-esteem, educational aspirations, positive and healthy relationships with friends and family, parental supervision, school achievement, bonding to school, and a positive school climate. (2.r)

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Topic: Community/Environmental Health
Standards:
10.1.s Investigate natural disasters and emergency situations that affect the community.
10.1.t Explain how the quality of the environment (e.g., secondhand smoke, carbon monoxide, allergens, lead, toxic chemicals) directly affects a person's health status and quality and length of life.
10.1.u Identify health-related social issues, such as organ donation, homelessness, the spread of infectious diseases, underage drinking, substance abuse, and violence, and their effects on the community.
10.1.v Analyze how health literacy and health-science skills prepare one to become a productive citizen.
10.1.w Describe attributes, characteristics, and interests of individuals in health-related professions and the core academic skills needed for workplace skills in a health career.

10.2.s Identify life-threatening situations that may result from emergencies and natural disasters and community resources for emergency preparedness.
10.2.t Explain the role of health, wellness, education, safety, and business professionals in addressing environmental health concerns.
10.2.u Describe how and where to access community resources related to organ donation, homelessness, underage drinking, and/or substance abuse.
10.2.v Analyze how health literacy reduces health risks and enhances health and wellness of oneself and others throughout life.
10.2.w Research high school health and medical science industry-recognized credentials (e.g., personal trainer, athletic trainer, dietary aide, dental assistant, certified nurse assistant, home health aide, geriatric aide).

10.3.s Design crisis-management strategies for natural disasters and emergency situations.
10.3.t Describe strategies to reduce risk to environmental health, and establish goals for improving environmental health.
10.3.u Identify and create a plan to address a community health-related social issue, such as organ donation, homelessness, underage drinking, or substance abuse.
10.3.v Identify health promotion opportunities to enhance the health and wellness of oneself and others.
10.3.w Identify high school courses that lead to health and medical science industry certifications.

Essential Understandings	Essential Knowledge and Skills

Natural disasters and many emergency situations can result in life-threatening injuries or circumstances. Preparing and planning in advance can increase survival.

- Natural disasters include earthquake, flood, landslide, hurricane, tornado, volcanic eruption, winter storm, avalanche, blizzard, lightning, hailstorm, ice storm, drought, wildfire, extreme temperatures (cold or heat wave), and famine. (1.s)
- Emergency situations include poisoning, chemical emergency, fire, power outage, terrorism, falls, choking, medical-related (e.g., stop breathing, heart attack, stroke), and drowning. (1.s)
- Life-threatening situations that may result from an emergency situation or natural disaster including lack of food and clean water; injuries (blunt trauma, crush-related, drowning); disease transmission; destruction of shelter; release of dust, ash, chemicals into the environment; and medical effects. (1.s)
- Young children, seniors, and people with disabilities may be more vulnerable in emergency situations. Community resources for emergency preparedness (2.s):
  - Fire and rescue services
  - American Red Cross
  - Federal Emergency Management Agency (FEMA)
  - Centers for Disease Control and Prevention (CDC)
  - Department of Homeland Security
  - Virginia Department of Emergency Management (know your evacuation zone for coastal communities)
- Emergency preparedness: Build a kit, have a plan, and access alert options (local and social media outlets). Considerations when preparing for an emergency situation include having (3.s):
  - nonperishable food and bottled water available
  - manual can opener (for food)
  - extra medications available
  - emergency radio
  - emergency contact information for each family member

In order to meet these standards, it is expected that students will

- research a natural disaster or an emergency situation that can affect a local community (1.s);
- identify community emergency preparedness resources designed for a life-threatening situation that may be caused by an emergency and/or natural disaster (2.s);
- develop a crisis-management plan with strategies for a natural disaster or emergency situation (3.s);
- research the health effects of environmental concerns and explain how these can affect someone's health (1.t);
- explain how health, wellness, education, safety, and business professionals can positively affect environmental health concerns (2.t);
- establish goals and strategies for improving and reducing the risk for environmental health for home, school, or community (3.t);
- for a selected health-related social issue, describe the issue and effects on the community, where/how to access community resources, and create a plan to address the issue (1.u, 2.u, 3.u);
- analyze how health literacy and health-science skills prepare one to become a

o   evacuation plan to two or three different destinations
o   flashlight and extra batteries
o   whistle (to signal for help)
o   extra blankets
o   first aid kit
o   someone trained in CPR and first aid.

Harmful exposures anywhere in a person's environment might affect their health. Any exposure to hazardous substances or dangerous events in the environment can cause harmful health effects. (CDC)
•   Environmental health is the branch of public health that focuses on the relationships between people and their environment, promotes human health and well-being, and fosters healthy and safe communities. The field works to advance policies and programs to reduce chemical and other environmental exposures in air, water, soil and food to protect people and provide communities with healthier environments.
•   Health can be affected through outdoor air quality, surface and ground water quality, toxic substances and hazardous wastes, and indoor environments. (Environmental Quality) (1.t)
o   Poor environmental quality has the greatest impact on individuals whose health is already at risk.
o   Outdoor air quality may result in premature death, cancer, respiratory and cardiovascular disease.
o   Surface and ground water quality includes both drinking water and recreational waters that may be contaminated by infectious agents or chemicals and can cause mild to severe illness.
o   The effects of toxic substances and hazardous wastes are not completely understood, and research is ongoing.

productive citizen and help to reduce health risks and enhance the health and wellness of oneself and others throughout life (1.v, 2.v);
•   identify health promotion opportunities to enhance the health and wellness of oneself and others (3.v);
•   for one or more health-related professions
o   describe the attributes, characteristics, and interests of individuals in the profession (1.w)
o   identify core academic skills needed for workplace skills in the profession (1.w)
o   research available high school health and medical science courses that lead to industry-recognized credentials (2.w, 3.w).

Additional resources:
www.healthsmartva.org
https://everfi.com/

- o Homes and communities may expose people to indoor air pollution, inadequate heating, poor sanitation, structural hazards, fire hazards, and lead-based paint; all of which can affect health and safety.
  - o Radon is a radioactive, naturally occurring gas. Radon can enter homes and other buildings through cracks in floors and walls, spaces around pipes and in suspended floors, or in the water supply. Radon is the second leading cause of lung cancer in the United States.
- Community members and organizations can work together to address community health concerns and improve the environment for those who live and work there. (2.t)
- Individuals and families can positively affect environmental health through different practices in homes, yards, and offices. Some examples:
  - o Clean or replace air filters.
  - o Unplug appliances that are not used often.
  - o Turn off lights and electronics when not in use.
  - o Plant trees to shade homes.
  - o Use cold water instead of hot when possible.
  - o Test paint in the home for lead.
  - o Test the home for radon.
  - o Leave grass clippings on the yard.
  - o Minimize the use of pesticides.
  - o Use recycled paper.
  - o Walk or ride a bike instead of driving when possible. (3.t)

Healthy physical, social, and economic environments strengthen the potential to achieve health and well-being. (Healthy People 2030 Framework Foundational Principle)
- Organ donation: There are currently more than 115,000 people in the United States waiting for organ transplants. Each year, approximately 8,000 people

die waiting for an organ transplant that would have given them a second chance at life. Additionally, each year, hundreds of thousands of people benefit from donated tissue that is used for life-saving and reconstructive purposes, and corneas that restore sight.
  o Resource: Donate Life Virginia (1.u., 2.u)
- Homelessness (CDC): On any given night, hundreds of thousands of people are homeless in the United States. These people might be chronically homeless, have temporarily lost their shelter, be fleeing domestic violence, or facing any number of other issues. Homelessness is closely connected to declines in physical and mental health. Homeless people experience high rates of health problems, such as HIV infection, alcohol and drug abuse, mental illness, tuberculosis, and other conditions. Health problems among the homeless result from various factors, such as barriers to care, lack of access to adequate food and protection, and limited resources and social services.
  o Resources: (1.u, 2.u)
    - Virginia Department of Housing and Community Development.
    - The Continuum of Care (CoC) community programs for information about access to shelter, housing, and other resources.
    - A 211 hotline is available in many communities and offers trained staff 24/7 to help residents access services like shelter, health care, food, and other social services programs.
    - The National Coalition for the Homeless offers basic information on how people experiencing homelessness can get help and access resources.
    - School resources include school counselor, psychologist, and social worker, who can help access appropriate information and services.
- Spread of infectious diseases (CDC's Infectious Disease Framework): Infectious diseases are a leading cause of illness and death throughout the

world. The enormous diversity of microbes combined with their ability to evolve and adapt to changing populations, environments, practices, and technologies creates ongoing threats to health and continually challenges our efforts to prevent and control infectious diseases. We are living in an interconnected world where an outbreak of infectious disease is just a plane ride away. (1.u, 2.u)

- Underage drinking: Alcohol is the most commonly used and abused drug among youth in the United States (Underage Drinking). Consequences of underage drinking can affect everyone, regardless of age or drinking status. We all feel the effects of the aggressive behavior, property damage, injuries, violence, and deaths that can result from underage drinking. This is not simply a problem for some families—it is a nationwide concern. (Underage Drinking)
  - o Resources: School resources include school counselor, psychologist, and social worker, who can help access appropriate information and services; Community Services Board; health care providers (1.u, 2.u).
- Substance use/misuse: Beyond the health-related and other effects on an individual with substance use disorder and families, substance use/misuse affects the community through associated crime and violence, injuries, accidents (some fatal), involvement of law enforcement, and the health care system.
  - o Resources: School resources include school counselor, psychologist, and social worker, who can help access appropriate information and services; Community Services Board; health care providers (1.u, 2.u).
- Violence (CDC): Youth violence affects entire communities. Violence increases health care costs, decreases property values, and disrupts social services. Youth violence negatively affects perceived and actual safety, participation in community events, school attendance, and the viability of businesses. Addressing the short- and long-term consequences of violence

strains community resources and limits the resources that states and communities have to address other needs. (Preventing Youth Violence)
- o Resources: School resources include school counselor, psychologist, and social worker, who can help access appropriate information and services (1.u, 2.u).

Awareness of health- and wellness-related issues allows individuals to make informed choices in matters that affect their overall health and the health of family and community.
- Health literacy: Healthy People 2030 defines personal health literacy as the degree to which individuals have the ability to find, understand, and use information and services to inform health-related decisions and actions for themselves and others.
- NIH National Library of Medicine Skills Needed for Health Literacy: Patients are often faced with complex information and treatment decisions. Patients need to: (1.v)
  - o Access health care services.
  - o Analyze relative risks and benefits.
  - o Calculate dosages.
  - o Communicate with health care providers.
  - o Evaluate information for credibility and quality.
  - o Interpret test results.
  - o Locate health information.

  In order to accomplish these tasks, individuals may need to be:
  - o Visually literate (able to understand graphs or other visual information).
  - o Computer literate (able to operate a computer).
  - o Information literate (able to obtain and apply relevant information).
  - o Numerically or computationally literate (able to calculate or reason numerically).
  - o Oral language skills are important as well. Patients need to articulate their health concerns and describe their symptoms accurately. They need to ask pertinent

questions, and they need to understand spoken medical advice or treatment directions.
- Health science skills may include (VDOE CTE Workplace Readiness Skills) (1.v)
  o Creativity and innovation
  o Critical thinking and problem solving
  o Initiative and self-direction
  o Work ethic
  o Conflict resolution skills
  o Communication skills (listening, speaking, writing, reading)
  o Respect for diversity
  o Customer service skills
  o Collaboration
  o Continuous learning and adaptability
  o Information-literacy skills
  o Science and mathematics skills

Careers in health and medical sciences are varied and provide opportunities to promote the health and wellness of individuals and the local and global community.
- There are many career opportunities in the health and medical sciences, including athletic trainer, audiologist, chiropractor, dentist, dietitian, emergency medical technician, home health aide, massage therapist, medical and clinical laboratory technologist, nurse, occupational therapist, optician, optometrist, orthotists and prosthetists, pharmacist, physical therapist, and speech-language pathologist.
- Individuals in health and medical science careers are interested in helping others, often enjoy science, are good problem solvers, and can work collaboratively with others. (1.w)
- Science courses such as biology, anatomy and physiology, chemistry, and physics help prepare students to pursue health and medical careers. (1.w)

- Students in Virginia may take career and technical education (Health & Medical Sciences) courses that (2.w, 3.w): - Introduce secondary students to nursing, medical, dental, and other health occupations, such as athletic training and sports medicine. - Prepare students with basic skills for employment in nursing homes, clinics, medical and dental offices, hospitals, homes, and certain public health settings. - Facilitate entry into advanced health occupations programs that require post-high school education leading to state licensure, certification, registration, or national credentialing. - Enable students to become knowledgeable consumers of health services. - The occupational preparation programs prepare students for entry-level positions in a particular health field or for advanced training in health occupations at the technical and professional levels. (Health & Medical Sciences) (2.w) - Entry-level positions may include - Nursing (certified nurse aide or licensed practical nurse). - Medical (medical assistant, emergency medical technician, or surgical technologist). - Dental (dental assistant). - Other health occupations (physical or occupational therapy aide, respiratory therapy assistant, rehabilitation aide, dietary aide, laboratory aide, geriatric aide, home health aide, housekeeping aide, sterile supply aide, transportation aide, veterinary assistant, personal trainer). - Note: Teachers may want to review school-specific CTE, science, advanced placement (such as psychology), and health and physical education electives available for students.	