

# 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.

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:**

- 8.1.a Identify and describe the major structures and functions of the brain and nervous system and identify brain and nervous system disorders.
- 8.2.a Describe ways to maintain brain and nervous system health.
- 8.3.a Design strategies to protect and promote brain and nervous system health.

#### **Essential Understandings**

Your brain is who you are. It's what allows you to think, breathe, move, speak, and feel.

- Information from the environment, outside the body (what the eyes see and skin feels) and inside the body (heart rate and body temperature), makes its way to the brain, which receives, processes, and integrates it so that we can survive and function under all sorts of changing circumstances and learn from experience. (Brain and Addiction)
- Major structures and functions of the brain and nervous system (Brain Overview)
   (1.a)
  - Cerebrum: The largest part of the brain; divided into two halves/hemispheres. Each hemisphere of the cerebrum is divided into broad regions called lobes. Each lobe is associated with different functions:
    - Frontal lobes: The largest of the lobes; located in the front part of the brain. They coordinate high-level behaviors, such as motor skills, problem solving, judgment, planning, and attention; manage emotions and impulse control.
    - Parietal lobes: Located behind the frontal lobes and involved in organizing and interpreting sensory information from other parts of the brain.
    - Temporal lobes: Located on either side of the head on the same level as the ears. These lobes coordinate specific functions, including visual memory (such as facial recognition), verbal memory (such as understanding language), and interpreting the emotions and reactions of others.

# **Essential Knowledge and Skills**

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

- identify major structures and functions of the nervous system (brain and spinal cord/nerves) (1.a);
- explain how messages travel from one neuron to another (1.a);
- identify causes of brain and nervous system disorders (2.a);
- advocate for brain and nervous system health (3.a).

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

- Occipital lobes: Located in the back of the brain; heavily involved in the ability to read and recognize printed words, and other aspects of vision.
- o Cerebellum: Located in the back of the brain, just below the occipital lobes. Involved with fine motor skills (coordination of smaller, or finer, movements, especially those involving the hands and feet). Helps the body maintain its posture, equilibrium, and balance.
- o Brain stem: Located in front of the cerebellum and connected to the spinal cord. It consists of three major parts:
  - Midbrain: Helps control eye movement and processes visual and auditory information.
  - Pons: The largest part of the brain stem located below the midbrain. A group of nerves that help connect different parts of the brain. Contains the start of some of the cranial nerves involved in facial movements and transmitting sensory information.
  - Medulla oblongata: The lowest part of the brain. Acts as the control center for the function of the heart and lungs. Helps regulate many important functions, including breathing, sneezing, and swallowing.
- Limbic system: Brain structures that deal with motivation, learning, memory, and emotions, and regulates autonomic function in response to emotional stimuli. Good feelings motivate us to repeat the behavior, which can be good because some actions and behaviors are critical to our lives. Each part of this system is duplicated in the opposite half of the brain. (Brain and Addiction)
  - The thalamus acts as a gatekeeper for messages passed between the spinal cord and the cerebral hemispheres.
  - o Hypothalamus: A brain structure that regulates involuntary or automatic responses (fight, flight; hunger, thirst). Body temperature should be about 98.6°F. If the body is too hot, the hypothalamus tells it to sweat. If the body is too cold, the hypothalamus causes shivering.

- o Hippocampus: The part of the limbic system deep inside the brain that sends memories to be stored in appropriate sections of the cerebrum and then recalls them when necessary (converts short-term memory into long-term memory).
- o Amygdala: A collection of cells on each side of the brain shaped like an almond; scientists believe that the amygdala is responsible for emotion (if stimulated, it evokes anger, violence, fear, anxiety; if the amygdala is destroyed, it causes a mellow effect, or causes impulsive actions (disinhibited behavior).

Nervous system: includes the central nervous system and peripheral nervous system. (Brain and Addiction) (1.a)

- The brain is a complex communications network of billions of neurons, neurotransmitters, and receptors. Networks of neurons pass messages back and forth thousands of times a minute within the brain, spinal column, and nerves.
   These nerve networks control everything we feel, think, and do.
- The central nervous system includes the brain and the spinal cord.
  - Spinal cord: A bundle of nerves protected by the spine (vertebrae). The spinal cord is the main pathway for information to flow from brain to the rest of the body.
- Peripheral nervous system: Threadlike nerves that branch out from the spinal cord to every organ and body part.
- Nerves are made up of tiny cells, called neurons. Sensory neurons send information from the eyes, ears, nose, tongue, and skin to the brain. Motor neurons carry messages away from the brain to muscles, glands, and organs throughout the body.
- The neural networks are made up of:
  - o Neurons: The brain contains about 100 billion neurons—nerve cells that work nonstop to send and receive messages. Within a neuron, messages travel from the cell body down a nerve fiber called an axon in the form of electrical impulses. From there, the message is sent to other neurons.
  - o Neurotransmitters: the brain's chemical messengers. Neurotransmitters help messages travel from one neuron to another. Branches of the axon, called axon

- terminals, release neurotransmitters into the space between two nerve cells, called a synapse.
- o Receptors: The brain's chemical receivers. As the neurotransmitter approaches the nearby neuron, it attaches to a special site on that neuron called a receptor. A neurotransmitter and its receptor operate like a key and lock—a specific mechanism makes sure that each receptor will forward the right message only after interacting with the right kind of neurotransmitter.
- Transporters: The brain's chemical recyclers. Once neurotransmitters do their job, they are pulled back into their original neuron by transporters. This recycling process shuts off the signal between the neurons.
- o To send a message, a nerve cell releases a chemical (neurotransmitter) into the space separating two nerve cells, called the synapse. The neurotransmitter crosses the synapse and attaches to proteins (receptors) on the receiving nerve cell. This causes changes in the receiving nerve cell, and the message is delivered.

Note: Understanding neurotransmission is foundational to understanding how substance use changes the brain.

- Brain disorders/conditions: Most fall within one of five main categories (1.a) (Brain Overview):
  - o Brain injuries, such as concussions
  - o Cerebrovascular injuries, such as aneurysms or strokes
  - o Brain tumors
  - o neurodegenerative disorders, such as dementia, Parkinson's disease, or Huntington's disease
  - o Psychological conditions, such as anxiety, depression, or schizophrenia
- Nervous system disorders (Overview of Nervous System Disorders) (1.a):
  - o Vascular disorders, such as stroke, transient ischemic attack (TIA), subdural hemorrhage, and hematoma
  - o Infections, such as meningitis, encephalitis, polio, and epidural abscess

- Structural disorders, such as a brain or spinal cord injury (concussion, blood clots), Bell's palsy, carpal tunnel syndrome, brain or spinal cord tumors
- o Functional disorders, such as headache, epilepsy, dizziness, and neuralgia
- o Degeneration, such as Parkinson's disease, multiple sclerosis, amyotrophic lateral sclerosis (ALS), and Alzheimer's disease
- To help protect brain and nervous system health (2.a):
  - o Keep the brain stimulated and the mind calm.
  - Protect your head; wear a helmet when biking and during other activities.
  - o Exercise regularly.
  - o Avoid alcohol, tobacco, and cannabis and resist engaging in substance use/misuse.
  - Be aware of your emotions and seek help from friends, family, or other trusted adult when needed.
  - o Eat nutrient-dense foods and avoid a high-sugar diet.
  - o Wear a seat belt in all motorized vehicles.
  - o Get the recommended amount of sleep and rest (teens ages 13-18 need 8-10 hours of sleep a night to maintain health (How Much Sleep Do I Need?).
  - o Stay hydrated.
  - o Build positive social networks.

# **Topic: Nutrition**

#### **Standards:**

- 8.1.b Determine the nutrients needed for proper brain function.
- 8.1.c Examine the health risks posed by food contaminants during food preparation and food storage.
- 8.1.d Identify the nutritional impact of disordered eating.
- 8.1.e Compare health benefits and risks associated with trending diets, dietary supplements, and popular beverages, including sugar-sweetened and caffeinated beverages.
- 8.2.b Explain how nutrients contribute to brain function.
- 8.2.c Describe food safety techniques (e.g., hand washing, food washing, cross contamination, proper handling and storing of foods).
- 8.2.d Analyze the effects of society (i.e., media, family, peers) on eating habits and attitudes toward weight and body size.
- 8.2.e Evaluate the accuracy of claims about trending diets, dietary supplements, and popular beverages.
- 8.3.b Create a plan to make healthy food choices, including choosing fruits and vegetables and increasing water and healthy beverage choices in a variety of settings.
- 8.3.c Create strategies to promote food safety at home.
- 8.3.d Identify and promote resources for help and assistance with disordered eating.
- 8.3.e Develop factual advertising to help family and peers evaluate healthy food and beverage choices.

Essential Understandings	Essential Knowledge and Skills
Brain function can be enhanced by eating nutritious foods that support brain health, not	In order to meet these standards, it is expected that
eating too much or too little, getting enough sleep, keeping hydrated, exercising	students will
regularly, and reducing stress through yoga, mindfulness, or meditation.	apply knowledge of nutrition and proper brain
• Nutrition for healthy brain function (11 Best Foods to Boost Your Brain and Energy	function to create a personal plan to make
and (12 Foods to Boost Brain Function). (1.b, 2.b)	healthy food choices, including fruits,
o Omega 3 fatty acids (found in salmon, trout, sardines, tuna, herring, mackerel,	vegetables, water, and healthy beverage
soybeans, flaxseed, other seeds, and nuts [especially walnuts]): build brain and	choices, at home, during school, and/or in
nerve cells (neurons) and are essential for learning and memory.	restaurants; (1.b, 2.b, 3.b)

- Antioxidants (found in blueberries, and other deeply colored berries, broccoli, kale, pumpkin seeds, dark chocolate, cocoa powder, and green tea): have been found to improve communication between brain cells, improve memory and mood, help protect the brain from damage, and reduce cellular stress and inflammation, which are linked to brain aging and neurodegenerative disorders (like Alzheimer's).
- Minerals: zinc for nerve signaling, magnesium for learning and memory, copper helps to control nerve signals, and iron improves brain function (found in pumpkin seeds).
- o Vitamin E (found in nuts, brown rice, barley, oatmeal, whole-grain bread, and whole-grain pasta): improves cognition, memory.
- o Vitamin C (oranges, bell peppers, guava, kiwi, tomatoes, and strawberries): a powerful antioxidant and key factor in preventing mental decline.
- o Vitamins B6 and B12, folate and choline (found in eggs): proper brain functioning and development and regulating mood.
- o Healthful unsaturated fats (avocados, almonds, cashews, peanuts, walnuts, Brazil nuts, flaxseed, chia seeds, soybean, sunflower, canola oils, and fish): reduce blood pressure (reducing risk of cognitive decline).

Foodborne illness is a common, costly, sometimes life threatening—yet largely preventable—public health problem. Anyone can get a foodborne illness.

- Foodborne illnesses result from consuming one of the two most common types of foodborne pathogens: bacteria (like Salmonella, Listeria, or E. coli) and viruses (such as norovirus or hepatitis A). Symptoms may include nausea, vomiting, diarrhea, cramps, and fever. (1.c)
- Safe steps in food handling, cooking, and storage are essential in preventing foodborne illness. You cannot see, smell, or taste harmful bacteria that may cause illness. (Keep Food Safe! Food Safety Basics) (2.c)

- apply knowledge of foodborne illnesses to share food safety strategies in the home; (1.c, 2.c, 3.c)
- describe disordered eating, the possible effects and influences, and resources for help and assistance; (1.d, 2.d, 3.d)
- apply knowledge of trending diets, dietary supplements, and popular beverages, including sugar-sweetened and caffeinated beverages to create factual information for a variety of audiences. (1.e, 2.e, 3.e)

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

- o Always wash your hands with soap and warm water for 20 seconds before and after handling food.
- o Don't cross-contaminate. Keep raw meat, poultry, fish, and their juices away from other food. After cutting meats, wash the cutting board, knife, and countertops with hot, soapy water.
- o Marinate meat and poultry in a covered dish in the refrigerator.
- o Before eating or preparing fresh fruits and vegetables, wash the produce under cold running tap water to remove any lingering dirt. This reduces bacteria that may be present. If there is a firm surface, such as on apples or potatoes, the surface can be scrubbed with a brush. Consumers should not wash fruits and vegetables with detergent or soap.
- o Sanitize cutting boards by using a solution of one tablespoon of unscented, liquid chlorine bleach in one gallon of water.
- o Avoiding unpasteurized (raw) milk and unpasteurized juices such as fresh apple cider.
- o Cook foods thoroughly.
- Food storage (Keep Food Safe! Food Safety Basics) (2.c)
  - o Always refrigerate perishable food within two hours (one hour when the temperature is above 90°F).
  - o Check the temperature of your refrigerator and freezer with an appliance thermometer. The refrigerator should be at 40°F or below and the freezer at 0°F or below.
  - o Cook or freeze fresh poultry, fish, ground meats, and variety meats within two days; other beef, veal, lamb, or pork, within three to five days.
  - Perishable food such as meat and poultry should be wrapped securely to maintain quality and to prevent meat juices from getting onto other food.
  - o To maintain quality when freezing meat and poultry in its original package, wrap the package again with foil or plastic wrap that is recommended for the freezer.

Eating concerns falling short of a diagnosis deserve attention and treatment because they may turn into more problematic disordered eating and put individuals at risk of serious health problems.

• Disordered eating is the use of any unhealthy weight-control behaviors, such as skipping meals, cutting out food groups in the absence of a medical diagnosis, or behaviors such as using laxatives, diuretics, diet pills, restriction, or binge eating. An individual with disordered eating is often engaged in some of the same behavior as those with eating disorders but at a lesser frequency or lower level of severity. Disordered eating may or may not warrant a specific eating disorder diagnosis. Detrimental consequences can include a greater risk of obesity and eating disorders, bone loss, gastrointestinal disturbances, electrolyte and fluid imbalances, low heart rate and blood pressure, increased anxiety, depression, and social isolation. (What is Disordered Eating?) (1.d)

Influences on body image include the media, which can target adolescents, and peers who help shape beliefs about the perceived body ideal. (Weight status and body image perceptions in adolescents: current perspectives) (2.d)

- "The culture in which we [live] has a significant impact on how we feel about ourselves and the manner in which we think about our body. Many cultural traditions also contribute to body image and can influence either negative or positive body image and/or self-esteem. Depending on the culture and overall emphasis of traditions involved, a person may find their surroundings either [supportive] to or [negatively impacting] the building of a healthy body image and self-esteem." (How Cultural Traditions Can Shape Body Image)
- Research shows that there is consistent evidence that [social] norms influenced food choices. Information about eating norms influences choice and quantity of food eaten. Norms that promote healthful eating influenced people's choice of foods.

- Norms that promote adequate quantities of food as opposed to large quantities of food influenced the amount of food eaten. (PubMed.gov)
- Research study results of middle school students indicate that the standard of beauty widely represented on television, movies, and video games is having a powerful effect on adolescents. This effect reinforces the low self-esteem that can lead to risky behavior such as excessive dieting. (Media Exposure and the "Perfect" Body)
- Another study found that all demographic groups were equally affected by the link between social media and developing eating and body image concerns (Greater Social Media Use Tied to Higher Risk of Eating and Body Image Concerns in Young Adults).
- Researchers are finding that eating disorders are caused by a complex interaction of genetic, biological, behavioral, psychological, and social factors. Protective factors for eating disorders:
  - Individual: Positive body image, high self-esteem, media literacy (including social media), emotional well-being, school achievement, being self-directed and assertive, social skills, problem solving and coping skills (National Eating Disorders Collaboration).
  - Family: Research suggests that family support and connectedness, frequent family meals, and avoiding comments/teasing about weight may help protect against disordered eating. (Protective factors against disordered eating in family systems: a systematic review of research)
  - Social: Peer or other social support structures and relationships where weight and physical appearance are not of high concern (Risk & Protective Factors).
- Resources for help and support with disordered eating/eating disorders include talking with a parent/guardian and/or access resources (3.d)
  - o School (counselor, psychologist, social worker; public health nurse).
  - o Community
    - Health care providers (specialized therapists)

- Registered dietitian nutritionists
- Local Community Services Board
- Substance Abuse and Mental Health Services Administration (SAMHSA)
   Treatment Referral Helpline at 1-800-662-HELP (4357). SAMHSA also has a Behavioral Health Treatment Locator that can be searched by location.

Dietary supplements are products intended to supplement the diet. They are not medicines and are not intended to treat, diagnose, mitigate, prevent, or cure diseases.

- The Food and Drug Administration (FDA) is the federal agency that oversees supplements and medicines, but the FDA regulations for dietary supplements are different from those for prescription or over-the-counter medicines. All prescription medications must receive FDA approval; however, there are some over-the-counter drugs and dietary supplements that do not need FDA approval to be sold.
- According to the Academy of Nutrition and Dietetics, avoid the following diet claims of fad diets (Staying Away from Fad Diets) (1.e):
  - Rapid weight loss: If you lose weight quickly, you'll lose muscle, bone, and water. You also will be more likely to regain the pounds. Instead, focus on eating in a way that helps you feel nourished, satisfied, and energized.
  - o Quantities and limitations: Avoid diets that limit most foods and promote unlimited quantities of specific foods. Avoid any diet that eliminates or severely restricts entire food groups or macronutrients, such as carbohydrates. Even if you take a multivitamin, you'll still miss some critical nutrients.
  - o Specific food combinations: There is no evidence that combining certain foods or eating foods at specific times of day will help with weight loss. Eating the "wrong" combinations of food doesn't cause them to turn to fat immediately or to produce toxins in your intestines, as some plans claim.
  - o Rigid menus: Limiting food choices or following rigid meal plans can be an overwhelming task. With any new diet, always ask yourself, "Can I eat this way for the rest of my life?" If the answer is no, the plan is not for you.

- o Diet plans should be evaluated for effectiveness, deficiencies, and ways to overcome any deficiencies.
- Dietary supplements: Some dietary supplements can help a person get adequate amounts of essential nutrients if they don't eat a nutritious variety of foods. However, supplements can't take the place of the variety of foods that are important to a healthy diet. Manufacturers may add vitamins, minerals, and other supplemental ingredients to foods, especially breakfast cereals and beverages. As a result, a person may get more of these ingredients than they think, and more might not be better. Consult a health care provider before taking dietary supplements to treat a health condition; before taking dietary supplements in place of, or in combination with, prescribed medicines; and if scheduled to have any type of surgical procedure. The term "natural" doesn't always mean safe. A dietary supplement's safety depends on many things, such as its chemical makeup, how it works in the body, how it is prepared, and the amount taken. (What you Need to Know: Dietary Supplements) (1.e)
- Sugar-sweetened beverages are drinks with added sugar, including non-diet soft drinks/sodas, flavored juice drinks, sports drinks, sweetened tea, coffee drinks, energy drinks, and electrolyte replacement drinks. The calories in sugar-sweetened beverages can contribute to weight gain and provide little to no nutritional value. Sugar-sweetened beverages do not fill you up (satiate) the same way that food does. Those extra calories can lead to other health risks, including obesity, tooth decay, heart disease and type 2 diabetes. (Sugar-Sweetened Beverages) (1.e)
- Total amount of caffeine contained in some cans or bottles of energy drinks can exceed 500 mg (equivalent to 14 cans of common caffeinated soft drinks). A lethal dose of caffeine is considered to be 200 to 400 mg/kg. The effects of caffeine on various organ systems include increases in heart rate, blood pressure, speech rate, motor activity, attentiveness, gastric secretion, diuresis, and temperature. Sleep disturbances or improved moods are considered variable and individualized effects. Caffeine can increase anxiety in those with anxiety disorders, and it is known also

to play a role in triggering arrhythmias. Dental/enamel erosion is also a concern in children and adolescents. Additional concerns regarding the use of caffeine in children include its effects on the developing neurologic and cardiovascular systems and the risk of physical dependence and addiction. Symptoms of caffeine withdrawal include headache, fatigue, decreased alertness, drowsiness, difficulty concentrating, decreased desire to socialize, flu-like symptoms, irritability, depressed mood, muscle pain or stiffness, and nausea or vomiting. Because of the potentially harmful adverse effects and developmental effects of caffeine, dietary intake should be discouraged for all children. (Sports Drinks and Energy Drinks for Children and Adolescents: Are They Appropriate?) (1.e)

• The accuracy of claims about trending diets, dietary supplements, and popular beverages can be researched through the National Institutes of Health (NIH), FDA, Federal Trade Commission Bureau of Consumer Protection, U.S. Consumer Product Safety Commission, medical associations, and medical research sites. (2.e)

# **Topic: Physical Health**

#### **Standards:**

- 8.1.f Evaluate the physical, mental, and social health benefits of physical activity.
- 8.2.f Assess the health risks of a sedentary lifestyle.
- 8.3.f Create environmental design solutions that promote physical and mental health.

# **Essential Understandings**

A balanced healthy lifestyle includes physical activity, healthy food choices, and sleep. Physical activity improves physical, mental, and social health.

- Adolescents (6-17 years) should do 60 minutes or more of physical activity each day. Physical activity requires energy expenditure.
- Physical health Physical activity improves brain health (improve thinking, cognition, learning), weight management, reduces disease (heart disease and some cancers), strengthens bones and muscles, and improves ability to do everyday activities. Better sleep.
- Mental Health Physical activity can reduce risk of depression and anxiety and reduce stress. Improvements are seen in components of executive function including the ability to plan and organize; monitor, inhibit, or facilitate behaviors; initiate tasks; and control emotions. Increases self-esteem and self-confidence. (Why It Matters)
- Social Health improvements in physical and mental health can improve your ability to do daily activities leading to more enjoyment in interacting with others. (1.f, 2.f)
- Environmental design questions to promote physical activity (3.f)
  - o Is a sidewalk present? Is there a ramp at the curbs?
  - o Is a pedestrian walk signal present?
  - o Are there sections of sidewalk that need maintenance (incomplete sections, cracks, uneven that may cause tripping hazards)?
  - Is there a marked crosswalk?
  - o Is there a designated bike path or bike lane?
  - o How many public parks are present?
  - o Are there streetlights?

# **Essential Knowledge and Skills**

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

• conduct an assessment of the environment (school, home, community) for access to safe physical activity and apply knowledge of benefits of physical activity and health risks of a sedentary lifestyle to make/justify recommendations for change (1.f, 2.f, 3.f)

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

# **Topic: Disease Prevention/Health Promotion**

#### **Standards:**

- 8.1.g Explain the difference between rest, sleep, sleep deprivation, and sleep debt.
- 8.1.h Identify environmental and personal factors that influence the degree of risk of diabetes, heart disease, cancer, obesity, and stroke.
- 8.2.g Identify sleep hygiene strategies to support recommendations for optimal sleep.
- 8.2.h Describe preventive health measures, including immunizations, regular health and medical screenings, nutrition, physical activity, sleep, and limiting personal technology use, in preventing diabetes, heart disease, stroke, cancer, obesity, and other chronic diseases.
- 8.3.g Create specific, measurable, attainable, relevant and timely (SMART) goals to get optimal sleep to promote cognitive performance and academic success.
- 8.3.h Design a plan of action with short- and long-term goals to prevent diabetes, heart disease, stroke, cancer, obesity, and other chronic diseases and conditions.

# **Essential Understandings**

Getting enough sleep is not a luxury—it is something people need for good health. Not getting enough sleep is linked with many chronic diseases and conditions (type 2 diabetes, cardiovascular disease, obesity, and depression) and can lead to motor vehicle crashes. (Sleep and Chronic Disease)

- Rest: Quiet wakefulness—resting with your eyes closed—can calm your mind, give at least some neurons a break (because the neurons are not actively thinking or concentrating on something), and let muscles and organs relax. It can also reduce stress, improve mood, and increase alertness, mental clarity, creativity, and motivation. All of these changes can enhance productivity. (Resting vs. Sleeping) (1.g)
- Sleep: Marked by the absence of wakefulness and by the loss of consciousness of one's surroundings; accompanied by a typical body posture (such as lying down

# **Essential Knowledge and Skills**

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

- identify the differences between rest, sleep, sleep deprivation, and sleep debt (1.g);
- evaluate how current sleep habits (hours of sleep and sleep hygiene practices) meet/do not meet recommended guidelines (2.g);
- create a SMART goal for sleep, to include action steps for sleep hygiene practices to maintain or improve current sleep habits (3.g);
- evaluate current environmental and personal factors that may influence the degree of risk

with the eyes closed), the occurrence of dreaming, and changes in brain activity and physiological functioning; is made up of cycles of non-REM sleep and REM sleep; and is usually considered essential to the restoration and recovery of vital bodily and mental functions (Merriam-Webster). Teens 13-18 should get 8-10 hours of sleep each night (How Much Sleep Do I Need?). (1.g)

- Sleep deprivation: Defined as not obtaining adequate total sleep. A chronic sleep-restricted state may result in excessive daytime sleepiness, fatigue, clumsiness, and weight gain or weight loss. Being sleep-deprived affects the brain and cognitive function. Effects may include accidents from lack of attention, moodiness, and hunger. (Sleep Deprivation: Symptoms, Causes, Treatments). (1.g)
- Sleep debt: Also known as sleep deficit, the cumulative effect of a person not having sufficient sleep. A large sleep debt can lead to physical and/or mental fatigue. Two known kinds of sleep debt: total sleep deprivation (when a person is kept awake for a minimum of 24 hours) and partial sleep deprivation (when a person has limited sleep for several days or even weeks). (Sleep Debt: Signs, Symptoms & Treatments) (1.g)
- Good sleep habits (sometimes referred to as "sleep hygiene") can help get a good night's sleep. Some habits that can improve sleep health (2.g):
  - o Be consistent. Go to bed at the same time each night and get up at the same time each morning, including on the weekends.
  - o Make sure the bedroom is quiet, dark, relaxing, and at a comfortable temperature.
  - o Remove electronic devices from the bedroom (TVs, computers, and phones).
  - o Avoid large meals and caffeine before bedtime.
  - o Exercise. Being physically active during the day can help fall asleep more easily at night.
- SMART goals are specific, measurable, attainable, relevant and timely (3.g).

- for diabetes, heart disease, cancer, obesity, and stroke (1.h);
- identify prevention strategies for chronic diseases (2.h);
- create short- and long-term SMART goals for health measures to prevent chronic disease to include action steps (3.h).

Additional resources: www.healthsmartva.org https://everfi.com/ Noncommunicable/chronic diseases (e.g., diabetes, heart disease, cancer, obesity, and stroke) are not contagious, and many develop from unhealthy lifestyle choices over time or may be inherited. Healthy choices begin early in life.

- Noncommunicable diseases, also known as chronic diseases, tend to be of long duration and are the result of genetic, physiological, environmental and behavioral factors. While genetic-related chronic diseases may not be preventable, people can reduce their risk. (Noncommunicable diseases) (1.h)
- Environmental facts such as air pollution, can contribute to a range of chronic diseases including asthma and other chronic respiratory diseases. (Chronic Respiratory Diseases) (1.h)
- For nongenetic related chronic diseases, many can be 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.h)
- For any disease or illness, identifying it early allows for treatments to begin—from monitoring, to medications, to medical procedures, if needed—and lifestyle changes to begin or change (not smoking, not using alcohol, increasing physical activity, and making healthy food and beverage choices). (3.h)

# **Topic: Substance Use/Misuse Prevention**

#### **Standards:**

- 8.1.i Describe the short- and long-term health issues and effects on the brain related to the use of alcohol, tobacco, nicotine products, and other drugs, including inhalants, marijuana, cocaine, stimulants, methamphetamines, opiates, steroids, and performance-enhancing drugs.
- 8.1.j Research the signs, symptoms, and causes of addiction and the impact of substance use disorder on relationships and behavior.
- 8.2.i Analyze the social, economic, and family and peer pressure influences on the use of tobacco, nicotine products (e.g., ecigarettes), alcohol, marijuana, and other drugs.
- 8.2.j Have and express positive norms regarding why most teenagers do not use alcohol, tobacco, prescription opioids, or other drugs (e.g., do not think use and abuse are acceptable or appropriate).
- 8.3.i Design persuasive advertising to eliminate drug use.
- 8.3.j Create a campaign that emphasizes the importance of prevention and early identification of drug use disorder.

#### **Essential Understandings**

Drugs can alter important brain areas that are necessary for life-sustaining functions and can drive the compulsive drug use that marks addiction. (Introducing the Human Brain)

- Health effects (1.i) (information about drug effects are from National Institute on Drug Abuse unless otherwise specified):
  - o Short-term effects of substance use can range from changes in appetite, wakefulness, heart rate, blood pressure, motor coordination, impaired judgment, and/or mood to unconsciousness, heart attack, stroke, psychosis (hallucinations and delusions), overdose, and even death. These health effects may occur after just one use. These effects often depend on the specific drug or drugs used, how they are taken, how much is taken, the person's health, and other factors.
  - o Long-term effects:
    - Drugs that may cause cancer include alcohol, tobacco, steroids, and marijuana/cannabis. Young adult males that use marijuana/cannabis and begin

# **Essential Knowledge and Skills**

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

- research the short- and long-term health issues and brain effects related to alcohol, tobacco, nicotine products, and other drugs, including inhalants, marijuana/cannabis, cocaine, stimulants, methamphetamines, opiates, steroids, and performance-enhancing drug (1.i);
- analyze the influences on teen drug use (2.i);
- apply knowledge of effects and influences to develop persuasive advertising (print,

- their use during adolescence are at risk for an aggressive form of testicular cancer.
- Most drugs can have adverse cardiovascular effects, ranging from abnormal heart rate to heart attack. Drug use can lead to respiratory problems. Smoking cigarettes, marijuana/cannabis, and 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 can cause stroke, high blood pressure, cirrhosis (scarring of the liver), and cancer (Alcohol's Effects on the Body).
- Nicotine products (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. (E-Cigarettes)
- Long-term effects of inhalant use may include liver and kidney damage, hearing loss, bone marrow damage, loss of coordination from nerve damage, delayed behavioral development from brain problems, and brain damage (from cut-off oxygen flow to the brain).
- Abuse of prescription stimulants can increase heart rate, blood pressure, and body temperature. Stimulant medications can decrease sleep and appetite, and abuse can lead to malnutrition and its consequences.
- Long-term use of methamphetamine can cause changes to the structure of the brain in areas involved with memory and emotions. Long-term use can also cause paranoia, hallucinations, and violent behavior. Methamphetamine can cause the gums to decay and the teeth to rot, a condition known as "meth mouth."
- Performance-enhancing drugs (anabolic steroids). Misuse of anabolic steroids might lead to:

- video, or other media) to eliminate drug use (3.i);
- explain addiction and the effects of substance use disorder on the individual and on others (1.j);
- design messaging that promotes positive social norms and/or corrects misconceptions of social norms related to teen drug use (2.j, 3.j).

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

- o Negative mental effects (paranoia [extreme, unreasonable] jealousy, extreme irritability, and aggression ["roid rage"]).
- o Delusions (false beliefs or ideas, impaired judgment, and mania).
- o Serious health problems (kidney problems or failure, liver damage and tumors, enlarged heart, high blood pressure, increased risk of heart attack or stroke even in young people, increased risk of blood clots)
- o In men, shrinking testicles, baldness, development of breasts, increased risk of prostate cancer.
- o In women, the growth of facial hair or excess body hair, decreased breast size, male-pattern baldness, a change or stop in the menstrual cycle, deepened voice.
- o In teens, stunted growth or stunted height.
- Brain effects. Drugs interfere with the way neurons send, receive, and process signals via neurotransmitters. (1.i)
  - Marijuana/cannabis and heroin can activate neurons because their chemical structure mimics that of a natural neurotransmitter in the body. This allows the drugs to attach onto and activate the neurons. Although these drugs mimic the brain's chemicals, they do not activate neurons in the same way as a natural neurotransmitter, and they lead to abnormal messages being sent through the network.
  - o Amphetamines/prescription stimulants/methamphetamines or cocaine can cause the neurons to release abnormally large amounts of natural neurotransmitters or prevent the normal recycling of these brain chemicals by interfering with transporters. This amplifies or disrupts the normal communication between neurons.
  - Opioids can affect other parts of the brain, such as the brain stem. The brain stem controls basic functions critical to life, such as heart rate, breathing, and sleeping.
  - o Many drugs—nicotine, cocaine, marijuana/cannabis, and others—affect the brain's "reward" circuit, which is part of the limbic system (thalamus, hypothalamus, hippocampus). Normally, the reward circuit responds to healthy, pleasurable

activities by releasing the neurotransmitter dopamine, which teaches other parts of the brain to repeat those activities. Drugs take control of this system, releasing large amounts of dopamine—first in response to the drug but later mainly in response to situational cues associated with the drug, such as being with other drug users or being in places where you used drugs. The brain remembers the high, craves the drug, and seeks to re-create the feeling. Dopamine does not cause the rush of feelings; instead, it reinforces the desire to use drugs.

- o Alcohol: Affects the ability to make decisions and impairs motor coordination, has negative effects on information processing and learning, and increases the risk of developing alcohol use disorder.
- o Tobacco/nicotine products increase levels of the neurotransmitter dopamine.
- o Inhalants: Causes damage to nerve fibers in the brain, hurting the ability of nerve cells to send messages, which can cause muscle spasms and tremors or even permanent trouble with basic actions like walking, bending, and talking. Can cause damage to brain cells by preventing cells from getting enough oxygen, affecting the ability to learn, solve complex problems, plan ahead, and motor coordination.
- o Performance-enhancing drugs: Even though anabolic steroids do not cause the same high as other drugs, they can lead to a substance use disorder.
- Beyond the harmful consequences for the person with the addiction, drug use can cause serious health problems for others. Some of the more severe consequences of addiction (1.i):
  - Neonatal abstinence syndrome (NAS): A mother's substance use or medication use during pregnancy can cause her baby to go into withdrawal after it is born. Symptoms will differ depending on the substance used but may include tremors, problems with sleeping and feeding, and even seizures. Some drug-exposed children will have developmental problems with behavior, attention, and thinking.
  - o Injection of drugs accounts for 1 in 10 cases of HIV. Injection drug use is also a major factor in the spread of hepatitis C and can be the cause of endocarditis

- (inflammation of the lining of the heart and heart valves) and cellulitis (inflammation of tissue).
- o The use of illicit drugs or the misuse of prescription drugs can make driving a car unsafe, just like driving after drinking alcohol. Drugged driving puts the driver, passengers, and others who share the road at risk. Research studies have shown negative effects of marijuana/cannabis on drivers, including an increase in lane weaving, poor reaction time, and altered attention to the road.
- Influences on substance use (2.i):
  - 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/substance 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 drugs are "cool" or harmless make it more likely that an adolescent will use drugs.
  - Social: Being around people who use drugs, may start to feel like everyone is doing it and like it is no big deal.
  - o Media influence: People on TV talk about drugs a lot. Drugs are in the news and joked about on programs. Drug culture may be glorified on programs, social media, and video gaming applications without showing the consequences.
- Advertising techniques: The goal of advertisements is to sell, to influence buyers by promoting a product, service, or company. Advertisement techniques may include (3.i)
  - o Bandwagon (everyone else is doing it).
  - o Fear (scare people into buying/believing something).
  - o Conflict (uses an unresolved problem or situation).
  - o Shock (uses controversy to gain attention).

- o Problem/Benefit (convince someone they have a problem and the product is the solution).
- Testimonial/Celebrity/Endorsements (provide credibility; believe a personal story).
- o Anti-Ad (tells the audience they are smart enough to see through the tricks played by advertisers).
- o Association (linking product to certain values, group, or person).
- o Additional advertising tactics include recognizable logos, repetition, bribery (deals/sales), emotional appeal, and slogans.

Over time, drug use can lead to addiction, a devastating brain disease. People can't stop using drugs even when they really want to, and even after it causes consequences to their health and other parts of their lives.

- The preferred term for drug addiction is substance use disorder or substance abuse disorder. Addiction is a compulsive physiological need for and use of a habit-forming substance. Drug addiction/substance use disorder is defined as a chronic, relapsing disorder characterized by compulsive drug seeking and use despite adverse consequences. (Understanding Drug Use and Addiction) (1.j)
- Drug addiction/substance use disorder is considered a brain disorder because it involves functional changes to brain circuits involved in reward, stress, and self-control, and those changes may last a long time after a person has stopped taking drugs. Smoking a drug or injecting it into a vein increases its addictive potential. These changes to the brain affect how a person thinks (impairs judgment) and acts, which can lead to risky behaviors that may cause chronic disease, viral infections, and injury to self and others (driving under the influence, engaging in violent/aggressive behaviors, or engaging in illegal behaviors to obtain money for or to obtain the drug). (1.j)
- Indications that someone has a developing drug problem: (1.j)
  - o Hanging out with different friends.
  - o Not caring about their appearance.

- o Getting worse grades in school.
- o Missing classes or skipping school.
- o Losing interest in their favorite activities.
- o Getting in trouble in school or with the law.
- o Having different eating or sleeping habits.
- o Having more problems with family members and friends.
- Social norms are the behaviors, attitudes and/or standards that the majority of people in a group think are acceptable or unacceptable. What people do is influenced by what they think their peers are doing. If people think a certain behavior is typical or the norm, they are more likely to participate in it because they believe most are doing it and they want to belong. However, sometimes a norm or behavior is misread or misperceived, and people think that their peers engage in risky behavior much more than they really do. (Steps to Conducting an Alcohol Prevention Positive Norms Campaign) (2.j)
  - o Misconceptions include:
    - Everyone uses drugs.
    - Everyone drinks and drives.
    - Drugs will not harm you if you do them just once.
- Early identification of substance use disorder is important because there are treatments to help manage addiction, but there is no cure. It is a chronic disease, meaning it lasts a long time and needs to be managed with regular treatment. If people follow treatment plans, they can go for many years leading healthy lives. It can be similar to other chronic conditions that people learn to manage, like diabetes or heart disease. (3.j)

# **Topic: Safety/Injury Prevention**

#### **Standards:**

- 8.1.k Explain the need for school safety drills and procedures.
- 8.1.1 Identify risky behaviors associated with Internet use, online gaming, and social media use.
- 8.1.m Identify the benefits and risks of social media.
- 8.1.n Describe how to assess levels of stress based on physical and psychological responses.
- 8.1.0 List the skills and strategies for refusal and negotiation.
- 8.2.k Explain the potential consequences of following and not following safety protocols for school drills.
- 8.2.1 Explain the role of decision making when faced with potentially harmful situations when using the Internet, online gaming, and social media.
- 8.2.m Develop strategies to assess and manage the effects of social media use.
- 8.2.n Identify personal stress-management skills that help respond to different kinds of stress.
- 8.2.0 Explain the benefits of using refusal and negotiation skills for a variety of risk-taking situations.
- 8.3.k Develop a personal action plan during an emergency situation for a variety of locations outside school (e.g., shopping areas, recreation areas).
- 8.3.1 Develop appropriate personal guidelines for online gaming and social media use.
- 8.3.m Develop and promote guidelines for using social media
- 8.3.n Practice and promote stress-management skills.
- 8.3.0 Analyze a variety of situations to determine when to use refusal and negotiation skills to avoid risk.

Essential Understandings	Essential Knowledge and Skills
School safety drills are designed to keep students and school personnel safe when	In order to meet these standards, it is expected
danger exists inside or outside the school building.	that students will
• Types and purposes of school safety drills may include (1.k):	• identify school safety drills, their purpose
o Lockdown: To prevent people from leaving the building (stay in	and importance (1.k);
classrooms) due to a threat inside or outside the school or due to a	

- dangerous person, chemical, or other threat (Virginia requires four lockdown drills each school year *Code of Virginia §22.1-137.2*).
- Fire/evacuation: Used to get people out of the building safely when conditions inside a building have become life-threatening (Virginia requires four fire/evacuation drills each school year *Code of Virginia §22.1-137*).
- School bus evacuation/emergency: Exiting a school bus safely due to an emergency inside or outside the bus (Virginia requires at least one bus emergency drill each school year *Code of Virginia §22.1-184*).
- o Tornado: The outside of the building is unsafe because of dangerous wind or precipitation; going to interior spaces of the building with no windows to avoid injury and taking cover (Virginia requires two tornado drills each school year *Code of Virginia §22.1-137.1*).
- o Earthquake: Students and employees learn the areas in their building or classrooms that will be safest to be in and how to take cover to avoid serious injury (Virginia does not have a requirement for earthquake drills).
- Note: Drills may have different names. Teachers should use the schoolspecific names and include any other necessary drills conducted by the school.
- School safety drills play an important role in keeping students and staff safe in the event of an emergency. Drills are used to train school staff to know their responsibilities so they can take the lead in an emergency. It's equally important for students to know the planned procedures so they can work cooperatively with adults. Familiarizing teachers and students with the emergency plan helps to reduce anxiety, panic, and confusion, and helps everyone remain calm. Mock drills give an opportunity to reduce evacuation time, ensure that everyone is using the most effective exit route, ensure every student is accounted for, and teaches students to follow instructions and remain calm. (2.k)
- Review classroom- and school-specific expectations for school safety drills.
   (1.k, 2.k)

- select a location outside school (e.g., community center, park) and create an action plan for an emergency situation (e.g., fire, weather);
- explain the need for using caution when interacting online (Internet, online gaming, social media) (1.1);
- promote online (Internet, online gaming, social media) safety guidelines with others;
- list the pros and cons of using social media;
- identify positive and negative stressors and the potential physical and psychological responses;
- practice and promote stress-management skills:
- apply refusal or negotiation skills to different risky situations and explain why the selected skill set was beneficial to the situation (1.n, 2.n).

Additional resources:

www.healthsmartva.org https://everfi.com/ • In any building or facility in the community, know where exits are located. (3.k)

Internet use, online gaming, and social media use can be sources of information, entertainment, and social connection; however, caution should be used when interacting online.

- Risky online behaviors (1.1):
  - People are not always who they say they are online. Teens have been tricked by people who pretend to be something or someone that they're not (say they are a teen but they are an adult). Some teens have found themselves in a dangerous situation when they agreed to meet in person.
  - o Digital footprint: All of the information online about a person, either posted by that person or others, intentionally or unintentionally.
    - Be cautious about sharing photos and what is written/texted. Nothing is ever really deleted online. Screen shots can be taken of anything and shared with anyone.
    - Personal information: Pictures and seemingly harmless sharing can put people at risk and make it easy to be taken advantage of. Minimal information is needed to determine who a person is and where they live or go to school. Do not provide personal information on websites or gaming applications; don't give name, age, address/neighborhood, school name, or phone number. Ask a parent/guardian before providing information.
- Use decision-making skills when interacting online. (2.1) Ask yourself:
  - o Is this option healthful, and does it reflect my beliefs and values?
  - o Is this option safe?
  - o Is this option respectful to myself and my family?
  - o Is this option responsible?
- Guidelines for online gaming and social media use (3.1):

 See Common Sense Media What are the Basic Social Media Rules for Middle Schoolers.

Social media can be a useful communication and learning tool that can be used for building relationships, education, and to help others. There are cautions that need to be taken with social media.

- Benefits of social media (1.m):
  - o Connect with peers, friends, and family; cost savings to connect with others.
  - o Overcome geographical barriers to connect and for learning.
  - o Opportunities to connect with others that share common interests.
  - o Promotes and enables collaboration.
  - o Can be used to help others, start or promote a business.
  - o Access information for health, education, and real-time news.
  - o Fun and enjoyment.
- Risks of social media (1.m):
  - Overuse/dependence can lead to sleep deprivation, less face-to-face interactions; take time away from physical activity and time with family/friends; being overwhelmed with information and influences.
  - o Social pressure: Comparisons with "ideal" lives and pictures of others may affect self-esteem and self-image and may cause depressed feelings.
  - o Misunderstandings from communications; conflict; cyberbullying; damage reputation.
  - o Meeting people who may not be who they say they are can be dangerous.
  - o Leaving a digital footprint puts personal information at risk.
  - o Exposure to frauds and scams.
  - o May lead to dangerous activities, such as trying stunts or challenges posed online that can cause injury or death.
- Assess and manage social media effects (2.m):

- Questions that may help determine whether social media is having a negative effect on your life (adapted from Psychcentral Six Questions to Assess if You May Be "Addicted" to Social Media)
  - Is your social media use deeply integrated into your daily life?
  - Do you depend on social media use for excitement throughout the day?
  - Do you need to spend more time to get a "buzz" from social media?
  - Do you get nervous when you are not on social media?
  - Does your use of social media cause you trouble?
  - Have you tried to cut back on your use of social media but failed?
  - Do you spend less than two hours of screen time a day including social media?
- o Manage social media by setting a limit for time spent on social media (determine the current time and try to cut that time in half); use social media to connect with friends and not just browsing.

Everyone feels stress (positive or negative) at times. There are positive and negative ways to handle stress.

- Stress is a state of mental tension and worry due to problems in life.
- Physical responses may include increased heartbeat or breathing, sweaty palms, or knees get shaky, crying. (1.n)
- Emotional responses may include feeling tense, nervous, or on edge. (1.n)
- Sometimes stress occurs when facing difficult situations and the stress can last longer and leave a person feeling tired or overwhelmed. There are strategies to manage stress, but sometimes people need help to deal with difficult situations that lead to intense or lasting stress. (2.n)
- Strategies and positive ways to manage stress can include physical activity, time management, communication, count to 10, think positive, relaxation and breathing exercises, mindfulness, break down larger problems into smaller problems, make time for hobbies, interests, and fun, eat a healthy diet, exercise,

get enough sleep, positive self-talk (e.g., "I can do this"), and spend time with people you enjoy. Talk with a parent, counselor, or friend. (2.n)

 Negative ways to manage stress may include overeating, drinking alcohol, smoking, yelling, acting out (with anger or violence), or using caffeine or drugs/pills. (2.n)

Negotiation and refusal skills are part of problem solving that can help a person make and commit to healthy decisions.

- Refusal Skills (1.0)
  - 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 hurt the other person's feelings or 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 (1.0)
  - o State what you need.
  - o Listen and clarify.

- o Identify other perspectives.
- o Determine common ground.
- o Elicit an agreement.
- 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 of being left out. Practicing and using refusal and negotiation skills can help teens with peer pressure situations and help build confidence and strength. (2.0)

# **Topic: Mental Wellness/Social and Emotional Skills Standards:**

- 8.1.p Describe characteristics of healthy and unhealthy relationships, including establishing and communicating boundaries.
- 8.1.q Describe the warning signs, risk factors, and protective factors for self-harm behaviors, depression, and suicide.
- 8.1.r Identify factors that can influence mental health (e.g., family, environment, trauma, genetics, brain chemistry, health behaviors, nutrition, personal values, peers, media, technology, culture, community).
- 8.1.s Identify and describe careers associated with mental health care (e.g., social worker, psychologist, psychiatrist).
- 8.2.p Explain the importance of developing relationships that are positive and promote wellness.
- 8.2.q Explain why mental health issues such as self-harm behaviors, depression, and suicidal ideation cannot be managed independently and require support/assistance.
- 8.2.r Explain how negative perceptions of mental health promote a stigma about mental illnesses and emotional challenges.
- 8.2.s Describe the role of mental health professionals in schools (e.g., school counselors, psychologists, social workers).
- 8.3.p Ability to develop safe, respectful, and responsible relationships.
- 8.3.q Identify and recognize family, school, and community resources for helping oneself and others with mental health needs.
- 8.3.r Explain the effects of stigma on accessing help and assistance for mental illnesses and emotional challenges.
- 8.3.s Promote the availability of school and community mental health resources.

Essential Understandings	Essential Knowledge and Skills
Respect for oneself and others is a key characteristic of healthy relationships. In	In order to meet these standards, it is expected that
contrast, in unhealthy relationships, one partner tries to exert control and power over	students will
the other physically, sexually, and/or emotionally. (Characteristics of Healthy and &	• explain the importance of healthy
Unhealthy Relationships)	relationships, what contributes to healthy
Healthy relationships share certain characteristics that include (note: characteristics	relationships, and signs that a relationship is
apply to all relationships, not only dating relationships) (1.p):	unhealthy (1.p, 2.p, 3.p);
o Mutual respect: Respect means that each person values who the other is and	demonstrate an understanding of the warning
understands the other person's boundaries.	signs, risk factors, and protective factors for
	self-harm behaviors, depression, and suicide,

- o Trust: Partners should place trust in each other and give each other the benefit of the doubt.
- o Honesty: Honesty builds trust and strengthens the relationship.
- Compromise: In a dating relationship, each partner does not always get their way. Each should acknowledge different points of view and be willing to give and take.
- o Individuality: Neither partner should have to compromise who they are, and their identity should not be based on a partner's. Each should continue seeing friends and doing the things they love. Each should be supportive of their partner wanting to pursue new hobbies or make new friends.
- o Good communication: Each partner should speak honestly and openly to avoid miscommunication. If one person needs to sort out their feelings first, the other partner should respect those wishes and wait until they are ready to talk.
- Anger control: We all get angry, but how we express it can affect our relationships with others. Anger can be handled in healthy ways, such as taking a deep breath, counting to 10, or talking it out.
- Fighting fair: Everyone argues at some point, but those who are fair, stick to the subject, and avoid insults are more likely to come up with a possible solution.
   Partners should take a short break away from each other if the discussion gets too heated.
- o Problem solving: Dating partners can learn to solve problems and identify new solutions by breaking a problem into small parts or by talking through the situation.
- o Understanding: Each partner should take time to understand what the other might be feeling.
- o Self-confidence: When dating partners have confidence in themselves, it can help their relationships with others. It shows that they are calm and comfortable enough to allow others to express their opinions without forcing their own opinions on them.

- how to help, resources for assistance, how to advocate for help and seeking help from peers (1.q, 2.q, 3.q);
- describe factors that influence mental health (1.r);
- explain stigma and how stigma creates barriers to mental health help and support (2.r, 3.r);
- describe roles of school-related mental health professionals (2.s);
- explore a mental health career, including a description of the career, the academic requirements (courses for background knowledge that can be taken in high school and higher education requirements), and work environments of the professionals (1.s, 3.s).

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

- Being a role model: By embodying what respect means, partners can inspire each other, friends, and family to also behave in a respectful way.
- Unhealthy relationships involve behaviors that are mean, disrespectful, controlling, exerting power over, intense jealousy, or are abusive (emotionally, verbally, or physically). (1.p)
  - o Physical abuse (includes pinching, hitting, shoving, or kicking).
  - Emotional/verbal abuse: Involves threatening a partner or harming their sense of self-worth. Examples include name-calling, controlling/jealous behaviors, consistent monitoring, shaming, bullying (online, texting, and in person), intentional harassment, keeping them away from friends and family.
- Setting and communicating personal boundaries may include physical closeness to another person (personal space), emotions and thoughts, time and energy, and things 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 the unreasonable expectations of others. (How to Build Your Own Personal and Emotional Space) (1.p)
- Boundaries are a personal choice and vary from one person to the next. Communicate boundaries using "I" statements and assertive communication.
  - o Example: I feel \_\_\_\_\_ when \_\_\_\_ because \_\_\_\_. What I need is \_\_\_\_.
  - o Say "no." It is OK to say no without explanation.
  - o Use features on tech devices such as setting a cut-off time for reading and answering texts. (1.p)
- Positive social connections with people at all stages in life help ensure healthy development, physically, socially, and emotionally (Healthy Friendships in Adolescence). Healthy relationships boost happiness, increase a sense of belonging and purpose, reduce stress, help to cope with challenges, and improve self-confidence, self-image, and self-worth. Research has shown that people with social supports are happier, have fewer health problems, and live longer. (2.p)

• Social skills that help develop healthy relationships include communication (verbal and nonverbal), listening, empathy, cooperation, express feelings in a positive way, negotiation, and compromise. (3.p)

Help and resources are available for people with mental health issues and challenges. Talk with a parent or other adult you trust if you or someone you know needs help with a mental health issue or challenge. (1.q)

- Self-harm or self-injury means hurting yourself on purpose. One common method
  is cutting with a sharp object. Any time someone deliberately hurts themselves is
  classified as self-harm. Some people feel an impulse to cause burns, pull out hair or
  pick at wounds to prevent healing. Self-harm also causes feelings of shame. The
  scars caused by frequent cutting or burning can be permanent. Drinking alcohol or
  doing drugs while hurting yourself increases the risk of a more severe injury than
  intended.
  - o Self-harm is not a mental illness but a behavior that indicates a need for better coping skills. Several illnesses are associated with it, including borderline personality disorder, depression, eating disorders, anxiety, or posttraumatic stress disorder. Self-harm occurs most often during the teenage and young adult years, though it can also happen later in life. Those at the most risk are people who have experienced trauma, neglect, or abuse.
  - Self-harm isn't the same as attempting suicide. However, it is a symptom of emotional pain that should be taken seriously. If someone is hurting themselves, they may be at an increased risk of feeling suicidal. It's important to find treatment for the underlying emotions. (Self-harm)
- Depression: A common but serious mood disorder; a medical illness. It causes severe symptoms that affect how you feel, think, and handle daily activities, such as sleeping, eating, or working. To be diagnosed with depression, the symptoms must be present for most of the day, nearly every day, for at least two weeks. Not everyone who is depressed experiences every symptom. Some people experience

only a few symptoms, while others may experience many. Signs and symptoms of depression:

- Persistent sad, anxious, or "empty" mood.
- o Feelings of hopelessness, pessimism, guilt, worthlessness, or helplessness.
- o Loss of interest or pleasure in hobbies and activities.
- o Decreased energy or fatigue.
- o Difficulty concentrating, remembering, or making decisions.
- o Difficulty sleeping, early-morning awakening, or oversleeping.
- o Appetite and/or weight changes.
- o Thoughts of death or suicide, or suicide attempts.
- Risk factors for depression: Depression is one of the most common mental disorders in the United States. Current research suggests that depression is caused by a combination of genetic, biological, environmental, and psychological factors. Depression can happen at any age. Risk factors (1.q):
  - o Personal or family history of depression.
  - o Major life changes, trauma, or stress.
  - o Certain physical illnesses and medications.
- Suicide (Suicide Prevention): Extreme depression can lead a child to think about suicide or plan for suicide. For 10- to 24-year-olds, suicide is among the leading causes of death. The behaviors listed below may be signs that someone is thinking about suicide. (1.q)
  - o Talking about wanting to die or wanting to kill themselves.
  - o Talking about feeling empty, hopeless, or having no reason to live.
  - Making a plan or looking for a way to kill themselves, such as searching for lethal methods online, stockpiling pills, or buying a gun.
  - o Talking about great guilt or shame.
  - o Talking about feeling trapped or feeling that there are no solutions.
  - o Feeling unbearable pain (emotional pain or physical pain).
  - o Talking about being a burden to others.

- o Using alcohol or drugs more often.
- o Withdrawing from family and friends.
- o Changing eating and/or sleeping habits.
- o Talking or thinking about death often.
- o Giving away important possessions.
- o Saying goodbye to friends and family.
- o Putting affairs in order, making a will.
- Risk factors for suicide: Suicide does not discriminate. People of all genders, ages, and ethnicities can be at risk. Suicidal behavior is complex, and there is no single cause. Many different factors contribute to someone making a suicide attempt. But people most at risk tend to share specific characteristics. Many people have some risk factors but do not attempt suicide. It is important to note that suicide is not a normal response to stress. Suicidal thoughts or actions are a sign of extreme distress, not a harmless bid for attention, and should not be ignored. Suicide is complex. Treatments and therapies for people with suicidal thoughts or actions will vary with age, gender, physical and mental well-being, and with individual experiences. The main risk factors for suicide (1.q):
  - o Depression, other mental health disorders, or substance use disorder.
  - o Certain medical conditions.
  - o Chronic pain.
  - o A prior suicide attempt.
  - o Family history of a mental health disorder, substance abuse, or suicide.
  - o Family violence, including physical or sexual abuse.
  - o Having guns or other firearms in the home.
  - o Being exposed to others' suicidal behavior, such as that of family members, peers, or celebrities.
  - o Stressful events, such as relationship problems, financial difficulties, or public humiliation.

- Protective factors for suicide (National Strategy for Suicide Prevention U.S. Surgeon General).
  - o Factors that make it less likely that individuals will develop a disorder.
  - o Protective factors may encompass biological, psychological, or social factors.
    - Individual: Coping and problem-solving skills; reasons for living; moral objection to suicide.
    - Relationship: Connectedness to individuals, family, community, and social institutions; supportive relationships with health care providers.
    - Community: Safe and supportive school and community environments; sources of continued care.
    - Societal: Availability of physical and mental health care; restrictions on lethal means of suicide. (1.q)
- Help for mental health issues (2.q).
  - o Self-injury comes with many risks. For example, cutting can lead to infections, scars, and even death. Sharing tools for cutting puts a person at risk of diseases like HIV and hepatitis (sharing tools of an infected person). Also, once a person starts self-injuring, it may be hard to stop. Teens who continuously hurt themselves are less likely to learn how to deal with their feelings in healthy ways. People who display self-harming behaviors may have mental health disorders that are treatable.
  - Depression is a medical illness that needs treatment and support. Thoughts of suicide/suicide ideation also need treatment and support.
  - o Talk with a parent or other adult you trust if you or someone you know needs help with a mental health issue or challenge. The first step to treatment is to talk with a health care provider, such as primary care provider or a mental health specialist, about getting an evaluation. It is important to get a careful evaluation to get the best diagnosis, treatment, and support.
- Resources for mental health issues: 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. Resources are available on NIMH's Find Help for Mental Illnesses webpage. Students can talk to parents/guardians, a school counselor, a school psychologist, a school social worker, a school nurse, a health care provider, specialized therapists, and the local Community Services Board. (3.Q)

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 as we cope with life. It also helps determine how we handle stress, relate to others, and make choices. Mental health is important at every stage of life, from childhood and adolescence through adulthood and aging.
- Factors that can influence mental health include family, environment, trauma, genetics, brain chemistry, health behaviors, nutrition, personal values, peers, media, technology, culture, and community. (1.r)
- To improve mental health:
  - o Exercise regularly.
  - o Maintain healthy relationships.
  - o Practice gratitude.
  - o Take care of your physical health (be physically active, enough sleep, healthy eating, stop consuming caffeine, quit smoking).
  - o Develop a sense of meaning and purpose in life (career, volunteering, learning new skills, exploring spirituality).
  - o Develop coping skills.
  - o Set goals to stay positive.
  - o Practice meditation and other relaxation techniques.

- Stigma is defined as a mark of shame or discredit (Merriam Webster). Negative attitudes and beliefs toward people who have a mental health condition are common. Stigma is usually based on a lack of understanding rather than information based on facts. (2.r, 3.r)
  - o People are twice as likely today than they were in 1950 to believe that mentally ill people tend to be violent.
  - One in four adults has a diagnosable mental illness, according to the National Institute of Mental Health. That's about 76 million Americans who live with the fear that others may find out about their disorder and think less of them or even keep them from getting jobs or promotions. People with mental illness or emotional challenges often avoid treatment due to the all-too-reasonable worry they'll be found out and discriminated against.
  - o People with mental illness often internalize society's beliefs about them—that they are incompetent, irrational and untrustworthy—and that can lead to distress that's sometimes worse than the mental illness itself.
  - People fear that those with mental illness are violent. The vast majority of people with mental illness are not violent—though they are 2.5 times more likely to be victims of violence than members of the general population.
  - o Stigma can also keep people from taking their medications. (American Psychological Association Stigma: Alive and Well)

Mental health professionals help children, adolescents, and adults deal with life stresses and problems, including addiction/substance abuse; problems with self-esteem; aging-related mental health issues; family, parenting or marital problems; grief, anger or depression; and other emotional or behavioral issues. (1.s)

• Social worker: Helps people solve and cope with problems in their everyday lives and diagnose and treat mental, behavioral, and emotional issues. A social worker can work in a variety of settings, including mental health clinics, schools, hospitals, and private practices.

- Psychologist: Some psychologists work independently, doing research or working only with patients or clients. Others work as part of a health care team, collaborating with physicians, social workers, and others to treat illness and promote overall wellness. (Psychologists have a doctorate in psychology.)
- Psychiatrist: A medical specialty (trained as physicians) that involves the treatment of mental disorders. Psychiatrists are physicians who evaluate, diagnose, and treat patients who are affected by a temporary or chronic mental health problem.
- Counselor: Provides mental health and substance abuse care; treats a wide assortment of mental, behavioral, and emotional problems and disorders.
   Counselors may work in schools, community health centers and agencies, or in private practices. (Professional counselors have a master's degree.)
- Psychiatric nurse: Treats patients diagnosed with mental illnesses.
- Mental health professionals in schools (2.s)
  - School counselors: Support student success by providing academic, college and career, and personal and social counseling.
  - School psychologists: Help students foster social skills, address mental health concerns, and enhance self-regulation skills. School psychologists collaborate with families, teachers, counselors, administrators, community agencies, and private providers.
  - School social workers: Provide individual and group counseling to empower students with the skills to develop social-emotional competencies, foster resiliency, and cope with crisis situations and conflicts. Social workers also serve as a liaison between home, school, and community, linking students and families to 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.

## **Topic:** Violence Prevention

#### **Standards:**

- 8.1.t Differentiate between bullying behaviors, arguments, peer conflict, harassment, teasing, taunting, and joking situations.
- 8.1.u Identify the consequences of weapon use, physical violence, and gang involvement.
- 8.2.t Explain the effects of bullying on individuals, including vulnerable populations.
- 8.2.u Analyze the risks associated with weapon use, physical violence, and gang-related activities for oneself, the family, and the community.
- 8.3.t Recommend strategies to prevent, safely defend oneself and others, or get help with bullying.
- 8.3.u Describe ways for students to develop relationships that are positive, promote wellness, and prevent weapon use, physical violence, and gang involvement.

### **Essential Understandings**

Treat others with respect. Not everyone welcomes teasing or joking. Intentions are not always clear to the people involved or to those who see the activity.

- Bullying behaviors: Bullying is unwanted, aggressive behavior that involves a real or perceived power imbalance. The behavior is repeated, or has the potential to be repeated, over time. Bullying includes actions such as making threats, spreading rumors, attacking someone physically or verbally, and excluding someone from a group on purpose. (1.t)
- Cyberbullying is bullying that takes place over digital devices like smartphones, computers, and tablets. Cyberbullying can occur through Short Message Service (SMS), text, and apps, or online in social media, forums, or gaming where people can view, participate in, or share content. Cyberbullying includes sending, posting, or sharing negative, harmful, false, or mean content about someone else. It can include sharing personal or private information about someone else, causing embarrassment or humiliation. Some cyberbullying crosses the line into unlawful or criminal behavior. (1.t)

## **Essential Knowledge and Skills**

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

- analyze behaviors and situations to determine whether they involve bullying/cyberbullying, arguments, peer conflict, harassment, teasing, taunting, and/or joking; include possible effects of the behaviors (1.t);
- advocate for bullying prevention, strategies to support self or others who are bullied, how to get help, and include the importance of protecting vulnerable populations (2.t, 3.t);

- Peer conflict: It is not bullying when two kids with no perceived power imbalance fight, have an argument, or disagree. (1.t)
- Harassment: Although bullying and harassment sometimes overlap, not all bullying is harassment, and not all harassment is bullying. Under federal civil rights laws, harassment is unwelcome conduct based on a protected class (race, national origin, color, sex, age, disability, religion) that is severe, pervasive, or persistent and creates a hostile environment. (1.t)
  - o Disability/racial/sexual harassment is "intimidation or abusive behavior toward a student based on disability/race/sex that creates a hostile environment by interfering with or denying a student's participation in or receipt of benefits, services, or opportunities in the institution's program (e.g., school)." www.healthsmartva.org
- Teasing and taunting can be considered bullying behaviors. (1.t)
  - Teasing: To laugh at and criticize (someone) in a way that is friendly and playful or cruel and unkind.
  - o Taunting: To say insulting things to (someone) in order to make that person angry.
- Joking: Something said or done to cause laughter. (1.t)
- Effects of bullying. Kids who are bullied are more likely to have (2.t):
  - o Depression and anxiety: Signs of these include increased feelings of sadness and loneliness, changes in sleep and eating patterns, and loss of interest in activities they used to enjoy. These issues may persist into adulthood.
  - o Health complaints.
  - Decreased academic achievement and school participation. They are more likely to miss, skip, or drop out of school.
- Children with physical, developmental, intellectual, emotional, and sensory disabilities are more likely to be bullied than their peers. Any number of factors—physical vulnerability, social skill challenges, or intolerant environments—may increase their risk. Research suggests that some children with disabilities may bully others as well. Kids with special health needs, such as epilepsy or food allergies, may also be at

- research Virginia rules, cite and present findings about the consequences of teens and violence and gang involvement (1.u, 2.u);
- promote positive and healthy relationships, activities, and school climates to promote wellness and prevent weapon use, physical violence, and gang involvement (3.u).

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

higher risk of being bullied. For kids with special health needs, bullying can include making fun of kids because of their allergies or exposing them to the things they are allergic to. In these cases, bullying is not just serious; it can mean life or death. (2.t)

- Bullying prevention: Understand what bullying is and the roles children can play (kids who bully, kids who are bullied, and kids who witness bullying). Promote norms that bullying is unacceptable. (3.t)
- Safely standing up to bullying: Speak up and tell an adult; support the student being bullied; intervene if safe to do so (3.t).
  - Question the bullying behavior. Simple things like changing the subject or questioning the behavior can shift the focus.
  - o Use humor to say something funny and redirect the conversation.
  - o There is strength in numbers, too! Bystanders can intervene as a group to show there are several people who don't agree with the bullying.
  - o Walk with the person who is the target of bullying to help diffuse potential bullying interactions.
  - Reach out privately to check in with the person who was bullied to let them know you do not agree with it and that you care. It makes a difference.
- Reporting bullying: Speak up. Report bullying to a parent/guardian, school staff, or other trusted adult. (3.t)
- Note: Teachers should review school-specific reporting for bullying, harassment, and other unwanted behaviors.

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)

• A weapon is something (such as a club, knife, or gun) used to injure, defeat, or destroy. Weapon use and physical violence can lead to injury of self and others, death, result in school suspension/expulsion, arrest, and legal actions. (1.u)

- Gang members cut ties to other important social groups and organizations, such as family, friends, schools, and religious community, 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, an increased risk of teen fatherhood/pregnancy, and lack of employment success, arrests, being stopped by police, living under the threat of victimization, 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). (1.u)
- Gang membership can lead to the recruitment of family members (siblings) and violence against family members. Gangs affect communities by instilling fear through intimidation, vandalism, graffiti, drug sales, intimidation of witnesses to gang activity/violence, getting caught in gang crossfire, trafficking, and gang-related homicides. Fear is higher where gangs are more prevalent and dangerous. (1.u)
- Protective factors for gang involvement include self-esteem, educational aspirations, positive and healthy relationships with friends and family, parental supervision, school achievement, bonding to school, and a positive school climate. (3.u)

Note: Teachers may wish to review healthy and unhealthy relationships from the Mental Wellness/Social and Emotional Skills topic.

# **Topic: Community/Environmental Health**

### **Standards:**

- 8.1.v Define and describe renewable resources and sustainable energy.
- 8.2.v Explain how humans and the environment are interdependent.
- 8.3.v Analyze opportunities for community service and advocacy for policies that promote environmental health.

## **Essential Understandings**

Humans influence their environment through their habits, actions, and choices.

- Renewable resources are energy sources that cannot be depleted and are able to supply a continuous source of clean energy. Renewable resources include biomass energy (e.g., ethanol), hydropower (e.g., hydroelectric power), geothermal power, wind energy, and solar energy. (National Geographic Renewable Resources) (1.v)
- Sustainable energy is produced using the sun, wind, heat of the earth, water, or from crops, rather than using fuels such as oil or coal which cannot be replaced (Cambridge Dictionary). (1.v)
- Humans depend on Earth's land, ocean, atmosphere, and biosphere (organisms, forms of life [e.g., plants, animals]) for food, water, and air to breathe. Humans pollute water with trash and contaminants, harming aquatic creatures; introduce invasive species which may have no natural predators; and use dangerous pesticides which can have unexpected consequences further up the food chain. By disrupting the plants and animals, [humans] also affect the larger ecosystems. (National Geographic Teaching Idea: Human Impacts on the Environment) (2.v)
- Community service opportunities for environmental health may include watershed projects, reduce/reuse/recycle, waste disposal, cleanup days for school or community, water quality, water conservation, and clean air. (3.v)
- Policy advocacy may begin with review of school's or school division's environmental health policies. (3.v)

## **Essential Knowledge and Skills**

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

- define and identify types of renewable resources and sustainable energy (1.v);
- explain the relationship between the environment and human health (2.v);
- explore and share community service projects and policy advocacy opportunities to promote environmental health (3.v).

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