



North Carolina Department of Public Instruction

INSTRUCTIONAL SUPPORT TOOLS

FOR ACHIEVING NEW STANDARDS

This document is designed to help North Carolina educators teach the Common Core and Essential Standards (Standard Course of Study). NCDPI staff are continually updating and improving these tools to better serve teachers.

Third Grade Health • Unpacked Content

For the new Essential Standards that will be effective in all North Carolina schools in the 2012-13.

What is the purpose of this document?

To increase student achievement by ensuring educators understand specifically what the new standards mean a student must know, understand and be able to do.

What is in the document?

Descriptions of what each standard means a student will know, understand and be able to do. The “unpacking” of the standards done in this document is an effort to answer a simple question “What does this standard mean that a student must know and be able to do?” and to ensure the description is helpful, specific and comprehensive for educators.

How do I send Feedback?

We intend the explanations and examples in this document to be helpful and specific. That said, we believe that as this document is used, teachers and educators will find ways in which the unpacking can be improved and made ever more useful. Please send feedback to us at feedback@dpi.state.nc.us and we will use your input to refine our unpacking of the standards. Thank You!

Just want the standards alone?

You can find the standards alone at <insert link>.

Note on Numbering: **MEH**–Mental and Emotional Health, **PCH**–Personal and Consumer Health, **ICR**–Interpersonal Communication and Relationships, **NPA**–Nutrition and Physical Activity, **ATOD**–Alcohol, Tobacco, and Other Drugs

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Mental and Emotional Health

Essential Standard and Clarifying Objectives

3.MEH.1 Understand positive stress management strategies.

3.MEH.1.1 Explain how self-control is a valuable tool in avoiding health risks.

3.MEH.1.2 Classify stress as preventable or manageable.

Unpacking

What does this standard mean a child will know and be able to do?

3.MEH.1.1 Explain how self-control is a valuable tool in avoiding health risks.

Self-control is a self-management skill that is helpful in making good decisions, avoiding risks, and being able to accomplish one's goals. If one has self-control, then he or she is less likely to act impulsively or to act in ways that would be hurtful to others or to self. Some of the health behaviors that benefit from self-control are eating, injury prevention, avoidance of violence or bullying, communication and relationships, avoidance of alcohol, tobacco, or drugs, and stress management.

- The student will be able to define self-control.
- The student will provide examples of prevention of health risks by using self-control.
- The student will exercise self-control to avoid health risks to self and others.

3.MEH.1.2 Classify stress as preventable or manageable.

There are some types of stress that cannot be prevented. A third grader cannot prevent a pet from dying or a friend from moving away. Not accepting or recognizing something that is beyond their control or unpreventable can cause more stress and feelings of helplessness and hopelessness. Children have to be able to cope or seek assistance from an adult.

Some stress is preventable or, at least manageable, by planning ahead. Think about these examples of situations that might be opportunities to practice dealing with stress. Completing one's homework or a project on time prevents the consequences of a poor grade (and prevents parents from being disappointed). Being considerate and taking less time in the bathroom may prevent an argument with a sister or brother.

Remembering to tell parents about an upcoming field trip or a meeting for scouts helps make scheduling for the extra activity manageable.

- The student will identify which stresses are preventable and which are manageable.
- The student will avoid stress when possible through preventive measures.

Essential Standard and Clarifying Objectives

3.MEH.2 Understand the relationship between healthy expression of emotions, mental health, and healthy behavior.

3.MEH. 2.1 Identify common sources for feelings of grief or loss.

3.MEH. 2.2 Summarize how to seek resources for assistance with feelings of grief or loss.

Unpacking

What does this standard mean a child will know and be able to do?

3.MEH.2.1 Identify common sources for feelings of grief or loss.

Death is final and inevitable for all living things. Grief is the emotional response to a death of a loved one or a loss. For many children, the death of a grandparent or a pet is the first significant death. Other transitions involve loss: divorce/separation of parents or moving away from one's neighborhood, school, or family are examples. The emotions that are associated with grief include sadness, insecurity, anger, guilt, and denial. Children may need to be reassured these feelings are natural and normal.

Because children may not understand the finality of death, they may misunderstand euphemisms such as "passed away," "at peace," "gone to a better place," and "no longer with us." The sources for feelings of grief are related to the relationship of the person who has died, what role that person played in the child's life, whether the child has experienced loss in the past, and how the loss has been explained to him or her.

- The student will list types and examples of loss.
- The student will identify feelings associated with grief.

3.MEH.2.2 Summarize how to seek resources for assistance with feelings of grief or loss.

A parent or guardian is the most likely person to give assistance to a child who has experienced a loss. Other resources include the guidance counselor, teacher, or school nurse. If other members of his or her family are grieving, a child may not ask for help within the family to deal with the emotions associated with a loss. Some schools have support groups for children who are coping with difficult transitions.

The best way to seek assistance is to simply ask. Some children express grief in ways other than sadness (see 3.MEH.2.1 above) and would need the adults around him/her to be sensitive and perceptive. Projecting anger elsewhere or acting out may be a cry for help. Reading, drawing, and journaling are ways a child can express feelings of loss.

- The student will be able to identify helpful resources for coping with grief and loss.
- The student will be able to ask for assistance to deal with the experience of loss.

Personal and Consumer Health

Essential Standard and Clarifying Objectives

3.PCH.1 Understand wellness, disease prevention, and recognition of symptoms.

3.PCH.1.1 Classify behaviors in terms of whether they are related to physical, social, mental, and emotional health.

3.PCH.1.2 Classify behaviors in terms of whether they do or do not contribute to healthy living.

Unpacking

What does this standard mean a child will know and be able to do?

3.PCH.1.1 Classify behaviors in terms of whether they are related to physical, social, mental, and emotional health.

Many people think of health as simply physical health: nutrition, exercise, doctor's visits, dental health, and posture. Everyone needs to be healthy in all domains, not only physical but also social, mental, and emotional health. It is important to have balance between the domains of health and strive to be healthy in each.

To have emotional health, one would need to be aware of feelings and express them positively, have healthy self-esteem, and be able to cope with stress effectively. Characteristics of having good mental health include making healthy decisions and using reliable sources of information. Mental health also includes moral well-being: doing the right thing, having healthy values and acting consistently with them. A person who has social well-being is a good friend, cares about his/her community, accepts others even if they are different, is kind and thoughtful.

- The student will list the domains of health.
- The student will identify characteristics of health in these domains: physical, emotional, social, and intellectual.
- The student will strive to be healthy in all areas of his or her life.

3.PCH.1.2 Classify behaviors in terms of whether they do or do not contribute to healthy living.

Sometimes whether a person is healthy is not within their control. They may have been born with a condition; they may have been exposed to a contagious illness. Other health conditions are the result of behaviors that they choose. Children should select activities to help them be as healthy as they can be.

In areas where it is safe to play outside, that is the healthier choice than passive activities like television or computer games. When given the

choice between fruit or candy as a snack, eating the more nutrient-dense fruit is a better option. Going to bed on time is healthier than going to school not having adequate sleep. Other positive health choices include daily bathing, brushing and flossing, being a good friend to classmates, talking through a problem instead of whining or yelling, wearing a helmet when riding a bike, and recycling and conserving energy. There are rewards for practicing healthy behaviors, including being a good role model for others. Some of the benefits are immediate (good nutrition) and some will pay off years later (choosing not to smoke).

- The student will distinguish between healthy and unhealthy behaviors.
- The student will select behaviors that promote health and avoid behaviors that will have an unhealthy consequence.

Essential Standard and Clarifying Objectives

3.PCH.2 Apply measures for cleanliness and disease prevention.

3.PCH.2.1 Recognize that plaque and lack of dental hygiene result in gum disease and cavities.

3.PCH.2.2 Implement proper flossing to prevent tooth decay and gum disease.

Unpacking

What does this standard mean a child will know and be able to do?

3.PCH.2.1 Recognize that plaque and lack of dental hygiene result in gum disease and cavities.

Plaque is the gooey, yellowish material that builds up on teeth between brushing and flossing. It is made up of sugars from foods and bacteria, which are always present in the mouth. The combination of these materials is a form of acid that can cause damage to teeth if not removed. If plaque stays on the teeth more than 24 hours, it can harden and become tartar, which is more difficult to remove and can cause decay of teeth and gum disease.

Limiting sweet snacks is a good practice. Regular brushing and flossing are especially important to prevent the plaque from becoming tartar. It is recommended that everyone brush several times each day (especially after meals and before bedtime) and floss once each day to remove plaque between teeth and at the gum line.

- The student will explain how plaque forms and recall the health risks of lack of dental hygiene.
- The student will be able to demonstrate proper brushing and dental care.
- The student will model attention to dental hygiene several times each day.

3.PCH.2.2 Implement proper flossing to prevent tooth decay and gum disease.

The areas of the mouth that are between teeth and at the gum line are at greater risk for tooth decay and inflammation of the gums. Tooth brushing by itself is not sufficient to clean plaque from these areas. Flossing is needed as well. Because plaque hardens to tartar within 36 hours, flossing is recommended every 24 hours.

Care should be taken to floss correctly and not cut into the gum. Some people now use dental flossers, a plastic device which holds the floss and may be easier to use than floss on a spool. Children should learn to floss while supervised by an adult to make certain they are learning correct technique.

- The student will be able to identify reasons for flossing teeth.
- The student will describe how and how often to floss teeth.
- The student will demonstrate correct flossing technique.
- The student will floss daily without being told to do so.

Essential Standard and Clarifying Objectives

3.PCH.3 Understand necessary steps to prevent and respond to unintentional injury.

3.PCH.3.1 Use methods for prevention of common unintentional injuries.

3.PCH.3.2 Summarize methods that increase and reduce injuries in and around water.

3.PCH.3.3 Summarize the dangers of weapons and how to seek help if a weapon or firearm is found.

3.PCH.3.4 Implement a plan to escape fire at home while avoiding smoke inhalation.

Unpacking

What does this standard mean a child will know and be able to do?

3.PCH.3.1 Use methods for prevention of common unintentional injuries.

Unintentional injury is the leading cause of death for children and teens. The most common causes of unintentional injuries are car crashes, fire and burn injuries, accidental poisoning, recreational injuries, and drownings. There are precautions a child can take to prevent some (but not all) of these. For example, a child cannot control the actions of an adult driver, but can always wear his or her seatbelt while riding in a car.

Unintentional injuries were previously called accidents. They were called accidents because it was thought they “just happened.” They do not just happen, they are caused. Inadequate planning or a lack of attention to one’s environment often causes unintentional injuries. Many of them could have been prevented. Children can learn to prevent many injuries by thinking ahead, taking protective measures, playing in safe places, and staying in areas supervised by adults. Protective measures include wearing a helmet when skating or riding a bicycle, wearing a mouth guard in certain sports, following the rules of good sportsmanship, wearing clothing appropriate for the weather and activity, learning to swim, and taking medicine only when supervised by an adult. Some aspects of the environment are potentially dangerous and need to be treated with respect or avoided. Examples include extreme weather, the presence of a weapon or others fighting, stinging insects or snakes, and stairs and ladders.

- The student will be able to define and give examples of unintentional injury.
- The student will list causes of common injuries to children.

- The student will practice preventive and protective measures to avoid unintentional injuries.
- The student will report unsafe situations to a teacher or parent.

3.PCH.3.2 Summarize methods that increase and reduce injuries in and around water.

Water-related injuries are the second leading unintentional injury resulting in death of children. Drowning occurs in oceans, lakes, rivers, swimming pools, bathtubs and hot tubs, and wells. Following water safety rules can prevent many of these tragic injuries and deaths.

Learning to swim, playing in water only when supervised by an adult, using a PFD (personal flotation device) when boating, and swimming with a buddy are helpful water safety rules. The “Do Nots” are: no diving in shallow water, no running at the pool or on docks, no swimming in stormy weather, and no playing near pool drains. Knowing and practicing water safety rules can save a child from injury or death.

- The student will be able to list dangers around water.
- The student will identify and practice water-safety measures.

3.PCH.3.3 Summarize the dangers of weapons and how to seek help if a weapon or firearm is found.

Weapons include guns (handguns and rifles), knives or other sharp blades, clubs, slingshots, and other objects used to hit or throw at another person. Weapons are very dangerous and may hurt someone even if that action is not intended. Sometimes children imitate the behaviors they see on television, video games, or movies without realizing the potential consequences of injury or death to themselves or others. A child should always seek help from an adult if a weapon is found or is in a place accessible to children. If a weapon is brought to school (or a threat is made), it must be reported. Guns should always be locked up with the ammunition in a separate place.

- The student will list items considered weapons (guns, knives, clubs).
- The student will report to an adult any weapon found.

3.PCH.3.4 Implement a plan to escape fire at home while avoiding smoke inhalation.

If a building is on fire, there is greater danger from smoke inhalation than there is of a person being burned. Inhaling smoke (which includes poisonous gases and solid particles) is often the real killer in a fire. Holding a wet cloth or handkerchief over the mouth and nose may cool the air one breathes, but will not block out the poisonous gases. Sometimes the air is “super-heated” from the fire and actually burns the lining of the respiratory system. The best strategy is to hold one’s breath, stay low to the floor, and take as few breaths as possible when exiting the building.

Every family and every classroom should have an escape plan. Children should be coached in the plan and what to do based on where the fire occurs. Fire drills should be taken seriously so following the rules is automatic if a real fire occurs. Families should have a designated place to meet so there is no confusion about whether someone who has escaped might still be inside. No one should ever hide in a burning house or

building.

- The student will describe the escape plan his or her family has at home in case of fire.
- The student will participate in fire drills appropriately and seriously.

Interpersonal Communication and Relationships

Essential Standard and Clarifying Objectives

3.ICR.1 Understand healthy and effective interpersonal communication and relationships.

- 3.ICR.1.1 Summarize qualities and benefits of a healthy relationship.
- 3.ICR.1.2 Plan how to show compassion for all living things and respect for other people's property.
- 3.ICR.1.3 Illustrate how to seek help from an adult if a weapon is found or a threat is communicated.
- 3.ICR.1.4 Illustrate how to effectively and respectfully express opinions that differ.
- 3.ICR.1.5 Analyze situations in terms of the strategies used by people in those situations that help or hinder healthy relationships.

Unpacking

What does this standard mean a child will know and be able to do?

3.ICR.1.1 Summarize qualities and benefits of a healthy relationship.

A healthy relationship with family members, friends, classmates, and adults is beneficial to every individual. Humans need love, support, comfort, caring, respect, and nurturance. The benefits of a healthy relationship are just as important as nutritious food and regular exercise. Without family and friends, a child cannot learn life skills needed to make his or her way in the world.

Many of the qualities that are needed to get along within a family are also needed to make friends, thrive within the class, or succeed at school or in the future. Those qualities include fairness, treating others with respect, caring, taking responsibility, and being trustworthy. Having a cooperative spirit makes a joint effort more pleasant and productive for everyone. Communication is helpful for individuals to get along with each other. Communication requires listening as well as talking.

- The student will recognize qualities of relationships that are caring and supportive.
- The student will identify benefits of healthy relationships.
- The student will contrast healthy and unhealthy relationships.
- The student will act in ways that are caring and respectful of his or her classmates.

3.ICR.1.2 Plan how to show compassion for all living things and respect for other people's property.

Many families have beloved pets, and many families consider the cat, dog, horse, or turtle to be a member of the family. Domestic animals are dependent on people and therefore can be neglected or abused. It is illegal and immoral to be hurtful to an animal whether wild or tame. Often a child's first household chores are to care for a pet: by giving it clean water and healthy food and taking it for walks or exercise, or by keeping the animal and its bedding clean. There may be exceptions if the creature is considered a pest (a wasp, for example) or is dangerous (a poisonous snake). For the most part, if a human is cruel toward an animal or harms it, it is illegal.

Stealing or damaging the property of others is illegal as well. Students should be respectful of the items that belong to classmates and to the school. Respecting the property of others is one way to show respect for others and for self.

Both of these behaviors are considered part of having good character. Developing these qualities early will serve students well throughout their lifetime.

- The student will contrast behaviors that are compassionate and that are hurtful to living creatures.
- The student will recognize the importance of being respectful of other people's property.
- The student will demonstrate good character toward all living things and the property of others.

3.ICR.1.3 Illustrate how to seek help from an adult if a weapon is found or a threat is communicated.

[Repeat of objective PCH 3.3 above.] Weapons include guns (handguns and rifles), knives or other sharp blades, clubs, slingshots, and other objects used to hit or throw at another person. Weapons are very dangerous and may hurt someone even if that action is not intended. Sometimes children imitate the behaviors they see on television, video games, or movies without realizing the potential consequences of injury or death to themselves or others. A child should always seek help from an adult (a parent, a teacher, a resource officer or any trusted adult) if a weapon is found or is in a place accessible to children. If a weapon is brought to school (or a threat is made), it must be reported. Guns should always be locked up with the ammunition in a separate place.

- The student will take appropriate steps to get adult help if a weapon is found or a threat is made.

3.ICR.1.4 Illustrate how to effectively and respectfully express opinions that differ.

Everyone has ideas that are different and similar to the ideas of others. Sometimes differences can be resolved; other times the two people must agree to disagree. Friends may have different opinions about another friend, an activity to do after school, what snack to eat, or what television program to watch. The best way to handle differing opinions is to take turns, compromise, or take some time apart. The skill of respecting the opinions of others demonstrates the belief that each person has rights. Compromise means to meet in the middle and is a healthy way to resolve differences. It is also helpful to appreciate differences, as that is often what makes a group stronger. In a class, being willing to listen to the ideas of others makes the school environment nicer for everyone. It is always a good idea to think before acting or speaking.

- The student will describe how the ideas of others in a group may vary.
- The student will demonstrate respect for the different opinions of others.

3.ICR.1.5 Analyze situations in terms of the strategies used by people in those situations that help or hinder healthy relationships.

Finding solutions to conflict is not always easy. The solution to the conflict needs to be appropriate to the situation and the people involved. Even though people are well intended, the ways they try to fix a problem may make it worse instead of better. For example, telling a secret may be the right thing to do if a friend is hurt or threatened. Telling a secret would be wrong if it starts rumors or gossip.

In every relationship, one should show kindness and be polite. If a mistake is made, it is helpful to say, “I’m sorry.” It is never helpful to call names, tell a lie, or blame others. With each situation, one should ask, “What is the right thing to do?”

- The student will list situations that involve conflict.
- The student will identify strategies that are harmful or helpful to relationships.
- The student will demonstrate appropriate actions to resolve conflict and promote healthy friendships.

Nutrition And Physical Activity

Essential Standard and Clarifying Objectives

3.NPA.1 Apply tools (MyPlate, Food Facts Label) to plan healthy nutrition and fitness.

3.NPA.1.1 Use MyPlate to eat a nutritious breakfast each morning.

3.NPA.1.2 Check the Food Facts Label to determine foods that are low in sugar and high in calcium.

3.NPA.1.3 Plan activities for fitness and recreation during out-of-school hours.

Unpacking

What does this standard mean a child will know and be able to do?

3.NPA.1.1 Use MyPlate to eat a nutritious breakfast each morning.

Scientists believe breakfast is the most important meal of the day. Overnight, the body uses up its **glucose** (blood sugar), leaving the body fasting by morning. Breakfast jump-starts the brain and the body by renewing its fuel source. Many studies show that children and adults who eat breakfast perform better, physically and mentally. Children have improved concentration, longer attention spans, better school attendance and better behavior than non-breakfast eaters. Students who eat breakfast also have healthier blood cholesterols and better weight control.

Students can use the MyPlate’s food groups to choose combinations of food for a healthy breakfast. In the **grains** group, they can find bread,

muffins, cereals hot or cold, waffles, bagels, tortillas, leftover rice, potatoes, corn or pasta. In the **vegetable** group, students will find tomatoes, peppers, onions and mushrooms to add to eggs; or carrots, celery and cucumbers for midmorning snacks. The **protein** group provides sliced turkey, ham, fish, eggs, beans, peanut butter or hummus to roll into a tortilla, flat bread or bun. **Fruits** are refreshing for breakfast—oranges, bananas, pineapples, melons, peaches and berries. **Milk** is an important component, used plain or added to cereals, or in yogurt, cheeses or homemade smoothies with fruit. Oils and fats such as low-fat mayonnaise, low-fat cream cheese, olive oil, sesame oil or canola oil spray to cook eggs or spread on breads should be used sparingly. Everyone can find something they love for breakfast, even if it is their favorite leftover from last night's dinner. Breakfast can be fast or be portable with a little planning.

- The student will discuss the benefits of eating breakfast.
- The student will identify at least 6 foods he or she would eat for breakfast from each of the MyPlate food groups and combine them into breakfast meals and snacks.
- The student will record breakfasts eaten for three days.

3.NPA.1.2 Check the Nutrition Facts Label to determine foods that are low in sugar and high in calcium.

Many children consume too much sugar and not enough calcium. The Nutrition Facts Label is a good source of information about the foods that are purchased and eaten. The Label tells the serving size, what ingredients and nutrients are in the food, how many calories and how much fat are in the food, and how many servings are in a container. By learning to read a label, a child can plan simple meals to get nutrient-dense foods, avoid over-eating by controlling serving sizes, and avoid ingredients that could cause an allergic reaction. A good way to use the label is to compare foods and decide which is more nutrient-dense. One can decide which cereal is lower in sugar and which yogurt contains more calcium. The child might realize it is better to eat just one muffin because of the amount of sugar in two. A child might decide to have a cheese stick for a snack instead of pretzels to get another serving of a calcium-rich food.

- The student will list information found in the Nutrition Facts Label.
- The student will apply the Nutrition Facts Label to select foods that are lower in sugar.
- The student will choose calcium-rich foods based on information on the Nutrition Facts Label.

3.NPA.1.3 Plan activities for fitness and recreation during out-of-school hours.

Regular exercise is needed to achieve fitness, prevent obesity, and build healthy self-esteem. The recommended amount of physical activity is 30 to 60 minutes daily. Not all children have access to daily Physical Education classes or have classes long enough to help them achieve fitness. For those reasons, getting exercise outside of school can contribute to health and fun.

Walking or riding a bike to and from school is possible for some students, especially if there are safe bike paths and sidewalks in their neighborhood. After school is an ideal time for fitness activities and a good way to take a break before homework or chores. Sometimes chores are also fitness activities: raking leaves or sweeping the porch builds strength and endurance. Having friends to play within the neighborhood

makes it easier to take part in recreational activities. Often there are places to go after school and on weekends for sports participation and lessons: swimming at the YMCA, soccer at the Boys and Girls' Clubs, and martial arts or dance lessons are available in many communities. There are more opportunities for fitness and fun indoors with interactive videos. Jumping rope, bending and stretching, and taking walks do not require a playmate or special equipment.

- The student will identify free and fun activities to participate in after school.
- The student will plan fitness activities for his or her family on weekends.
- The student will participate in recreation and fitness five times each week during out-of-school hours.

Essential Standard and Clarifying Objectives

3.NPA.2 Create strategies to consume a variety of nutrient-dense foods and beverages and less calorie-dense and empty calorie foods.

3.NPA.2.1 Identify the sources of a variety of foods.

3.NPA.2.2 Categorize beverages that are more nutrient-dense.

3.NPA.2.3 Recognize appropriate portion sizes of foods for most Americans.

Unpacking

What does this standard mean a child will know and be able to do?

3.NPA.2.1 Identify the sources of a variety of foods.

It may seem as though all food comes from the grocery store. Before families shop at grocery stores, the food comes from farms, ranches, the ocean, groves, and orchards. All food comes from either plants (fruits, vegetables, and grains) or animals (beef, pork, chicken, and fish or products from animals such as eggs and milk). Some foods come from other parts of the country like oranges from Florida or California, and some foods come from another part of the world such as grapes or other produce from South America during the winter months. Being able to purchase foods from other countries means Americans can eat a greater variety of foods year-round, but there are advantages to eating local (and fresher) foods.

- The student will match foods with their sources.
- The student will describe the variety of foods available from farms, orchards, groves, and oceans.

3.NPA.2.2 Categorize beverages that are more nutrient-dense.

Nutrient-dense beverages are those that come from foods that are themselves nutrient-dense. The one exception is water. Water contains minerals, but no calories. It is most important for hydrating the body, so students need to make certain they get about 8 cups of water per day.

Nutrient-dense beverages include low-fat milk, providing the body's main source of calcium, other minerals, and vitamin D. Chocolate or fruit

along with low-fat, low-sugar ice-cream can be added to milk to make a nutrient-dense smoothie that is more caloric, but still healthy. Tomato juice, carrot juice, V8 and vegetable-based juices combined with fruit juice are now available and may appeal to young children. It is important to check labels for the sugar content and source. There are many sugary sodas, fruit drinks, powder mixed drinks and energy drinks that are not recommended for children because they are linked to childhood obesity. Sugar in drinks, particularly high fructose corn syrup along with caffeine cause students to have high and low mood swings. Most physicians now recommend milk and water as the primary choice for children's beverages.

- The student will explain why low-fat milk and water are the two main recommended beverages for children.
- The student will identify beverages that are associated with obesity and mood swings in children.
- The student will view juices and sodas with high sugar content as beverage treats used occasionally rather than for daily consumption.

3.NPA.2.3 Recognize appropriate portion sizes of foods for most Americans.

The Goldilocks Principle should be applied when considering a serving of food—not too large, not too small, just the right size. The correct size of each food group is different and is called a **portion**. For instance, a pancake or bread portion is about the size of a DVD. A correct portion of peanut butter is about the size of a thumb. When choosing a piece of fruit think of a tennis ball, or grapes as a light bulb. Meat should be about the size of a deck of cards or the palm of your hand. A cup of cereal is the size of a fist. The portion size and a serving size may be the same, but often not. The **serving** is the amount that is actually put on the plate.

In restaurants, the serving size a person is given is actually 1.5 to 3 portions. That means the serving has 1.5 to 3 times the calories and nutrients as well. Food Fact Labels accurately identify the serving (portion) size. Read potato chip and other snack food labels to determine the correct serving size. It is useful to buy snack foods in single serving sizes, or to divide a large bag of chips into single serving bags and freeze them until ready to use.

There are no forbidden foods unless the child has an allergic reaction. However, calorie-dense and empty calorie foods should be eaten less often and in smaller than portion sizes. For instance, macaroni and cheese is a high-fat, high-starch food. A better portion of it would be 5 bites up to a 2-inch square, depending on how many calories are burned each day. Another strategy is to cut a large serving in half and share with a friend or family member, and it saves money. At fast food restaurants, even adults can get the kid meals and smaller-sized burgers for better health.

- The student will explain the difference in a portion and a serving.
- The student will show common visual cues used to remember the portion sizes of foods, particularly those using his or her hand.
- The student will give one or more strategies for eating less calorie-dense and empty calorie foods.

Alcohol, Tobacco, and Other Drugs

Essential Standard and Clarifying Objectives

3.ATOD.1 Understand how to use household products and medicines safely.

3.ATOD.1.1 Identify examples of medications that help individuals with common health problems.

3.ATOD.1.2 Recall rules for taking medicine at school and at home.

Unpacking

What does this standard mean a child will know and be able to do?

3.ATOD.1.1 Identify examples of medications that help individuals with common health problems.

When it comes to fighting illnesses, there are many types of medicines. Antibiotics are one type of medicine and they kill germs called bacteria. If the doctor found out that streptococcal bacteria (strep throat) was causing a sore throat, he or she could prescribe just the right antibiotic. But while the antibiotic is starting to fight the bacteria, the child might still feel achy and hot, so the parent will also give a pain reliever. Pain relievers can't make someone well, but they do help him feel better while he's getting well.

Cold medicine soothes symptoms to dry up a runny nose, and cough drops relieve a scratchy throat. Cream that helps a bug bite stop itching is another example of a medicine that eases a symptom. Even though a cold goes away by itself and a bug bite will heal on its own, these medicines help one feel less sick or itchy. Acetaminophen and Ibuprofen are common drugs taken for minor aches and pains, headaches and fevers. Many people take medicines to control illnesses that don't completely go away, such as diabetes, asthma, or high blood pressure. With help from these medicines, people can enjoy life and avoid some of the worst symptoms associated with their illnesses.

- The student will recall the symptoms relieved by certain medicines.
- The student will never take a medicine for reasons other than its intended purpose or without adult supervision.

3.ATOD.1.2 Recall rules for taking medicine at school and at home.

Medicines are drugs used to help people feel better, or to help them keep feeling better. If taken inappropriately, medicines can have serious side effects and can be dangerous, even fatal. Students should never take an unknown medicine even if they have seen their parents take it. Medicines should be stored in a place inaccessible to children and in their original containers. Medicine should never be shared among family members or friends, and directions for taking medicine should be strictly followed.

General rules for taking medication at home:

- Know the steps for taking medicine. Ask parents which steps a child can do alone, and which steps need adult supervision.

- Read the label before taking medicine. Ask, “Is that what the doctor or your parent said?” If not, tell them. Check how much medicine to use and how to use it. Use it as directed.
- Ask an adult what side effects can happen when a medicine is used. Watch for side effects and tell a grownup if they happen.

General rules for taking medicines at school:

- Obtain “Parental Request/Physician’s Order” form from school office.
- Bring completed form and medication to school. Students should not transport medication.
- Medication must be brought to school office in the original container from the pharmacy. The label on the container must match the written physician’s order.
- Medicine is given and recorded by trained school staff.
- The student will list possible risks of taking medicine improperly.
- The student will identify general rules for taking medicine at homes and at school.
- The student will take medicine only within the guidelines for supervision and safety.

Essential Standard and Clarifying Objectives

3.ATOD.2 Apply strategies involving risk-reduction behaviors to protect self and others from the negative effects of alcohol, tobacco, and other drugs.

3.ATOD.2.1 Use refusal skills when confronted or pressured to use alcohol, tobacco, or other drugs.

3.ATOD.2.2 Identify ways of refusing to ride in vehicles driven by someone who has been using alcohol.

Unpacking

What does this standard mean a child will know and be able to do?

3.ATOD.2.1 Use refusal skills when confronted or pressured to use alcohol, tobacco, or other drugs.

It is tough for a child to say “no” to peer pressure. Paying attention to one’s feelings and beliefs about what is right and wrong will help the student know the right thing to do. Developing inner strength and self-confidence can help a child stand firm, walk away, and resist doing something when he or she knows better. It can help to have at least one other peer, or friend, who is willing to say “no,” too. This takes a lot of the power out of negative peer pressure and makes it much easier to resist. It is helpful to have friends with similar values who will also say “no” when pressured to do something such as smoking a cigarette or tasting beer.

When a child is alone and facing pressure, there are refusal skills to deflect the pressure. The individual can try to stay away from peers who pressure them to do stuff that is wrong or can tell them “no” and walk away. Better yet, finding other friends and classmates to pal around with may be a better option. If peer pressure continues and it is difficult to handle, students can talk to a trusted adult. Talking to a parent, teacher, or school counselor can help a child feel much better and prepared for the next time peer pressure is faced.

Different methods of saying “no” will work for different children. Possible refusal skills for pressure to use drugs:

- o Switch topics
 - o Use humor
 - o State the facts
 - o Come up with another idea
 - o Walk away
 - o Use an excuse
 - o Challenge the speaker
 - o Turn the tables
 - o Don't pay any attention
- The student will identify refusal skills to use when pressured to try drugs or alcohol.
 - The student will demonstrate through role-play effective refusal to pressure to try drugs or alcohol.

3.ATOD.2.2 Identify ways of refusing to ride in vehicles driven by someone who has been using alcohol.

The 2009 Youth Risk Behavior Middle School Survey reported that 30.2% of middle school students had ridden with a driver who had been drinking alcohol. The Centers for Disease Control and Prevention reported that about 32% of all deaths among children and adolescents ages 5 to 19 in the United States occur from motor vehicle injuries. One out of four occupant deaths among children from birth to age 14 involves a drinking driver. More than two-thirds of fatally injured children were riding with drinking drivers. At a minimum, students should:

- o Always wear a seat belt, or sit in a booster seat if appropriate for their size, every time they ride in a car.
 - o Ride in the back seat if they are 12 years of age or younger.
 - o Avoid and get away, if possible, from situations that may put them in danger by thinking through various scenarios in a safe classroom setting.
- The student will identify self-management strategies that can keep them safe (e.g. getting a ride with someone who isn't drinking, carrying money for a phone call or a cell phone).
 - Through behavioral rehearsal and role-play, the student will be able to identify situations that might occur related to vehicles and alcohol use.

Fourth Grade Health • Unpacked Content

Note on Numbering: **MEH**–Mental and Emotional Health, **PCH**–Personal and Consumer Health, **ICR**–Interpersonal Communication and Relationships, **NPA**–Nutrition and Physical Activity, **ATOD**–Alcohol, Tobacco, and Other Drugs

Mental and Emotional Health

Essential Standard and Clarifying Objectives

4.MEH.1 Apply positive stress management strategies.

4.MEH.1.1 Summarize effective coping strategies to manage stress.

4.MEH.1.2 Implement healthy strategies for handling stress, including asking for assistance.

Unpacking

What does this standard mean a child will know and be able to do?

4.MEH.1.1 Summarize effective coping strategies to manage stress.

A stressor is a person, place, event or situation that places a demand on the mind or the body. A stressor can be pleasant or unpleasant and everyone experiences stress on a daily basis. The physical signs of stress may include: headache, neck or backache, increased sweating, tightness of chest, nervous stomach, inability to fall asleep, dry mouth and fatigue. The emotional or behavioral signs of stress may include: anxiety, impatience, irritability, forgetfulness, negative thinking, inability to concentrate, loss of interest, restlessness, inability to sleep, loss of appetite or overeating, and withdrawing from relationships.

There are some common stressors that young people encounter. This may include: quizzes/tests, relationships with friends, arguing with a sibling, being bullied at school, worrying about one's appearance, getting glasses or braces, getting in trouble with parents or at school, and homework. People may respond differently to the same stressor. One person may perceive the stressor as positive while another person may see the stressor as negative. It is important for an individual to identify his or her stressors and be able to determine the appropriate coping strategy to deal with the stressor.

There are many different effective coping strategies to manage stress. Common positive coping strategies include: talking with a trusted adult, parent/guardian, teacher, counselor; time management skills; deep breathing; exercise; writing in a journal; visualizing oneself doing well; mental rehearsal; and counting to ten before reacting.

- The student will identify common stressors for his or her age group.
- The student will identify positive and negative coping strategies.
- The student will identify positive coping strategies for the common stressors for age group.
- The student will explain the effective coping strategies for managing stress.

4.MEH.1.2 Implement healthy strategies for handling stress, including asking for assistance.

Students need to be able to identify the signs of stress (physical, emotional, mental and behavioral) and determine the cause of the stress.

Recognizing personal habits in dealing with stress can help people evaluate if they used positive or negative coping strategies in the past.

Reflection questions may include: *What will the outcome be, if a person handles stressful situations with anger? What could the outcome be if a person starts to withdraw from family and friends when faced with a stressful situation? What are other strategies might have resulted in a more positive outcome?* In addition, as students learn new coping strategies they need to continue to reflect and evaluate the results of the strategy that they used.

- The student will list personal stressors.
- The student will identify two positive ways to cope with the stressor.
- The student will explain ways to ask for assistance in coping with stressors.
- The student will analyze the different coping strategies used in coping with stressors.

Essential Standard and Clarifying Objectives

4.MEH.2 Understand the relationship between healthy expression of emotions, mental health, and healthy behavior.

4.MEH.2.1 Identify unique personal characteristics that contribute to positive mental health.

4.MEH.2.2 Explain how effective problem solving aids in making healthy choices.

Unpacking

What does this standard mean a child will know and be able to do?

4.MEH.2.1 Identify unique personal characteristics that contribute to positive mental health.

Both self-acceptance and accepting others are important to being successful in life. No two people are exactly alike. Their differences make them unique and special. Those differences include hair color, eye color, hobbies, size, skills and abilities, and preferences. Being happy with and accepting oneself is key to having positive mental health. Accepting that each person is unique and special is vital to having healthy relationships. A person's attitude is a reflection of his or her personality. Some children are positive and others negative. Some children are more outgoing and others are quieter. Some seek the attention of others; many do not. Accepting others and appreciating differences is part of emotional and mental health.

- The student will describe ways individuals are alike and different.
- The student will recognize differences that make each person unique and special.
- The student treats those who are different with kindness and respect.
- The student demonstrates self-confidence in peer relationships.

4.MEH.2.2 Explain how effective problem solving aids in making healthy choices.

It is not possible to live a life free of problems. Usually problems are temporary and isolated, so keeping one's perspective is useful. Sometimes it is helpful to give oneself a pep talk to overcome discouragement. Developing problem-solving skills is the best defense against allowing a problem to become larger than it needs to be. Problems can occur in all areas: between friends, within families, with a person's health, with schoolwork, and in hobbies or recreation. The skill involves identifying the problem, brainstorming several solutions, and choosing the best one (with the healthiest resolution for all).

Identifying the problem involves self-awareness and focus. It is a good idea to reflect on what is really wrong. To brainstorm solutions, one can be creative and open to possibilities. Choosing the solution should only happen after consideration of possible consequences. The expression, "jumping from the frying pan into the fire" is an example of making a problem worse instead of better. If one answer to the problem does not seem to work, brainstorming additional ways of resolving the difficulty can be considered. Asking adults for assistance with serious problems is always a good idea.

- The student will explain problems that are common for fourth graders.
- The student will list steps to solving a problem.
- The student will apply problem solving to assist in making healthy choices.

Personal and Consumer Health

Essential Standard and Clarifying Objectives

4.PCH.1 Understand wellness, disease prevention, and recognition of symptoms.

4.PCH.1.1 Explain how to prevent or control common childhood illnesses and conditions such as asthma, allergies, diabetes, and epilepsy.

4.PCH.1.2 Recognize methods that prevent the spread of germs that cause communicable diseases.

Unpacking

What does this standard mean a child will know and be able to do?

4.PCH.1.1 Explain how to prevent or control common childhood illnesses and conditions such as asthma, allergies, diabetes, and epilepsy. Common childhood illnesses and conditions include asthma (a disorder of the respiratory passages, which become inflamed and narrow), allergies (hypersensitivity to a substance), diabetes (the inability to metabolize sugar), and epilepsy (being prone to seizures). These conditions can be mild or serious, and may even be life-threatening. Knowing the ways to avoid the conditions from occurring is best. If the condition happens, then the person or those around him or her need to recognize symptoms and know what to do to control the condition from getting worse.

With asthma, the best prevention involves avoiding exposure to “triggers” such as pollen, pet dander, and over-exercise is helpful. The person with asthma may experience wheezing, coughing, and tightness in the chest. It is best if the person stops activity, stays calm, and takes medication.

An allergic reaction can happen in several ways, including swelling of the throat, sneezing, a rash, vomiting, and watery eyes. Often a person has to take an anti-histamine to control the condition.

There are two types of diabetes (Juvenile/Type I and Adult-Onset/Type II). A person with diabetes produces little or no insulin, therefore, the levels of sugar in the blood are too high. Not enough insulin results in thirst, frequent urination, nausea, hunger, and fatigue (diabetic coma). The way to control that condition is to monitor blood sugar level, eat the proper amounts of carbohydrates on a regular schedule, and balancing nutrient intake with exercise. Taking too much insulin, missing a meal, or too much exercise can cause the opposite condition (insulin shock), and needs to be treated by eating a source of sugar quickly. In each situation the person should be asked if they have taken their medication and if they have eaten. Follow-up care for both conditions is important.

There are several types of epilepsy, most of which are controlled with medication. The person may have a seizure that is mild (loss of awareness and twitching) or severe (muscle spasms, loss of consciousness, collapse). The person should not be restrained, but should be assisted to sit or lie down. The person should be protected from injury and should not be left alone. Nothing should be placed in his or her mouth.

- The student will list common childhood conditions and diseases.
- The student will explain the causes and identify symptoms of asthma, allergies, insulin shock and diabetic coma, and epilepsy.
- The student will explain what to do in emergencies involving asthma, allergies, diabetes, and epilepsy.
- The student will report to the school nurse or teacher any emergency situation.

4.PCH.1.2 Recognize methods that prevent the spread of germs that cause communicable diseases.

Germs are spread in a variety of ways: through air, water, food, and from insects or animals, and from person to person. Knowing how diseases are spread gives clues for how to prevent them. Germs usually enter the body through a break in the skin or mucous membrane tissue (mouth, nostrils, or other openings). The germs that cause the common cold and influenza may travel through the air or may be spread by the infected person touching the uninfected person. One of the best ways to prevent the spread of these diseases is hand washing.

Care should be taken when preparing or eating food: keeping foods separate, keeping cold foods cold and hot foods hot, and always washing hands first. Food left un-refrigerated for two hours should be thrown away. Water should never be drunk from a stream, river, or lake. Water should only be drunk from a tap or bottle.

Insects such as ticks and mosquitoes can carry germs. A tick bite can result in Lyme disease or Rocky Mountain Spotted Fever. A child should tell an adult if he or she has been bitten by a tick. They should check clothing when coming indoors. [Diseases caused by the bite of a mosquito are rare in the United States.] Animal bites can be serious because of the wound and the possibility the animal is infected. Children should stay away from unfamiliar animals and especially wild animals. It is recommended that any animal bite be seen by a doctor and reported to public health officials.

- The student will list diseases caused by germs.
- The student will identify methods by which diseases are spread.
- The student will describe methods of prevention of infectious diseases.
- The student will report any event which may put him or her at risk for communicable diseases.

Essential Standard and Clarifying Objectives

4.PCH.2 Understand body systems and organs, functions, and their care.

4.PCH.2.1 Identify the basic components and functions of the respiratory system.

4.PCH.2.2 Summarize habits to care for the skin.

Unpacking

What does this standard mean a child will know and be able to do?

4.PCH.2.1 Identify the basic components and functions of the respiratory system.

The respiratory system is responsible for taking in oxygen, delivering it to the circulatory system (which carries it to cells), and getting rid of carbon dioxide. Oxygen is needed to burn nutrients and for life itself. (A person will die very quickly without oxygen.) The respiratory system warms and cleans the air as it enters the body and moves through the organs.

The major parts and organs in the respiratory system are the nasal passages, trachea (or windpipe), and the lungs, which are filled with air tubes (bronchi) and air sacs (alveoli). Several muscles help the respiratory system do its work, the most important of which is the diaphragm. A person breathes in (inhales) and breathes out (exhales) about 12 times a minute. With exercise, the breathing rate increases to carry more oxygen to the cells of the body. To maintain a healthy respiratory system, a person should avoid tobacco smoke and all air pollutants and exercise regularly.

- The student will list the components of the respiratory system.
- The student will describe the functions of the respiratory system.
- The student will exercise regularly and avoid air pollutants, such as tobacco smoke.

4.PCH.2.2 Summarize habits to care for the skin.

The skin has important functions including keeping the body warm or cool, preventing germs from entering the body, preventing water from leaving the body, and as a sensory organ which sends messages to the brain. Caring for the skin includes regular washing, protecting the skin from injury and overexposure to the sun, eating nutrient-dense foods, drinking sufficient amounts of water, and getting enough sleep.

Avoiding the harmful rays of the sun is especially important during childhood. Children should use sunscreen, stay in the shade, avoid sun during the middle of the day, and wear protective clothing. Sunburns with blisters before adulthood greatly increase the chances of skin cancer later in life.

- The student will describe the importance and function of the skin.
- The student will identify healthy habits to care for the skin.
- The student will promote skin health by eating nutritiously, drinking water, and getting sufficient sleep.
- The student will wash his or her face and body regularly.
- The student will avoid overexposure to the sun.

Essential Standard and Clarifying Objectives

4.PCH.3 Analyze health information and products.

4.PCH.3.1 Outline the functions of various health products.

4.PCH.3.2 Analyze advertisements of health products and services in terms of claims made and the validity of those claims.

Unpacking

What does this standard mean a child will know and be able to do?

4.PCH.3.1 Outline the functions of various health products.

Exercise equipment, first aid supplies, medicine, and foods are all considered health products. An intelligent consumer knows whether these products are safe and effective, or knows whom to ask to find out. In previous grades, the importance of taking medicine only with adult supervision was stressed. Other health products should be used correctly and with an adult supervising.

By fourth grade, children can care for minor injuries by applying an antibiotic and bandage after washing. They can be taught to wash hands first and handle the product without introducing contaminants. They should be coached in the proper ways to put on protective gear, such as helmets, kneepads, elbow pads, an athletic cup, and mouth guard for sports participation. When riding in a car, they can double check that seatbelts are fastened correctly and explain why everyone should wear them.

Children often influence the selection of foods in their families. They can share what they have been learning in Healthful Living class and encourage parents to purchase foods that are more nutrient-dense. Some children need to take nutritional supplementation. Reading a label to avoid ingredients to which a child is allergic helps prevent a potential emergency.

- The student will list health products used by his or her family.
- The student will select the correct function of a variety of health products.
- The student will correctly use protective equipment during sports participation and when riding in vehicles.

4.PCH.3.2 Analyze advertisements of health products and services in terms of claims made and the validity of those claims.

Media literacy is defined as being able to analyze messages in all forms of media, including advertisements. Commercials on television are especially persuasive because they are often colorful, visually appealing, and often louder than the regular program. Knowing that children influence the purchases made by parents, the marketers target children with images that look like fun.

Because advertisers are trying to persuade rather than to inform, it is not unusual for advertising to “oversell,” meaning the ad makes an exaggerated claim for what the product can do. Students need practice looking at ads and deciding whether the claim is valid or real. Sometimes that takes researching the product on a reliable website such as MyPlate.gov. Sometimes asking a parent or teacher is the best way to get to the truth. The saying, “If sounds too good to be true, it probably is” is a good rule of thumb. Being skeptical helps people not be fooled by misleading advertising. The federal government has a list of “allowable claims” for food products.

- The student will define the term validity.
- The student will describe why advertising is appealing and sometimes misleading.
- The student will research claims that sound too good to be true.

Essential Standard and Clarifying Objectives

4.PCH.4 Understand necessary steps to prevent and respond to unintentional injury.

4.PCH.4.1 Explain why it is safe to be a friend of someone who has a disease or health condition (cancer, HIV, asthma, or epilepsy).

4.PCH.4.2 Identify personal protection equipment needed for sports or recreational activities.

4.PCH.4.3 Illustrate skills for providing first aid for choking victims (including the Heimlich maneuver).

Unpacking

What does this standard mean a child will know and be able to do?

4.PCH.4.1 Explain why it is safe to be a friend of someone who has a disease or health condition (cancer, HIV, asthma, or epilepsy).

A person who is ill or has a difficult condition (especially a child) needs good medical care, the concern of family and friends, and compassion during the times he or she feels unwell. Although some illnesses can be passed from person to person (influenza, measles, chicken pox), others cannot be transmitted easily. Cancer, asthma, and epilepsy cannot be spread from one person to another. Those diseases are not contagious. One does not need to fear “catching” cancer from a friend or family member who has it. Because of the illness, that child or relative needs love and support more than ever.

A person living with HIV cannot spread the disease through everyday activities. Friends (one of whom is HIV infected) can share a meal, shake hands or hug, sit together, or play sports with no fear that the germs that cause AIDS will be shared. However, body fluids should not be shared. The virus can live in the blood, so if one person is cut, this should be reported to the teacher. The tradition of becoming “blood brothers” is not a safe activity. Most likely a child in the class who has HIV will not be known to have this condition by his or her classmates. It may be private between the child’s parents and their doctor. It is best to assume that any person’s blood could be infected and therefore should be cleaned up only by a teacher or custodian.

- The student will define contagious and identify cancer, asthma, and epilepsy as conditions that are not contagious.
- The student will list ways that HIV cannot be spread.
- The student will report to the teacher anytime a classmate has been cut.
- The student will demonstrate care and compassion for classmates with cancer, HIV, asthma, or epilepsy.

4.PCH.4.2 Identify personal protection equipment needed for sports or recreational activities.

Sports participation is fun and a great way to achieve regular exercise. Occasionally an injury will occur during play and sometimes that injury could have been prevented. Some ways to keep activities safe are to practice good sportsmanship and be aware of surroundings. Examples include not throwing the bat after striking out or watching the positions of other players on the soccer field.

Sports that have required protective equipment include skateboarding (helmet, elbow and kneepads, mouth guard), riding a bike (helmet), soccer (shin pads and mouth guard), and basketball (mouth guard). In baseball a hard helmet is to be worn by the batter and the catcher wears a chest protector, shin pads, and a mask. Riding on an ATV requires protective gear, especially a helmet and earplugs. In some activities, boys should wear a athletic cup to protect the genital area from impact. It is never safe to participate in sports without wearing the necessary equipment. The impulsive decision to play without protection may result in an injury.

- The student will describe how good sportsmanship and awareness can prevent recreation injuries.
- The student will identify personal protection equipment needed in each sport.
- The student will wear protective gear when participating in sports and recreational activities.

4.PCH.4.3 Illustrate skills for providing first aid for choking victims (including the Heimlich maneuver).

Choking happens when the airway (trachea) is obstructed. This usually happens when food or an object becomes lodged in the back of the throat. Choking can be prevented by chewing food thoroughly and by not running, talking, or laughing with food, candy or gum, or any other object in the mouth. Signs that a person is choking are the inability to cough or expel the object, the inability to speak, or the person grasping his or her throat.

Recommended treatment for choking: The Heimlich maneuver can be broken down into a step-by-step process. For children, the maneuver can be practiced on an adult or a peer. From behind, the arms can be wrapped around the victim's waist. Then, making a fist, place the thumb side of the fist against the victim's upper abdomen, below the ribcage and above the navel. Grasp the fist with the other hand and press into the victim's upper abdomen with a quick upward thrust. Make sure that the ribcage is not squeezed by keeping the elbows out; the rescuer's hands confine the force of the thrust.

The rescuer should keep repeating until object is expelled. If a victim is unconscious or a child performing the maneuver cannot reach around the victim's waist, the victim needs to lie on the floor and the child kneels over him. The child being in this position can use the force of their body weight for the upward thrust. In this manner, a child can achieve the same maneuver as if the victim were standing up.

- The student will recognize signs and symptoms of choking emergencies.
- The student will demonstrate correct steps to provide the Heimlich maneuver.

Interpersonal Communication and Relationships

Essential Standard and Clarifying Objectives

4.ICR.1 Understand healthy and effective interpersonal communication and relationships.

4.ICR.1.1 Explain the importance of showing respect for self and respect and empathy for others.

4.ICR.1.2 Exemplify empathy toward those affected by disease and disability.

4.ICR.1.3 Interpret facial expressions and posture to emotions and empathy.

4.ICR.1.4 Recognize situations that might lead to violence.

4.ICR.1.5 Exemplify how to seek assistance for bullying.

4.ICR.1.6 Contrast healthy and unhealthy relationships.

Unpacking

What does this standard mean a child will know and be able to do?

4.ICR.1.1 Explain the importance of showing respect for self and respect and empathy for others.

In any interaction between people, a desirable characteristic is giving and receiving respect. Having mutual respect means that two people care about the feelings, opinions, and needs of the other. Showing respect includes listening, being supportive, avoiding negative and hurtful comments or actions, sharing, and taking turns. People demonstrate disrespect by interrupting, teasing, name-calling, and not sharing or taking turns. It is possible to show respect for others even if that person is not likeable. Showing respect for others is not difficult, but does take a little effort. Empathy is demonstrating concern by understanding how the other person might feel. It is not so much feeling sorry for the person, but showing acceptance and compassion.

Self-respect is a reflection of a healthy self-esteem and helps a young person avoid risk-taking behavior. If one has self-respect, then he or she is less likely to take risks or behave in ways that will be embarrassing or cause others not to want to share time and activities. Being proud of oneself and one's accomplishment is one way to demonstrate self-respect.

- The student will define respect, self-respect, and empathy.
- The student will show concern and compassion for others.
- The student will demonstrate pride in his or her accomplishments and model self-respect.

4.ICR.1.2 Exemplify empathy toward those affected by disease and disability. **[repeats previous objective]**

4.ICR.1.3 Interpret facial expressions and posture to emotions and empathy.

Nonverbal communication (facial expressions, posture, body movements, and gestures) shows a person's mood and feelings. Other people are able to tell if someone is angry, excited, fearful, confused, happy, frustrated, proud, or embarrassed. At times, the person's body language matches his or her words; sometimes not. Many believe the non-verbal cues are more accurate than what is spoken. A friend may say, "I'm fine" when she is really feeling sad or discouraged. A perceptive friend can tell she's not okay.

Having the ability to interpret facial expressions and understand how that person is feeling is called empathy. Along with talking and listening, empathy is part of communication. Having empathy enables a person to see situations from another person's point of view. That skill helps young people have compassion and understanding and decreases the likelihood of conflict, bullying, and fighting. If the verbal and non-verbal messages do not match, one should ask questions to increase understanding of how the other person is feeling.

- The student will list facial expressions, gestures, and posture as non-verbal communication.
- The student will define empathy and describe how it helps in healthy relationships.
- The student will demonstrate empathy towards friends, family members, and classmates.

4.ICR.1.4 Recognize situations that might lead to violence.

Violence is most likely to occur if one or both people are angry and in conflict over something. If one or both people are unable to control their behavior when angry, then pushing, hitting, kicking, or throwing objects can result. Situations that might lead to violence are: when someone is treated with disrespect, when someone's physical safety is threatened, or when someone's needs are not met. Often hurtful words happen first, followed by physical force.

Being angry is a normal emotional response when one is hurt or excluded or frustrated. Acting on those angry feelings in ways hurtful to others is not acceptable behavior. It is better to learn problem-solving skills such as identifying the problem and finding solutions that are acceptable

to all.

- The student will list behaviors and feelings that happen before violent actions.
- The student will compare having angry feelings with acting out in angry ways, including violence.
- The student will avoid or seek assistance for situations that may become violent.

4.ICR.1.5 Exemplify how to seek assistance for bullying.

Knowing what to do if bullied is a necessary skill in school and in the neighborhood. A bully treats others with disrespect and may even hurt or frighten others. Bullying behavior is wrong and illegal and should be reported. The child who is being bullied is never to blame.

Bullying behavior may include:

- Punching, shoving and other acts that hurt people physically
- Spreading bad rumors about people
- Keeping certain people out of a "group"
- Teasing people in a mean way
- Getting certain people to "gang up" on others

Some suggestions for handling a bullying situation are: calmly tell the bully to stop, try to ignore the bully, leave the area if the bully has a weapon or if he (or she) starts a fight, tell a parent, teacher, counselor, or school administrator. The school setting must be a place where all students feel safe and are able to learn. If the school becomes a "hostile environment," learning is compromised and administrators must take action. Sometimes bullies choose places that are less well supervised by adults such as on the school bus or at recess. Sometimes safety in numbers is helpful: a bully is less likely to harm his or her target if other children are there to stick up for the target of the bully.

- The student will define bullying and list places and times it is most likely to occur.
- The student will describe his or her right to a safe school environment.
- The student will report bullying to a teacher, parent, counselor, or school administrator.

4.ICR.1.6 Contrast healthy and unhealthy relationships.

Healthy relationships are those that are characterized by mutual respect, care, and consideration. If one is in a healthy relationship, then he or she looks forward to seeing the other person and misses him or her if absent. The people are able to trust one another and depend on each other. By honoring one's promises, one is able to contribute to the relationship being healthy and fun for all. In a healthy relationship, each person feels wanted and valued for being himself or herself. Each friend takes responsibility for planning fun events and considers the wishes of the other.

The opposite behaviors characterize unhealthy relationships. In an unhealthy relationship, one person might be bossy or controlling. Either or both parties are okay with letting the other person down. In an unhealthy relationship, there is not the honesty, respect, or mutual concern that typifies healthy relationships. Instead of sharing or taking responsibility, there may be selfishness or blaming others.

- The student will recognize characteristics of healthy relationships.
- The student will describe how to recognize when he or she is in an unhealthy relationship.
- The student will avoid toxic people and unhealthy situations.
- The student will seek friendships with others who treat him or her with kindness and respect.

Essential Standard and Clarifying Objectives

4.ICR.2 Understand the changes that occur during puberty and adolescence.

4.ICR.2.1 Summarize physical and emotional changes during puberty.

4.ICR.2.2 Recognize that individuals experience puberty at different rates (early, average, late).

Unpacking

What does this standard mean a child will know and be able to do?

4.ICR.2.1 Summarize physical and emotional changes during puberty.

Puberty is a stage of development that includes the beginning of secondary sex characteristics and reproductive capacity. Puberty is triggered by the pituitary gland at the base of the brain, which sends messages to the ovaries in girls and the testes in boys. These organs produce hormones that signal those organs to begin to function. Girls especially, but also boys, are beginning to experience the onset of puberty at younger ages (girls as young as eight and boys as young as ten). For girls, the physical changes are the growth of pubic hair, the development of breast buds and then breasts, widening of hips, hair under arms and on legs. Within a few years of the beginning of puberty, her ovaries will cause the ova to mature (ripen) and be released. This makes her capable of conceiving a child. Beginning in puberty and for several decades she will experience ovulation-menstruation (when her body prepares for conception then releases menstrual blood if fertilization does not take place).

In boys, the shoulders widen, hair grows in the pubic area and on the face, the voice deepens (gradually), the testes and penis become larger and the testes begin to produce sperm. Boys' bodies begin to "practice" for reproductive function by experiencing spontaneous erections and nocturnal emissions.

In both boys and girls, the sweat glands become more active and it is important that young people bathe daily, use deodorant, and change clothing. The hormones cause the oil glands to produce more oil, which may cause the child to have pimples. It is best to keep hands and face clean and to avoid breaking pimples. Boys and girls may experience "growth spurts" and "growing pains" as the long bones in the arms and legs grow faster than the rest of the body. During this period, the young person feels clumsy and less skilled in athletics.

In addition to physical changes during puberty, young people experience emotional changes. Because they are having new experiences, their confidence may not be as high as it has been previously. Some emotions are linked to confusion about the changes in their bodies; other emotions are triggered by mood swings related to hormone production. Moods can change quickly from anger and sadness to excitement and joy. After puberty, moods tend to even out and become less dramatic. Young people learn to control the way they express feelings and become aware that their moods affect others in positive and negative ways.

To navigate these new experiences, boys and girls need a type of assistance from adults called anticipatory guidance. They need to be told what changes will occur and why they are developing as they are. They need to be reassured about what is normal and what to expect.

- The student will define puberty and explain how hormones trigger developmental changes.
- The student will list physical changes (secondary sex characteristics and the beginning of reproductive capacity) in boys and girls.
- The student will describe changes in emotions and mood swings.
- The student will accept how his or her body is changing as part of becoming an adult.

4.ICR.2.2 Recognize that individuals experience puberty at different rates (early, average, late).

Girls usually begin puberty and complete those changes one to two years before boys. Girls may begin as young as eight and finish developing while still a teenager. Boys are more likely to start at 10 to 12 and may not finish developing until they are in their early 20s.

Within the sexes, young people develop at different times and rates. A young person may be referred to as early, average, or late maturing. For boys and girls there are advantages and disadvantages. Usually the average maturing child is less self-conscious and worries less about developing at about the same time as most of his or her peers. In the list below are generalizations about the experience of maturing early or late:

Early Maturing Male – has an athletic advantage, is recognized socially, is given leadership roles, is treated by adults as mature and capable

Late Maturing Male – less athletic, smaller than girls, self-conscious, over compensates, suffers socially

Early Maturing Female – disadvantaged in elementary school, advantaged in middle school, attracts the attention of older boys, envied by other girls, thought by adults to be “growing up too fast”

Late Maturing Female – socially disadvantaged, over-looked, less likely to be criticized by adults, begins dating later, fewer problems with drugs and alcohol

As young people move through the transitions of puberty and adolescence, it is important to remember that even though they start at different ages, they all end up in the same place. The late maturing youth “catch up” with the early maturing youth. All need reassurance that puberty and adolescence are survivable.

- The student will explain that puberty begins and ends at different times for young people.
- The student will describe why late and early maturing youth may feel self-conscious.
- The student will demonstrate self-acceptance and confidence.

Nutrition and Physical Activity

Essential Standard and Clarifying Objectives

4.NPA.1 Apply tools (MyPlate, Food Facts Label) to plan healthy nutrition and fitness.

4.NPA.1.1 Plan meals using MyPlate.

4.NPA.1.2 Carry out measures to prevent food borne illness, including hand washing and appropriate food storage and preparation.

4.NPA.1.3 Use the Nutrition Facts Label to plan meals and avoid food allergies.

Unpacking

What does this standard mean a child will know and be able to do?

4.NPA.1.1 Plan meals using MyPlate.

Healthy balanced meals can be planned using MyPlate to select grains, vegetables, fruits, milk, beans and meat with the sparse use of oils and sweeteners. Elementary students should start by filling half their plates with **vegetables** and **fruits**. They should consume 3-5 servings of grains per day such as bread, pasta, cereal and rice, making at least half these servings **whole grain**. Children need 2-3 servings per day of **proteins** such as poultry, fish and seafood, meat, eggs or beans, with smaller amounts for those who are more sedentary. Fourth graders should consume one cup of low-fat or skim **milk** at each meal, or substitute yogurt or hard cheese. These foods can be prepared with small amounts of healthy oils and sweeteners, if desired. A daily activity component and sufficient water intake should balance the food calories.

Notice that the vegetable and grain sections are larger than the fruit and protein sections. More vegetables should be eaten than fruits because vegetables have greater nutrients and half the calories of fruits. Also protein foods are typically more caloric than whole grain foods. Fats, oils, sweets and salt should be eaten in the smallest amounts. For instance, if a person usually uses five shakes to salt a food, he or she could reduce that to three shakes, then to one shake and finally, eliminate salt to the amount already cooked in the food.

Planning healthy meals takes practice using MyPlate and pictures or models of foods. In small groups or individually, students can make breakfasts, lunches, dinners or snacks, then put different combinations together to see if they meet MyPlate guidelines. On-line practice is provided through games like Blast-Off Game (MyPlate.gov) or Matching Meals (nourishinteractive.com/kids/gameroom.html. Note: These sites are being updated to convert MyPyramid to MyPlate, but the same 5 food groups still apply).

- The student will identify MyPlate groups and the general number of servings from each group.
- The student will differentiate among the groups, indicating which groups should provide most of the food.
- The student will plan breakfast, lunch, dinner and snacks to meet MyPlate recommendations for elementary students.

4.NPA.1.2 Carry out measures to prevent food borne illness, including hand washing and appropriate food storage and preparation.

Food poisoning is an illness caused by a bacterium or toxin in food or beverages consumed. Common examples are **salmonella** and **campylobacter** from undercooked chicken, eggs and meat. Two deadly illnesses are **botulism**, a food toxin from improperly home-canned foods or some commercially prepared foods, and **e.coli** acquired from contaminated beef, fresh produce, unpasteurized cheese and milk, and even some cookie and pizza dough.

Symptoms of food poisoning include stomach cramps, fever, diarrhea and/or vomiting. More severe symptoms can include blurred vision, slurred speech, or muscle weakness that moves down the body. These and the following warning signs warrant contacting a doctor: bloody diarrhea, a stiff neck or severe headache, excessive vomiting or diarrhea, or a case lasting longer than three days.

Meats and dairy foods need immediate refrigeration or freezing as directed. Pay attention to expiration dates on packaging. Preparing meat requires keeping meat separated from other foods, washing hands with soap and water before handling meat, then washing hands, utensils and surfaces afterwards. Hot foods need to be kept hot, and cold foods cold. Foods should not remain at room temperature longer than 2 hours without the risk of contamination. Refrigerate leftovers promptly.

Fruits and vegetables need to be washed and scrubbed or peeled. Check canned foods for holes or dents. If the seal has been broken, discard the contents. Use some bleach in water to sterilize cutting boards. Wash and replace sponges and towels regularly.

- The student will identify several types of food poisoning and their typical causes.
- The student will list the signs and symptoms of food poisoning, including those that warrant medical attention.
- The student will describe strategies to keep foods and beverages safe to eat.

4.NPA.1.3 Use the Nutrition Facts Label to plan meals and avoid food allergies.

Some students have problems with food intolerance or food allergies. In **food allergies**, the body reacts to proteins or other large molecules with an immune response, triggering the release of antibodies, histamines or other immune system proteins. **Food intolerances** are reactions to lactose, MSG, pesticide residues on foods or other chemicals where the body does not produce an antibody response. In either case, the student might experience stomachaches, headaches, nausea, rapid pulse rate, wheezing, hives, coughs or bronchial irritation. The response can be immediate or delayed.

Three foods—eggs, peanuts and milk—account for most (75%) of the adverse food reactions. Students with allergies learn to look at the

packaging, the ingredient list and the nutrition food label to avoid problem foods. For instance, packages might say “lactose free”, “gluten free” or “contains peanuts”. The ingredient list will list MSG, food dyes, eggs, or other ingredients. Students concerned with pesticides should look for “organic” on fruit and vegetable labels.

Students with allergies must plan balanced meals by selecting from the same food groups as everyone else, but substituting non-allergenic foods within each category. For instance, a milk intolerant person may be able to drink soy-milk, lactose-free milk, or get calcium from fortified orange juice. Those allergic to peanuts may be able to substitute beans, seeds or tree nuts like almonds for peanuts.

- The student will explain the difference in food intolerance and food allergy.
- The student will identify the three foods most commonly involved in food allergies.
- The student will describe common reactions that occur with food allergy or food intolerance.
- The student will explain three ways to examine a food product to determine if it contains a problem food or ingredient.
- The student will demonstrate planning a balanced meal with appropriate substitutions to avoid his or her food allergies or food intolerance.

Essential Standard and Clarifying Objectives

4.NPA.2 Create strategies to consume a variety of nutrient-dense foods and beverages and less calorie-dense and empty calorie foods.

4.NPA.2.1 Compare unhealthy and healthy eating patterns, including eating in moderation.

4.NPA.2.2 Explain the effects of eating healthy and unhealthy breakfasts and lunches.

Unpacking

What does this standard mean a child will know and be able to do?

4.NPA.2.1 Compare unhealthy and healthy eating patterns, including eating in moderation.

A fourth grader may witness and perhaps engage in unhealthy eating patterns. These include overeating or the other extreme—restricting food as a part of a fad diet. He or she may hate vegetables or milk, eliminating that group from meals, risking vitamin and mineral deficiency. The student may consume too much fat, sugar and salt, affecting mood, blood pressure, and body weight. He or she might also consume a highly processed diet like packaged dinners, convenience store snacks, or fast foods that provides high calories that are not nutrient-dense.

A more sensible choice includes eating a wide variety of foods from the different food groups but always in moderation—paying attention to appropriate serving sizes. The student learns to separate **snacks** (small meals to stem hunger until the next meal) from **treats** (a special food eaten sparingly) and limit both. More choices are made from whole foods including fresh and raw fruits and vegetables, fish, fowl and lean meats as well as beans, nuts and seeds, whole grain, high fiber foods and low-fat milk. He or she limits fats and consumes healthy amounts of oils and sugar.

- The student differentiates healthy from unhealthy eating practices.
- The student recognizes the difference in a treat and a snack.
- The student applies healthy food consumption patterns at school, home and at restaurants.

4.NPA.2.2 Explain the effects of eating healthy and unhealthy breakfasts and lunches.

Some students say they don't feel hungry when they wake up. Eating a heavy dinner or snacking before bedtime is often the cause. Skipping breakfast is a bad idea, especially when no food is available until lunch. Students without breakfast experience mid-morning hunger, fatigue and mental lethargy. Some children eat a high sugar breakfast like pop tarts, snack cakes and sodas, resulting in high insulin production, followed by low blood sugar. A spike in energy followed by fatigue and loss of alertness contributes to poorer academic performance.

Students might also skip lunch, or avoid fruits and vegetables in favor of starchy, sugary and fat foods like macaroni and cheese, spaghetti, hamburgers or pizza, or drink sodas and juices rather than milk. For some children, these foods provide too many calories to be offset by the activity they get.

Having a breakfast of a low-fat dairy product like milk, a grain food like cereal or bagel, or an egg, and a fruit is important to mental acuteness in the morning. A balanced meal including a protein, fat, and carbohydrate with fiber helps keep the body alert and focused until lunch. Carrying a balanced snack of fruit or vegetables and nuts or string cheese can help those who need smaller but more frequent meals.

Eating a balanced lunch of whole foods with concentration on vegetables, fruits, and whole grains with a small amount of meat (or beans) provides the energy to support an afternoon of physical and strength building activity such as sports, dance, or play. While skipping lunch is a bad idea, so is overeating or wolfing down lunch. Eating too fast leads to digestive upset and overeating, leaving the student sleepy for afternoon classes. It sets up food consumption patterns that lead to obesity in adulthood.

- The student will explain why a balanced breakfast and lunch are important.
- The student will consider the typical causes of skipping breakfast.
- The student will identify the problems resulting from overeating and rapidly eating lunch.
- The student will select whole foods over processed and convenience foods for breakfast and lunch.

Essential Standard and Clarifying Objectives

4.NPA.3 Understand the benefits of nutrition and fitness to disease prevention.

4.NPA.3.1 Explain how nutrition and fitness affect cardiovascular health.

4.NPA.3.2 Summarize the association between caloric intake and expenditure to prevent obesity.

Unpacking

What does this standard mean a child will know and be able to do?

4.NPA.3.1 Explain how nutrition and fitness affect cardiovascular health.

The cardiovascular system includes the heart, lungs and all the blood vessels of the body. By pumping blood, it delivers nutrients, oxygen, water, hormones and other chemicals to the cells, and removes wastes like carbon dioxide to the lungs and toxins to the kidneys for excretion. No one can keep a healthy body without a healthy cardiovascular system.

Good foods and exercise work together to build a healthy cardiovascular system and to take care of the body's needs. Protein foods build healthy cells and tissues in the heart, lungs and blood. Adequate calcium builds strong bones and quick nerve impulses for movement. Iron is needed for effective red blood cells to carry oxygen and carbon dioxide. Starches and sugar turn into blood glucose to maintain a constant supply of energy for the day, while healthy fats support the blood vessels and absorb vitamins and minerals for energy-making from food.

To expend food calories and strengthen the cardiovascular system, an hour of moderate to strenuous activity is needed. Whether it is competing in sports or just running and playing, the heart likes to be stressed to stay healthy. **Aerobic** activity—the kind that makes the heart beat fast and the body sweat—keeps organs such as the brain, kidneys, liver and heart itself supplied with food and removes waste products. **Strength** activities like sit-ups, squats, push-ups and **endurance** activities rope jumping and stair-stepping build stronger and toned bodies that can sustain activity without becoming tired too soon.

- The student will draw the cardiovascular system and explain the function of the blood.
- The student will outline the benefits that good nutrition and fitness can provide the cardiovascular system.
- The student will differentiate among aerobic, strength and endurance activities.
- With support from school physical education, the student will build aerobic, strength and endurance activities into his or her daily schedule.

4.NPA.3.2 Summarize the association between caloric intake and expenditure to prevent obesity.

High calorie foods are readily available and frequently consumed in almost every setting, while modern conveniences and sedentary patterns at school, work and play limit human movement. This combination of overconsumption and lack of activity results in greater levels of obesity among children and adults than ever before.

If exercise or physical activity is low while calorie intake is too high, **weight gain** follows. If exercise is too high or calorie intake is too low, **weight loss** follows. Staying within the target range throughout life requires a balance of energy intake and energy expenditure.

Foods do not contribute equally to calories. Fats provide **9** calories per gram, or about 45 calories per teaspoon. The body handles fat more efficiently than proteins or carbohydrates, maintaining more of the calories. Carbohydrates and proteins provide **4** calories each per gram, or about 20 calories per teaspoon. Sugar, a simple carbohydrate, also triggers insulin that allows fat to be stored in fat cells. Thus, sugars and fat are major players in obesity.

The body needs energy for three purposes—basal metabolism, lifestyle activity, and purposeful activity. **Basal metabolism** is all the energy required to keep the body running in “neutral”—that is awake, but at rest. **Lifestyle activity** is all the energy required for daily routines. For instance, a mail carrier who walks a daily route has a larger daily energy expenditure than a computer games developer who sits most of the day. **Purposeful activity** is what we do to get additional movement. The computer operator needs to get lots of daily purposeful exercise like running, playing basketball, or high-energy aerobics to offset his or her sedentary lifestyle. All three energy-consuming activities must balance the calories consumed at meals and in snacks to maintain weight.

- The student will explain why larger numbers of Americans are overweight and obese today.
- The student will differentiate how to balance calories to achieve weight gain or weight loss.
- The student will explain how fats and sugars contribute more to weight gain.
- The student will differentiate among basal metabolism, lifestyle activity, and purposeful activity.
- The student will examine all components contributing to personal calorie balance, and make modifications to support weight control in his or her situation.

Alcohol, Tobacco and Other Drugs

Essential Standard and Clarifying Objectives

4.ATOD.1 Understand health risks associated with the use of tobacco products.

4.ATOD.1.1 Summarize short-term and long-term effects of cigarettes and smokeless tobacco products.

4.ATOD.1.2 Explain why tobacco is an addictive product.

Unpacking

What does this standard mean a child will know and be able to do?

4.ATOD.1.1 Summarize short-term and long-term effects of cigarettes and smokeless tobacco products.

The nicotine and other poisonous chemicals in tobacco cause lots of diseases, like heart problems and some kinds of cancer. If a young person smokes, he is hurting his lungs and heart each time he lights up. It also can make it more difficult for blood to move around in the body, so smokers may feel tired and cranky. The longer the person smokes, the worse the damage becomes.

Short-term effects of cigarettes:

Increased heart rate, bad breath, yellow teeth, gingivitis, more colds and coughs, staining of teeth and fingers, stinky hair and clothes, dizziness, shortness of breath, less endurance when running or playing sports, unattractiveness to boys/girls who don't smoke, and the expense of purchasing cigarettes and tobacco products.

Smoking harms nearly every organ of the body, causing many diseases and reducing the health of smokers in general. Cigarettes and smokeless tobacco kill hundreds of thousands of Americans every year. More deaths are caused each year from smoking than all other causes of death combined.

Long-term effects of cigarettes:

Addiction

Cancers

- o 90% of lung cancer deaths in men and 80% in women are caused by smoking.
- o Smoking causes cancers of the bladder, mouth, pharynx, larynx (voice box), esophagus, kidney, lung, pancreas, and stomach

Cardiovascular disease

- o Smoking causes heart disease, the leading cause of death in the United States.
- o Cigarette smoking approximately doubles a person's risk for stroke.
- o Cigarette smoking causes reduced circulation by narrowing the blood vessels (arteries).

Respiratory disease and other effects

- o Cigarette smoking is associated with an increase in the risk of dying from chronic obstructive lung disease.
- o Cigarette smoking is linked to an increased risk for infertility, premature birth, stillbirth, low birth weight, and Sudden Infant Death Syndrome (SIDS).

Smokeless tobacco products are not a safe substitute for tobacco smoking. Harmful health effects include:

Short-term:

- o Abrasion (scratching and wearing down) of teeth
- o Stained teeth
- o Bad breath

One study found that almost three of four daily users of moist snuff and chewing tobacco had lesions (sores) in the mouth. The longer oral tobacco is used, the more likely someone is to develop leukoplakia.

Smokeless tobacco can irritate or destroy gum tissue. Many regular users have receding gums, gum disease, tooth decay, and bone loss around the teeth. All this can cause teeth to loosen and fall out.

Longer Term Effects of Smokeless:

- o Mouth, tongue and throat cancer
- o Cancer in the esophagus (the swallowing tube that goes from your mouth to your stomach)

- Stomach cancer
- Pancreatic cancer
- Increased risk of heart disease, heart attacks, and stroke
- Addiction to nicotine
- Leukoplakia (white sores in the mouth that can become cancer)

Smokeless tobacco may also play a role in heart disease and high blood pressure.

- The student will list the short-term effects of cigarettes and spit tobacco.
- The student will explain long-term effects of tobacco products.
- The student will avoid all tobacco products and encourage his or her classmates to do the same.

4.ATOD.1.2 Explain why tobacco is an addictive product.

Tobacco is a plant that can be smoked in cigarettes, pipes, or cigars. It is the same plant that is in smokeless tobacco, known as dip, chew, snuff, spit, or chewing tobacco. Smokeless tobacco is not lit or inhaled like tobacco in cigarettes, pipes, and cigars. Instead, smokeless tobacco is put between the lip and gum and sucked on inside the mouth.

Tobacco contains nicotine, a chemical that causes a tingly or pleasant feeling — but that feeling only lasts for a little while. Nicotine is also an addictive drug. It causes changes in the brain that make people want to use it more and more. That means that if a young person starts to use nicotine, his body and mind will become so used to it that he'll need to have it just to feel OK. Anyone who starts smoking could become addicted to it. Once addicted to something, it's very hard to stop doing it, even if a person wants to. Some kids get addicted quickly. Addictive drugs cause unpleasant withdrawal symptoms, which are physical and mental changes when the body is not getting the drug, in this case, nicotine. The good feelings that result when an addictive drug is present (and the bad feelings when it is absent) make breaking tobacco addiction very difficult.

- The student will identify nicotine as the addictive chemical in all tobacco products.
- The student will define addiction and withdrawal..
- The student will explain why never starting tobacco use is preferable to having to quit after addicted.

Essential Standard and Clarifying Objectives

4.ATOD.2 Understand why people use tobacco products.

4.ATOD.2.1 Identify possible internal and external influences on tobacco use.

4.ATOD.2.2 Explain why people are influenced by various marketing strategies employed by tobacco companies.

Unpacking

What does this standard mean a child will know and be able to do?

4.ATOD.2.1 Identify possible internal and external influences on tobacco use.

Each day, about 4,000 kids in the United States try their first cigarette and an additional 1,000 kids under 18 years of age become new regular, daily smokers. That's 400,000 new underage daily smokers in this country each year – and roughly one-third of them will eventually die prematurely from smoking-caused disease. Young people may try smoking out of curiosity, peer pressure, adult (or older sibling) modeling, and to look older or more sophisticated. Some youth experiment with behaviors out of rebellion: “because I wasn’t supposed to.” Certainly (before the new advertising regulations) tobacco companies marketed directly to a youthful audience.

External influences on tobacco use:

- o Accessibility and availability of tobacco products
- o Socioeconomic status
- o Cultural norms and social environment
- o Media portrayal (including television, movie, music, and sports figures) of tobacco use
- o Peer and sibling views and use of tobacco
- o School academic achievement
- o Involvement/participation in sports and activities
- o Parental attitudes, opinions, and feelings

Internal influences on tobacco use:

- o Self-esteem and self image levels
- o Perception of tobacco use on one’s behavior and appearance (helps one relax, look older)
- o Knowledge/beliefs/attitudes
- o Level of self-efficacy in ability to refuse offers of tobacco

Influences for students not to use tobacco:

- o Doing well in school and participating in structured, extra-curricular activities
 - o Parents setting and consistently enforcing realistic rules, talking to their children, paying attention to the kinds of friends their kids are associating with, and generally staying interested and involved in their children’s lives
 - o Non-use among family and peers
-
- The student will list reasons why children may experiment with tobacco products.
 - The student will identify whether influences to try smoke have his or her best interests in mind.

- The student will list compelling reasons not to smoke or use spit tobacco.

4.ATOD.2.2 Explain why people are influenced by various marketing strategies employed by tobacco companies.

Since most smokers try their first cigarette before age 18, young people are the tobacco industry's chief source of new customers. The U.S. cigarette companies spend more than \$34 million per day (\$12.5 billion annually) marketing their products, and they rely on youth smokers to replace their adult customers who quit or die. Despite restrictions on tobacco marketing, children continue to be exposed to tobacco advertising and promotional activities. Research studies have found that kids are three times as sensitive to tobacco advertising than adults, are more likely to be influenced to smoke by cigarette marketing than by peer pressure, and that one-third of underage experimentation with smoking is attributable to tobacco company advertising and promotion.

Tobacco ads use positive-smoking images, rather than information, to portray the attractiveness and function of smoking. Along with magazines, movies, and television tobacco promotion and modeling, cigarettes are often placed close to candy displays and other products popular with kids. Another reason why young people are influenced by advertisements is that marketing capitalizes on the disparity between an ideal and actual self-image and imply that tobacco use may close that gap. Tobacco advertising appears to increase young people's risk of smoking by affecting their perceptions of the pervasiveness, image, and function of smoking. Additionally, cigarette ads create the image that smoking is sexy and attractive; and kids often identify improving self-image as a reason for smoking.

The placement of products in convenience stores is powerful. Tobacco companies pay a great deal of money to have their products "front and center" so the person checking out sees a "Power Wall" of products and advertising. New products with attractive packaging almost seem like accessories. Cigarettes can no longer be flavored, but Snus (smokeless and spitless) are flavored like candy. Companies know children cannot smoke or use spit tobacco at school or school functions, so they create containers that look like cell phones or candy packaging.

Young people, as they enter adolescence, often feel insecure about their appearance and their popularity. Cigarette ads use these insecurities to make empty promises. Ads give older children the message that smoking can help them become attractive, desirable, and independent when the reality is quite different. Masculine images equate smoking with a macho ruggedness that is appealing to men and boys. This theme mirrors the pressures many boys face to be "tough". Boys may believe that smoking will give them the aura of coolness they are searching for. Tobacco companies have specifically targeted women and girls for many years by associating specific brands with slimness. In fact, cigarette advertising often depicts smoking as a weight management tool. This plays into the cultural pressures to be thin that many girls experience.

It is important to discuss the ad's false ideas of glamour, maturity, coolness, and beauty and about how the tobacco companies try to manipulate children into becoming their future addicted consumers. Many young people are offended by the exploitation of their peers by this industry.

- The student will describe the strategies of marketing by tobacco companies.
- The student will explain the purpose of packaging and placement of products in the media as intended to manipulate its use by young

people.

- The student will compare the reality of the warning label with the appeal of the advertising of tobacco products.
- The student will avoid all tobacco products.

Essential Standard and Clarifying Objectives

4.ATOD.3 Apply risk reduction behaviors to protect self and others from alcohol, tobacco, and other drug use.

4.ATOD.3.1 Use refusal skills to resist the pressure to experiment with tobacco.

4.ATOD.3.2 Select strategies to use in avoiding situations in which tobacco is being used to minimize exposure to second-hand smoke.

Unpacking

What does this standard mean a child will know and be able to do?

4.ATOD.3.1 Use refusal skills to resist the pressure to experiment with tobacco.

Peer pressure is one of the main reasons why young people start smoking, in spite of all the education they have received about how dangerous smoking is for their bodies and for people around them. Unfortunately, students wind up “going along” not because they want to, but simply because they do not know how to respond in these situations. They are afraid of losing a friend, looking un-cool, or being left out of the crowd.

As a result, more and more experts are recommending that refusal skills specific to being pressured to smoke be taught and practiced with children. The trick is to get kids to practice “saying no” in a variety of ways and in a variety of situations, so they are prepared for anything. Students should be encouraged come up with their own tactics and language for refusing a friend. They should be coached to be both respectful and powerful in how they communicate their boundaries.

Possible refusal skills if asked the question, “Hey, you want a smoke?”

1. **Say “No, thanks”** plainly and firmly.
2. **Walk away** and leave the situation.
3. Be a **broken record** (reply “I don’t smoke” repeatedly).
4. **Give an excuse** why you can’t (“No way! I don’t want to get addicted.”).
5. **Suggest an alternative activity** (“I’ve got a better idea. Let’s go _____.”).
6. **Make a joke** (“Do you know the REAL reason why dinosaurs became extinct? They smoked!”).
7. **Use flattery/turn the tables** (“I care about you. Why would you want to hurt your body like that?”).
8. **Give a reason** why it’s a bad idea.
9. **Ignore the suggestion.** Pretend you didn’t hear it, and change the topic to something else.
10. **The power of numbers.** Make a pact with your friends to stick to your guns. Often, knowing your friends will back you up can help you feel more comfortable being assertive. Sometimes “we” sounds stronger than “I”.

- The student will describe a variety of refusal strategies to avoid pressure to use tobacco.
- The student will demonstrate assertive refusal if offered a tobacco product.

4.ATOD.3.2 Select strategies to use in avoiding situations in which tobacco is being used to minimize exposure to second-hand smoke. Second-hand smoke is harmful for everyone, but it is especially harmful for babies and children. Second-hand smoke can cause ear infections, breathing problems, SIDS, and serious diseases in kids. Children deserve special protection against second-hand smoke. Third-hand smoke is tobacco smoke contamination that remains after the cigarette has been extinguished. Even after the cigarette smoke has dissipated from the air, there is the odor and there are toxins on the walls and in the fabric on furniture and carpets, and on the clothing and hair of the smoker.

Young people are especially vulnerable to second-hand and third-hand smoke because:

- They have faster breathing rate: they breathe in more air relative to their body weight, which means they absorb more smoke.
- Their immune systems are less developed.
- They have less power and they are less able to complain about being around smoke.
- They are less able to leave smoky places by themselves.

Children who are exposed to second-hand smoke are at higher risk for many serious health problems. Compared to other kids, children who regularly breathe second-hand smoke have:

- More risk of dying from sudden infant death syndrome
- More coughing and wheezing
- More cases of asthma and (among kids with asthma) worse asthma symptoms
- More ear infections
- Less lung capacity
- More respiratory tract infections (bronchitis, croup, pneumonia)
- Lower test scores in math, reading and logic
- Greater chance of taking up smoking themselves

There is also growing evidence that students exposed to second-hand smoke are more at risk of developing cancer later in life. New research suggests that kids who are exposed to second-hand smoke may have more behavior problems than other students.

Suggested strategies to use in avoiding situations in which tobacco is being used to minimize exposure to second-hand smoke.

- When visiting a neighbor's house, go into another part of the house, go home or go outside.
- When playing over at a friend or relative's house and you aren't able to walk home, ask to call your parents to come get you or ask them to take you home. If you feel comfortable, explain that breathing cigarette smoke is dangerous to your health or tell them your physical symptoms with breathing the smoke. Go outside or leave the room immediately if possible.

- While a passenger in a car, ask permission to roll down the window or ask them to please not smoke in the car because it is giving you a headache, it's making you feel sick, or you are having trouble breathing.
 - When at a ballgame or special event, distance yourself if possible by walking away or changing seats, until you can't smell the smoke.
 - When outside the entrance of a public building, such as a store, hospital, hotel, or restaurant, hold your breath until you are away from that person.
 - As a family, establish rules to keep smokers outside when smoking and maintain a smoke-free home and car.
 - A child can encourage family members to quit smoking if they have parents, siblings or relatives who smoke. They can be approached in a helpful nonjudgmental way and educated on the harmful effects of second-hand and third-hand smoke.
- The student will define second-hand and third-hand smoke.
 - The student will identify the health risks of second-hand and third-hand smoke.
 - The student will demonstrate strategies for avoiding exposure to second-hand and third-hand smoke.

Fifth Grade Health • Unpacked Content

Note on Numbering: **MEH**–Mental and Emotional Health, **PCH**–Personal and Consumer Health, **ICR**–Interpersonal Communication and Relationships, **NPA**–Nutrition and Physical Activity, **ATOD**–Alcohol, Tobacco, and Other Drugs

Mental and Emotional Health

Essential Standard and Clarifying Objectives

5.MEH.1 Apply positive stress management strategies.

5.MEH.1.1 Implement positive stress management strategies.

5.MEH.1.2 Evaluate the effectiveness of stress management strategies.

Unpacking

What does this standard mean a child will know and be able to do?

5.MEH.1.1 Implement positive stress management strategies.

Stress is any demand placed on the mind or the body. Stressors can be physical, such as an emergency operation or an illness. Stressors can also be mental, emotional or social. A math test may be a mental stressor. An argument with a friend or making a new friend is an example of a social stressor. Stressors can be positive or negative and everyone experiences stress on a daily basis. However, an event that is a negative stressor for one person may be a positive stressor for another person. For example, one student may enjoy doing an oral report or presentation in front of the class, but for another student that would be a negative stressor. A little stress can be helpful and help a person excel, however when a person experiences a stressor that is too great or lasts too long time, it can be harmful.

Stress management is the ability to cope with stress in healthy ways. The first step is the ability of a person to recognize that he or she is under stress. When a person is faced with a stressor, even a positive stressor, there are warning signs. Physical signs may include headaches, dry mouth, fatigue, not being able to sleep, muscle tension/aches, an increase in heart rate, blood pressure and breathing. Emotional or mental signs may include frustration, depression, difficulty concentrating, irritability, confusion, forgetfulness, and feeling overwhelmed.

The second step in managing stress is to determine the cause of the stress. Positive stress management strategies are skills that a person uses to help them cope with the stress in their lives. Some positive stress management strategies include time management, good communication skills, exercise, deep breathing, and progressive muscular relaxation. Time management skills include making a schedule, using a calendar, planner or notebook. Once a person makes a schedule, he or she needs to determine if time is available for tasks and prioritize these tasks. If a person consistently does not have time for all activities, he or she may have to limit activities. Exercise is also a positive stress management strategy. Strenuous exercise causes a release of chemicals, called endorphins, which keep energy levels up, make a person feel good, and help him or her sleep. Deep breathing can be used as a stress management strategy. For deep breathing a person takes slow, deep breaths. They should place their hand on the abdomen when practicing because this is the part of the body that should be rising and falling when they are doing deep breathing. When a people do progressive muscular relaxation, they start at either the head or the feet and begin to contract and relax each group

of muscles for three to five seconds. They repeat the contraction/relaxation three times and continue to do this for all the muscle groups. This helps relieve the muscle tension that a person experiences when faced with a stressor.

- The student will identify positive and negative stressors.
- The student will list positive stress management strategies.
- The student will demonstrate positive stress management strategies for everyday stressors.

5.MEH.1.2 Evaluate the effectiveness of stress management strategies.

Once a person can recognize the signs of stress and identify the cause of their stress, they can determine which stress management strategy they will use to cope with the stressor. Sometimes people use negative coping strategies, such as displaying strong emotions when upset, withdrawing from friends or family, or beginning to use a drug. Recognizing personal habits in dealing with stress can help a person evaluate if he or she used positive or negative stress management strategies in the past. Reflection questions may include: *What could the outcome be if I handle stressful situations with anger? What could the outcome be if I keep feelings locked up inside when faced with a stressful situation? What are other strategies that result in a more positive outcome?* Once a person starts utilizing a variety of positive stress management techniques that person can continue to reflect on the outcome to determine the most appropriate strategies.

- The student will list individual stressors and the stress management strategy used.
- The student will analyze the effectiveness of each stress management strategy.
- The student will identify the stress management strategies that were the most effective in handling stress.

Essential Standard and Clarifying Objectives

5.MEH.2 Understand help-seeking strategies for depression and mental disorders.

5.MEH.2.1 Interpret feelings of depression and sadness as normal responses to loss.

5.MEH.2.2 Summarize how to seek assistance from reliable resources for depression and sadness.

Unpacking

What does this standard mean a child will know and be able to do?

5.MEH.2.1 Interpret feelings of depression and sadness as normal responses to loss.

Grief is a normal reaction when a person experiences a loss. The death of a loved one is a loss. However, there are other situations that can cause a sense of loss. These situations may include: divorce/separation of parents, remarriage of a parent, loss of a pet, moving to a new town or a new school, unemployment of a parent/guardian and a close friend moving away. A major cause of stress for anyone is the experience of loss and the accompanying grief. A whole range of emotions is experienced when there is a loss. The normal emotions associated with grief or loss are feelings of denial, anger, sadness, confusion, helplessness, guilt, fear, insecurity, and eventually acceptance and resolution. Depression is a deep and long-lasting sense of sadness and loss of pleasure. Sadness and depression are normal responses to loss.

- The student will identify situations where he or she would experience a loss.
- The student will identify and explain the emotions that a person might feel when he or she experiences a loss.

5.MEH.2.2 Summarize how to seek assistance from reliable resources for depression and sadness.

It is important to be able to recognize the situations that people encounter that could cause a sense of loss in their lives. In addition, individuals need to understand that sadness and depression are normal responses to loss. People who are depressed have more sad times than happy times. The signs of depression can include: feeling low, sad, or miserable; persistent tearfulness; not enjoying or getting pleasure from life; loss of interest in life, even from activities that they enjoy doing; changes in eating patterns, either overeating or not eating; sleep disturbance, insomnia or never getting out of bed; difficulty concentrating; feeling of worthlessness; fatigue; feeling anxious, agitated or touchy; extreme passivity; over sensitivity; and excessive guilt feelings. A person who is depressed may have suicidal thoughts or ideations. When a person experiences depression and sadness, it is essential that he or she seek assistance from reliable resources. This may include responsible and trusted adults, such as parents, guardians and other family members. It also includes trained professionals, in schools and in the community, but also community agencies that specialize in the treatment of depression.

- The student will explain why it is important to seek assistance for depression and sadness.
- The student will identify individuals from whom to seek help for depression and sadness.
- The student will identify reliable community resources for assistance for depression and sadness.

Personal and Consumer Health

Essential Standard and Clarifying Objectives

5.PCH.1 Understand wellness, disease prevention, and recognition of symptoms.

5.PCH.1.1 Explain the influence of personal values on health behaviors.

5.PCH.1.2 Design a personal action plan for sufficient rest and sleep.

Unpacking

What does this standard mean a child will know and be able to do?

5.PCH.1.1 Explain the influence of personal values on health behaviors.

Values are beliefs that are important to a person. Values are instilled by parents and others when a child is quite young and often serve as the basis for decision making and behavior throughout life. It is important for young people to realize that behaviors are *chosen*. If a friend wants to play a video game, but the child is expected home, he or she must *choose* to comply with or ignore parents' wishes. The value that influences that behavior is *responsibility*.

By fifth grade, students will have learned values from peers and other adults (teachers, youth leaders) as well as from their parents. Values may involve relationships, such as the importance of family, tolerance for those who are different, the desire for popularity, and sportsmanship or fair play. Other values are internal, including the drive to succeed, having faith in a higher power, and having goals for the future (going to college, joining the military, wanting a family of one's own). Being concerned for the health of the environment is a value that many fifth graders have developed. Having the desire to be a trustworthy and honest person reflects values that have been demonstrated by others.

Most people have values that are positive. Usually people get into trouble because they act in ways that are not consistent with their values, not because they have bad values. Allowing one's personal values to influence health behaviors most often results in positive choices. Caring for the environment by recycling and conserving energy, treating the new student with kindness, contributing money from a car wash to a family with a child with cancer: all are examples of behaviors influenced by personal values. When choosing behaviors, it is always a good idea to ask questions about health, safety, self-respect, and long-term goals.

- The student will identify important values he or she holds.
- The student will provide examples of how personal values influence health behaviors.
- The student will choose health behaviors that are consistent with personal values.

5.PCH.1.2 Design a personal action plan for sufficient rest and sleep.

Sleep is needed for the body and mind to recuperate from the day's challenges and stresses. During sleep, the mind is able to sort through experiences and learning and store memories to be retrieved later. Healing of tissues occur during sleep. Getting enough sleep helps keep the immune system healthy and assists with disease prevention.

There are several strategies that help a student sleep restfully and for an adequate amount of time. Having a regular bedtime and time to wake up is helpful and should be practiced seven days a week. Keeping lights low and not using the computer or television right before bedtime are sensible decisions. One should avoid caffeine and high sugar foods in late afternoon and during the evening. Regular exercise is a positive health habit, but not just before bedtime. It is a good idea for a fifth grader to keep track of his or her activities before bedtime and the number of hours of sleep he or she is getting. Then, to create a personal action plan, the student can make of list of changes to be made. Usually a few small changes in the environment or one's behavior prior to bedtime are sufficient to increase the likelihood of more recuperative sleep and a regular sleep schedule.

- The student will describe the benefits of adequate sleep on the body and the functioning of the brain.
- The student will recognize aspects of the environment and personal behaviors that can improve sleep.
- The student will create a personal action plan for getting sufficient rest and sleep.
- The student will select behaviors to get more rest and sleep.

Essential Standard and Clarifying Objectives

5.PCH.2 Analyze health products and sources of health information.

5.PCH.2.1 Recognize dependable resources for health information.

5.PCH.2.2 Differentiate between safe and unsafe products.

Unpacking

What does this standard mean a child will know and be able to do?

5.PCH.2.1 Recognize dependable resources for health information.

There have always been individuals who promote false information about health. Some are motivated to make money off of unsuspecting victims; others have good intentions and just do not know any better. Most people have repeated information they believe is true, only to discover later it was not accurate. Believing health information just because it is printed somewhere or said by someone can be dangerous and expensive. Advertising can be misleading by giving the impression that a product is effective when (in fact) it is not.

Each individual must sort through information that is true, proven, and legitimate with information that may be false, unproven, or misleading. Using reliable sources of information is vital to making healthy decisions about health and is one of the National Health Education Standards. An example of using reliable sources of information would be reading a Nutrition Facts Label, following the Dietary Guidelines, or using MyPlate.gov to plan meals with nutrient-dense foods. The best person to consult about nutrition would be a Registered Dietitian (RD), the school's child nutrition director, or a health teacher.

Internet sites may be reliable or not. Usually .gov and most .org sites can be trusted, but it is a good idea to verify the information with another source. If uncertain, always ask a trusted adult.

- The student will recognize that all sources of information are not dependable or credible.
- The student will list trusted adults, internet sources, and school resources.
- The student will rely on dependable resources for information about health.

5.PCH.2.2 Differentiate between safe and unsafe products.

Because everyone selects, purchases, and uses health products, everyone is a consumer. Many of the products that are selected and purchased can affect a person's health. There are products that benefit health (exercise equipment), products that benefit health unless misused (medicines), products that are unsafe and should not be handled by children (cleaning products, weapons), and products that are dangerous when used as intended by anyone (tobacco).

Knowing whether a product has the potential to be unsafe and knowing how to use products safely are important concepts. Sometimes the product has a label (as with over-the-counter medicines) and sometimes the product has a warning (cleaners, cigarettes and spit tobacco). A

young person should never handle or ingest products unless supervised by an adult.

Two products that look very much alike are Pepto-Bismol and Calamine Lotion. Both are pink liquids: One is to be swallowed; the other is only to be used on the outside of the body. There could be serious consequences if the wrong product were ingested. General rules for determining if a product is safe are to use the product with adult supervision, to use the product only for intended purposes, to read directions and warning labels, and to seek medical advice if mistakes are made.

- The student will recognize products that have an effect on health.
- The student will contrast products that have the potential for misuse.
- The student will not use products with the potential for harm without the supervision of an adult.

Essential Standard and Clarifying Objectives

5.PCH.3 Apply measures for cleanliness and disease prevention.

5.PCH.3.1 Implement a personal dental health plan to include brushing, flossing, nutrition, and injury.

5.PCH.3.2 Carry out activities that avoid harmful effects of the sun.

Unpacking

What does this standard mean a child will know and be able to do?

5.PCH.3.1 Implement a personal dental health plan to include brushing, flossing, nutrition, and injury.

Students can take good care of their teeth and gums by learning how to floss and brush and how to protect their teeth from injury. Caring for teeth and gums helps a person stay healthy. A daily plan for how to care for teeth and gums is a good idea. It is important to brush teeth at least twice a day to remove bacteria and loosen plaque that will make acids that cause cavities. Brush with short, back-and-forth movements on all teeth. It is important to brush along the gum line and across the tongue. Spend extra time brushing the back of the teeth because they have deep crevices where plaque can collect.

Brushing does not remove all the plaque between teeth so it is important to floss at least once a day. Flossing removes plaque and food from between the teeth. Healthy foods provide nutrients needed for teeth and gums. Eating foods with calcium (such as milk and cheese) helps make teeth strong. Crunchy foods such as apples and celery clean plaque off of teeth. Low-sugar foods and natural foods are less likely to stay on the teeth than are artificial sugars in candy.

Wear a mouth guard during sport activities to protect teeth from being injured. Don't use teeth for cutting or tearing things other than food. Another important aspect of a personal dental health plan is regular visits to the dentist for check-ups.

- The student will describe the importance of having a dental health plan.
- The student will floss once and brush several times each day.

- The student will select foods low in sugar, calcium-rich, and crunchy for the health of teeth and gums.
- The student will protect himself or herself from dental injuries by wearing a mouth guard while playing sports.

5.PCH.3.2 Carry out activities that avoid harmful effects of the sun.

Long sleeves and long pants help protect skin from the ultraviolet rays of the sun. On hot days, a child should choose loose light color clothes that are light in weight. It is important to use sunscreen on all uncovered skin. Sun protection is important even on cool and cloudy days. Sunscreen protects by blocking the sun's harmful rays. A student should apply sunscreen 30 minutes before going outside and reapply sunscreen every two hours. Additional sunscreen may be needed if swimming or sweating. The sun's rays can also damage the eyes, so wearing a hat and sunglasses can prevent potential damage. Over exposure to the sun's rays also causes premature aging and diminishes the effectiveness of the immune system.

- The student will explain how overexposure to the sun affects health.
- The student will list strategies for protection from overexposure to ultraviolet rays.
- The student will take precautions to limit sun exposure by wearing sunscreen and protective clothing.

Essential Standard and Clarifying Objectives

5.PCH.4 Understand body systems and organs, functions, and their care.

5.PCH.4.1 Summarize the functions of the organs that make up the digestive system.

5.PCH.4.2 Interpret the relationship between and among the vessels and organs of the circulatory system.

Unpacking

What does this standard mean a child will know and be able to do?

5.PCH.4.1 Summarize the functions of the organs that make up the digestive system.

The digestive system breaks down food into smaller pieces that the body can use. Digestion begins in the mouth where food is taken in, chewed, and swallowed. The esophagus muscles push food from the mouth to the stomach. Digestion continues in the stomach where acids made by the stomach help break down food. Food leaves the stomach and enters the small intestine. A liquid made in the liver goes into the small intestine where it breaks down even more. Nutrients are absorbed into the walls of the small intestine and carried throughout the body by the blood. Waste is passed to the large intestine until it leaves the body through the rectum. Digestive health is enhanced by eating foods high in fiber (fruits, vegetables, and whole grains), drinking sufficient water, and exercising regularly.

- The student will list in sequence the organs which make up the digestive system.
- The student will explain the process of breaking down foods to create nutrients.
- The student will consume fiber-rich foods, drink water, and exercise regularly to benefit the digestive system.

5.PCH.4.2 Interpret the relationship between and among the vessels and organs of the circulatory system.

The circulatory system is made up of a group of organs and tissues that are responsible for the exchange of oxygen, carbon dioxide, nutrients, and waste products with the cells of the body. Included in the circulatory system are the heart, the blood vessels, and the blood. The heart is the major organ which pumps blood throughout the body.

The circulatory system works in concert with the pulmonary system (or respiratory system), picking up oxygen from the lungs, carrying it to the rest of the body through the arteries. The veins return the de-oxygenated blood (now carrying carbon dioxide) back to the lungs to be released during exhalation. Between the arteries and veins are smaller vessels known as capillaries, which carry blood to and from almost all the cells of the body. In addition to carrying life-giving oxygen, the circulatory system carries nutrients (chemicals from the foods that are eaten) to the cells. The blood cells pick up waste products and carry them to the excretory system to be eliminated through bowel movements and urination.

The heart is made of muscle, has four chambers, and acts as a pump. The aorta is the largest artery and carries blood away from the heart to the large arteries that take blood to the trunk of the body, to the brain, and to the extremities of the body. From the aorta, there is a branching of the vessels that become smaller and smaller. As they return to the heart, they are called veins and become larger and larger.

Blood itself is made up of plasma (a liquid to carry nutrients), red blood cells (which carry oxygen), platelets (to cause the blood to clot if a person is cut), and cells (including white blood cells) to fight infection.

To take care of the circulatory system, children need to exercise regularly and eat a healthful diet to reduce fat in the blood. The fat could build up on the walls of the arteries, causing the vessels to clog over time and the heart and vessels to work harder. Heart health is important to overall well-being.

- The student will list and describe the functions of the organs and tissues of the circulatory system.
- The student will sequence the flow of blood through the body.
- The student will describe the relationship and interaction of the circulatory with the digestive, respiratory, and excretory systems.
- The student will practice heart healthy nutrition and fitness guidelines.

Interpersonal Communication and Relationships

Essential Standard and Clarifying Objectives

5.ICR.1 Understand healthy and effective interpersonal communication and relationships.

- 5.ICR.1.1 Illustrate the dangers of communicating with unknown individuals.
- 5.ICR.1.2 Summarize things one can do to seek assistance when encountering a stranger.
- 5.ICR.1.3 Explain the impact of stereotyping and discrimination on other people's self-respect and feelings.
- 5.ICR.1.4 Summarize how to solve problems and resolve conflict without avoidance or violence.

Unpacking

What does this standard mean a child will know and be able to do?

- 5.ICR.1.1 Illustrate the dangers of communicating with unknown individuals.

Students need to understand the dangers of communicating with unknown individuals. This includes communicating with strangers over the phone, over the Internet and face-to-face. Through the use of the Internet, predators can gain access to personal information, which includes name, age, address, phone numbers, and the home address of children. Students need to know how to respond if a stranger calls the home or knocks on the door. In addition, safety needs to be a concern in situations where there is a chance that a stranger may approach a child. Safety rules between parents and children in these situations will help protect children if a stranger attempts to communicate with them.

Social networking websites, such as Facebook and MySpace, are becoming more popular among all age groups, even elementary school children. However, having an account on a social networking poses a safety issue for students. Many parents choose not to allow their children to have accounts. For those students that have an account, they need to be aware that too much personal information makes it easy for a stranger to learn their name, age, address, phone numbers, school attended, activities involved in, and the home address. This allows strangers the ability to find them easily, not just try to chat with them online. Students need to know the importance of limiting the personal information that everyone would have access to. Students need to know how to set the privacy settings and the importance of using privacy settings if they have an account on a social networking site. They need to be aware that strangers may attempt to gain access and communicate with them by getting on a student's friend list and recognize the dangers in communicating with strangers on a social networking site.

- The student will explain the dangers of communicating with strangers over the phone, face-to-face and over the Internet.
- The student will identify how to respond if a stranger tries to communicate with him or her over the phone or over the Internet.
- The student will list important safety issues that need to be followed when using the Internet.

- 5.ICR.1.2 Summarize what can be done to seek assistance when encountering a stranger.

Most people a child meets are good people who would never think of harming the child. Children see strangers while shopping, while traveling to and from school, in parks and playgrounds. A child might identify a stranger as someone who is unknown to them. Children should not learn that strangers are bad or dangerous, but they do need to learn what to do if they are scared or lost, feel threatened, or if someone has been following them. Strangers who can be trusted are teachers, store employees, policemen or women, and security guards.

If they are approached by a "bad" stranger (who tries to lure or physically pull them away), the best thing they can do is get the attention of

other adults - whether that is by running to the nearest home or making enough noise to be heard by someone. Most adults will help a child in danger by calling for the assistance of a police officer.

- The student will differentiate between someone known and unknown to him or her.
- The student will identify strangers who can be trusted.
- The student will demonstrate how to get help if a stranger tries to lure him or her away from a safe place.

5.ICR.1.3 Explain the impact of stereotyping and discrimination on other people's self-respect and feelings.

A young person can strengthen relationships with all people in his or her life by treating them with mutual respect. Sometimes people treat others with disrespect because of prejudice. Some forms of prejudice involve stereotypes. A stereotype is an exaggerated or oversimplified belief about people who belong to a certain group. Prejudice and discrimination are barriers to healthy relationships and greatly affect other people's self-respect and feelings. Kids and teens that are stereotyped and discriminated against at school may stay home out of fear. They may even try to harm themselves because the discrimination has seriously damaged their self-esteem. It is important advocate for tolerance. People who are tolerant value diversity and can appreciate differences in other people's cultures, interests, and beliefs.

- The student will define stereotyping and discrimination.
- The student will explain how stereotyping and discrimination affect the self-respect and feelings of others.
- The student will avoid all behaviors that stereotype and discriminate toward others.

5.ICR.1.4 Summarize how to solve problems and resolve conflict without avoidance or violence.

When a child has a conflict with someone, there are two options on how to handle it: walk away or respond to it. If the conflict could escalate and become dangerous, getting out is the best approach. Walking away will give everyone a chance to calm down so that one or both can approach the conflict rationally. When conflicts are not resolved, they can get worse and sometimes even result in violence. It is important to understand that violence does not solve conflicts.

Conflict resolution is the process of ending a conflict through cooperation and problem solving. Conflicts often can be resolved with compromise and negotiation. Mutual respect is an important factor in a successful negotiation and compromise. Working to resolve a conflict can help people improve their communication and problem-solving skills. Another way to solve a conflict without avoidance or violence is the mediation process. Mediation is bringing in a neutral third party to help others resolve their conflict peacefully.

- The student will analyze how he or she usually solves problems.
- The student will explain how avoidance and violence cause a problem to get worse, not better.
- The student will select ways (compromise, problem solving, mediation) to resolve conflict without violence or avoidance.

Essential Standard and Clarifying Objectives

5.ICR.2 Analyze the changes and influences that occur during puberty and adolescence.

5.ICR.2.1 Recall that puberty is characterized by the development of secondary sex characteristics and onset of reproductive capacity.

5.ICR.2.2 Differentiate between accurate and inaccurate sources of information about puberty and development.

5.ICR.2.3 Summarize the functions of the male and female reproductive systems.

5.ICR.2.4 Illustrate how societal influences can impact behavioral choices and feelings regarding one's reproductive health.

5.ICR.2.5 Deconstruct media messages as they relate to their influence on perceptions of desirable body sizes and shapes.

Unpacking

What does this standard mean a child will know and be able to do?

5.ICR.2.1 Recall that puberty is characterized by the development of secondary sex characteristics and onset of reproductive capacity.

Puberty is a predictable process that is begun between the ages of eight and 16 (although there are children younger and older who begin the process). The process of puberty takes between three and five years to be completed. Girls begin (and complete) puberty about one to two years earlier than boys.

During puberty, girls will develop secondary sex characteristics: breast buds (after which the breasts become bigger and the nipples darken), pubic and underarm hair (sparse at first, then darker and thicker), wider hips with more body fat, and menarche (the beginning of the ovulation-menstruation cycle). Boys experience the growth of underarm and pubic hair, the penis and scrotum becoming larger and beginning to function (sperm production and nocturnal emissions), and the voice cracking at first, then becoming deeper.

Both males and females experience sweat glands and oil glands becoming more active and need to be conscientious about hygiene: daily bathing, use of deodorant, changing clothing, and the care of acne. They undergo a growth spurt during which the long bones of the arms and legs are growing faster. They may feel awkward and may not have as much agility or control over movements.

Puberty is not completed until boys and girls become capable of reproduction. In the United States, physical maturity happens many years before young people are perceived as emotionally and socially mature. It is not assumed one is ready for parenthood until one has completed the transition to adulthood and is socially and financially independent. Therefore youth need education to be able to avoid pressures to engage in behaviors that are not age-appropriate.

The burning question of many young people is, "*Am I normal?*" They may wonder why they are early or late developers or if they have feelings that are similar to their peers. Pre-adolescents often need reassurance they are on their own biological clock, predetermined by genetics. They may be self-conscious about changes and try in various ways to conform to the peer group. Fluctuating hormones increase the emotional discomfort. Students need honest communication from trusted adults to navigate puberty and adolescence with the least possible stress. Withholding information from young people will not decrease the curiosity.

- The student will define puberty and list changes that occur in males and females.
- The student will be able to ask questions about puberty and parental expectations.

5.ICR.2.2 Differentiate between accurate and inaccurate sources of information about puberty and development.

During puberty, body parts are changing, developing, and beginning to function. This time is confusing for many young people especially if they have not received **anticipatory guidance** (defined as information and advice to prepare a young person for future events). Many students have parents who have talked openly about reproductive and sexual health; others have parents who have not shared this information and guidance with their children. Just as children need to be taught how to cross the street safely and eat nutritious foods, they need information about their reproductive health. They tend to be very curious about pubertal development and the physical and emotional changes that are occurring.

Typically, sources of medically accurate information are teachers, medical professionals (including the school nurse), guidance counselors, and parents. Often a school library will have good materials to consult to get questions answered. The librarian can refer a child to books and websites that can be trusted. Care must be taken so the child does not access websites that are sexually explicit and inappropriate for their ages and developmental readiness. Peers and older students may have accurate information and may not. Some of the messages stated or implied in the media may be distorted. Advertising and some television shows and media display images of children growing up too fast and engaging in activities that are not age-appropriate. It is far better for the young person to ask his or her questions of an adult.

- The student will describe the need to receive medically accurate information and guidance about reproductive health issues.
- The student will contrast reliable sources of information about puberty with sources that are less reliable.
- The student will seek information about puberty from accurate sources.

5.ICR.2.3 Summarize the functions of the male and female reproductive systems.

The reproductive system is the only body system that is different for males and females. During puberty the organs for both sexes develop and begin to function to enable reproduction to occur. The function of the male system is to produce male hormones and sperm (which will be capable of joining with an ovum from the female). The function of the female system is to produce female hormones and cause the ripening and release of an ovum (which is capable of joining with a sperm). Conception occurs when the ovum is fertilized by the sperm following sexual intercourse, then implants in the uterus to begin as a zygote, develop into a fetus, and then a baby.

The external organs of the female are the labia, clitoris, hymen, and vaginal opening. The functions of these parts are: labia (protection from germs entering the vagina), clitoris (sexual arousal), hymen (this membrane has no known function; while once considered an indication of virginity, it is no longer believed to be so), and vaginal opening (opening through which menstruation occurs, sexual intercourse takes place, and a baby is born).

The internal organs of the female are the vagina, uterus, fallopian tubes, and ovaries. The vagina receives the penis during sexual intercourse and also serves as the opening for menstrual flow to exit the body and as the birth canal for the delivery of a baby. The cervix is at the top of the vagina and is the opening of the uterus. The uterus is also called the womb and is the organ that holds and nourishes the baby during pregnancy. During her reproductive years, the uterus prepares for conception each cycle and (if conception does not take place) releases the lining (made up of blood and tissues) in a process known as menstruation. The fallopian tubes are connected to the uterus and are the site of fertilization if the sperm meet an ovum released by the ovary. There are two ovaries that produce hormones (estrogen and progesterone) and cause the ova to ripen and release (usually alternately, every other cycle).

One of the differences between females and males are that females are born with all the eggs (ova) they will ever have; whereas males begin to develop sperm during puberty. The external parts of the male reproductive system are often referred to as genitals (although females also have genitalia). The functions of the penis are for sexual intercourse and urination. It serves as a passageway for both urine and semen (which contains sperm) to exit the body. These two events cannot happen at the same time. The scrotum is a pouch-like structure, which holds the testes and extends or contracts to maintain sperm at the correct temperature for viability.

The internal reproductive organs of the male and their functions are the testes (sperm and testosterone production), epididymis (storage and maturation of sperm), vas deferens (stores and transfers sperm), seminal vesicles (secretes fluid to mix with and nourish sperm), prostate gland (produces fluid to mix with sperm and create semen), Cowper's glands (open into the urethra and create fluid to neutralize acid in the urethra), urethra (carries sperm to exit body during ejaculation).

- The student will list and label on a diagram the parts of the male and females reproductive systems.
- The student will describe the functions of the reproductive systems.
- The student will explain the process of fertilization.

5.ICR.2.4 Illustrate how societal influences can impact behavioral choices and feelings regarding one's reproductive health.

Societal influences include family, peers, community and the media, Their messages (spoken or not) about values, behavior, normalcy, and relationships shape attitudes, feelings and choices. Students need to understand how social norms affect their decisions about reproductive health. Adolescents tend to match their behaviors to perceived rather than actual norms in their peer group or community. Many young people overestimate the number of their peers who are engaging in risk-taking behaviors. This is due to a tendency to focus on and remember what stands out or is exciting. For example, in a survey where middle school youth were asked "Is it okay for kids my age to have sex," their answers were: What I Think: YES 25%, What I Think My Friends Would Say: YES 75%. Even though it is clear that the social norm is that is **not** okay, the perception or **misperception** is that most of their friends would say it is okay. This misperception of social norms, beliefs about the behavior of others, can lead them to make unhealthy choices

Another important influence, parents, often underestimate the potential for risk taking and thereby neglect or avoid sharing important information that could be beneficial to a child's reproductive health. Young people indicate they prefer to get information about their reproductive health from their parents and should be encouraged to find ways to begin that dialogue. Most parents hope their children will delay sexual behavior. It is important that family values about reproductive health are shared before children are bombarded with less healthy sexual messages in the media and other sources. The media overall does not provide much support for young people to protect their reproductive health. Younger and younger youth are being highly "sexualized" in movies, TV, music, and advertising. Young people need to 'consider the source' as they choose who and what is influencing them and be sure they are getting the best information from those who have their health and well-being as a priority.

- The student will analyze who influences his or her choices.
- The student will examine the actual and perceived behavioral norms among peers.
- The student will choose reliable sources for information about reproductive health.

5.ICR.2.5 Deconstruct media messages as they relate to their influence on perceptions of desirable body sizes and shapes.

The media is a powerful influence on perceptions and behaviors, in part, because of the heavy dose of media messages Americans receive. The media influences ideas about attractiveness, friendships, families, and what products are needed and desired. Some of the products marketed to children encourage them to "grow up too soon." A recent example is the "push up" padded bikini top marketed to young girls by Abercrombie and Fitch. Parents and child protective groups have complained that the clothing is intended to sexualize children.

More common are media messages that essentially tell girls they have to be skinny and boys they have to be buff or "swole" to be considered attractive. Stores are selling size Zero and, often, young girls aspire to being that thin. Girls often experience a lowering of self-esteem attributable to media images of desirable body size and shape. Girls are given the message they need to be taller, thinner, and have large breasts. This is an unhealthy message to young girls (some of whom think they should dieting by fifth grade). In several studies, middle school girls said that looking at magazines causes them to be dissatisfied with their bodies.

Trying to achieve a body or figure dramatically different from one's genetic makeup can be dangerous. Young girls have been known to use unhealthy measures to lose or maintain weight: eating disorders, smoking, and fad diets (all of which can have health risks down the road). Boys attempting to build up their bodies by over-exercise and nutritional supplements are also at risk.

If students learn to analyze advertisements, they will see that the messages are distorted and unhealthy. Hopefully young people can learn to focus on inner beauty, healthy fitness and weight management strategies, and liking themselves for who they are.

- The student will evaluate messages in the media about body size and shape.
- The student will select and contrast healthy and unhealthy images of girls' and boys' sizes and shapes.

- The student will opt for healthy measures to achieve health and fitness.

Nutrition and Physical Activity

Essential Standard and Clarifying Objectives

5.NPA.1 Apply tools (MyPlate) to plan healthy nutrition and fitness.

5.NPA.1.1 Use MyPlate to make healthy choices of foods and beverages.

5.NPA.1.2 Use recommendations in MyPlate to increase physical activity.

Unpacking

What does this standard mean a child will know and be able to do?

5.NPA.1.1 Use MyPlate to make healthy choices of foods and beverages.

Healthy food and beverage choices that fit within MyPlate recommendations should be readily available so students can make good choices at school and home. For **milk** products, low-fat milk, soy milk, light string cheese, reduced-fat cottage cheese, active culture yogurt and low-fat pudding cups are good choices. **Grain** products such as whole grain breads, bagels, tortillas, pancakes and waffles can be kept in the freezer and quickly thawed in a microwave or toaster oven. Oatmeal, cereal, rice, pasta, and taco shells keep well in the pantry.

Many **fruits** like apples, oranges, bananas, pears, kiwi fruit, and mangos can be placed in a bowl in the kitchen, encouraging snackers to make better choices. Berries, peaches and cut-up melon pieces need to stay refrigerated. Fresh fruit salads make tasty desserts to finish a meal.

Vegetables such as broccoli, carrots, celery, sweet peppers, turnips and cucumbers can be cleaned, peeled if necessary and sliced into containers, ready for snacking or for ingredients when cooking.

Protein foods such as fresh or boiled eggs, nuts, peanut butter, and thin-sliced turkey, chicken, and ham are ready for salads and sandwiches. Condiments such as ketchup, mustard, low-fat mayonnaise and healthy oil-based salad dressings can round out supplies. Refrigerated leftovers from previous meals make good warmed-up breakfast, lunch, or snack selections. At least once a week, the refrigerator needs to be monitored for old food to be discarded.

- The student will brainstorm healthy foods from MyPlate groups that are ready to eat at home.
- The student will advocate to parents and school lunch providers to provide healthy selections for meals at home and school.
- The student will select healthy nutrition from all groups in the MyPlate.

5.NPA.1.2 Use recommendations in MyPlate to increase physical activity.

MyPlate encourages students to balance food intake with exercise and activity on a daily basis. For fifth graders, activity should be fun.

Students can use recess and physical education at school to learn sports skills (throwing, catching, kicking, batting, serving) and play active games such as Everybody's It!, Over-Under Game, Spud, Water Balloon races and Dodge Ball with squishy playground balls. At home, students can play pick-up games with neighbors and friends in the yard or play area, ride bikes or scooters, or play an active play station game inside. They can play youth league sports like volleyball, soccer and basketball, or take lessons in dance, swimming, wrestling, gymnastics or other offerings in the community.

The key is to participate in an hour of activity each day. Schools and parents need to work with after-school and day care programs to insure that several options are available and that physical activity is as much a part of the daily fare as snack time. Individualized efforts that support overweight and obese children in moderate activity including walking or moving to music helps create a more positive body image.

- The student will generate a list of vigorous activities he or she likes to do at recess, in physical education, and after school.
- The student will record physical activities he or she currently participates in over a one-week period.
- The student will plan to increase physical activity for the coming week and keep a record of his or her success.
- The student will identify ways adults can help him or her be physically active.

Essential Standard and Clarifying Objectives

5.NPA.2 Create strategies to consume a variety of nutrient-dense foods and beverages and limit calorie-dense or empty calorie foods.

5.NPA.2.1 Summarize the influences of family, culture, and the media on food choices.

5.NPA.2.2 Infer the benefits of limiting the consumption of foods and beverages high in fat and added sugar.

Unpacking

What does this standard mean a child will know and be able to do?

5.NPA.2.1 Summarize the influences of family, culture, and the media on food choices.

Family, culture and media impact a student's food choices. Families can have a positive effect on children by purchasing healthy foods and beverages for meals, snacks, and treats, and eating wisely themselves. Negative food habits from family members are obstacles that students must overcome.

Cultural norms and media exposure also affect food choices. Ethnic foods found in Latino and Asian cultures can have positive effects on the diet, with more emphasis on rice, noodles and vegetables over large quantities of meat. African-American traditions of heavy salting and high fat meats are changing with nutrition education. The media continue to make unhealthy, processed, convenience, and fast foods more attractive than whole foods through advertising. Children can learn to counter media messages with the facts. For instance, eating a double chicken sandwich with 32 grams of fat cannot be healthy; or, young attractive people advertising fast foods probably do not eat them very much or they would have weight problems themselves.

- The student will summarize the positive and negative influences that family, culture and media play in his or her food selections.
- The student will identify ways to overcome obstacles presented by family, media or culture in food selection.

5.NPA.2.2 Infer the benefits of limiting the consumption of foods and beverages high in fat and added sugar.

Humans are prone to crave the tastes of salt, sugar and fat even though the body does not really need these ingredients to function today. These food components were scarce in primitive environments and eating fats helped humans survive harsh winters without much food.

Unfortunately sugars and fats are far too common in many of the foods students eat on a regular basis, whether added to drinks, used during cooking or added to processed foods like cereals, cakes and candy. This leads to overconsumption and related health problems. Guarding against too much salt, sugar, and fat is important for preventing obesity, high blood pressure and diabetes.

Examining the ingredient list and Nutrition Facts Label on foods and beverages helps consumers limit sugar, salt, and fat. What is in a food is listed in the order named on the ingredients list by amount. If sugar or fat is one the first three ingredients listed, the food probably contains more than the recommended amount. Checking the grams of fat and sugar on the Nutrition Facts Label can confirm this. If the grams are high, the food is not a good choice. Each gram of sugar or protein contains 4 calories of energy, while each gram of fat contains 9 calories, so eating fat more than doubles the calories.

In a strawberry milkshake from a fast food restaurant the ingredients read: whole milk, sucrose, cream, strawberries, non-fat solids and corn syrup solids, and toward the end, salt. Examining all the words that mean fat and sugar shows the top ingredients are heavy with fat and sugar, 26 grams of fat and 63 grams of sugar to be exact. Students can compare labels on items such as sodas, fruit drinks, smoothies, snack foods, and desserts to figure out which are the best and brainstorm how to make them at home with fewer calories (non-fat milk, real fruit, reducing the sugar, or using sugar substitutes).

Website games for young students using MyPlate and food labels to compare fat and sugar in foods include: nutritionexplorations.org and nourishinteractive.com.

- The student will explain why humans crave sugar and fat and why they need to limit them in the diet.
- The student will demonstrate how to determine sugar, fat or salt content in foods.
- The student will recall the number of calories in each gram of sugar and protein, compared to a gram of fat.
- The student will compare labels to determine better selections of food products.

Essential Standard and Clarifying Objectives

5.NPA.3 Understand the benefits of nutrition and fitness to disease prevention.

5.NPA.3.1 Contrast dieting and healthy weight management, including limiting high-fat and high-sugar foods.

5.NPA.3.2 Explain the benefits of regular physical activity on physical, mental, emotional, and social health.

5.NPA.3.3 Summarize normal weight gain and body changes during puberty.

Unpacking

What does this standard mean a child will know and be able to do?

5.NPA.3.1 Contrast dieting and healthy weight management, including limiting high-fat and high-sugar foods.

Diet means the food a person eats, but when a person says they are going on a diet, they generally mean restricting food to lose weight. If a person learns to eat natural foods, keeping sugars and fats in moderation, they will not need to diet (in the restrictive sense of the word). Hunger can be satisfied within a normal calorie range, using good choices. If a student wants to eat more sugar and fat, they will need to increase their daily minutes of exercise or the intensity of exercise to burn the excess calories.

Ways to keep calories down while filling up start with meats. Fish, poultry, seafood or wild game is leaner than beef, pork, or lamb. Select lean cuts (less white fat on it) or lean ground meat (90/10 or higher) and trim away visible fat before cooking. After cooking, blot out fat with a paper towel and remove skin of chicken or turkey before eating it.

Fruits, vegetables, and whole grains are naturally low in fats and sugars. Add a little healthy oil or broth to season vegetables. Be careful with spreads, choose lower calorie options, and use vegetables or cottage cheese on baked potatoes and pasta. Roast, bake, or boil foods—prepare them any way other than frying to lower fat content.

Learn to love low-fat milk or dairy products and water to drink. Read labels on processed foods and bring home only those that meet nutrition requirements. Fat and sweet foods are good treats to have once in a while, but not too frequently. Remember fruits are naturally sweet and a much better choice because of the nutrients they provide. Establishing these kinds of eating patterns eliminates the need for dieting.

- The student will explain the difference between diet and dieting.
- The student will describe methods of selecting and preparing foods to limit fat and sugar.
- The student will establish effective food and exercise patterns that eliminate hunger and balance calories.

5.NPA.3.2 Explain the benefits of regular physical activity on physical, mental, emotional, and social health.

Physical activity is greatly beneficial to the physical, mental, emotional, and social health of students. Physical activity builds strong hearts, bones and muscles as well as other tissues and organs. Short breaks of physical activity throughout the day help expend restless energy and calm the mind, readying the brain to process information and learn. Physical activity is a major player in keeping weight in balance with food intake. Active people have better rest and sleep.

Physical activity releases hormones and chemicals that elevate mood and make students feel happier, more creative, and productive. Physical activity helps counteract stress of test taking and builds self-esteem and self-confidence for facing challenging tasks. Physical activity builds

stronger immune systems keeping children from missing school due to illnesses.

Socially, physical activity helps students find friends with like interests, leading to lifelong relationships. Games and sports foster acceptance of others and teach students to learn about winning, losing, teamwork, discipline, and other life lessons. Physical activity can bring families and siblings together, sharing play as well as work to create stronger bonds.

- The student will describe the physical, mental, social, and emotional benefits of physical activity.
- The student will value the role of physical activity in his or her daily schedule.

5.NPA.3.3 Summarize normal weight gain and body changes during puberty.

In general, girls show signs of puberty first with the boys following a year or two later. Most students add body fat at the start, even though they haven't changed their diets. The body is preparing for the growth spurt that happens next. A certain amount of body fat is necessary for females to begin ovulation and menstruation. Girls get wider hips as the pelvis changes in preparation for childbearing. Girls also begin breast development. It is normal for girls to gain some weight with all these changes occurring. During the growth spurt, males and females grow taller as bones lengthen. Males develop wider shoulders and increased muscle. Again, some weight gain is expected since muscle is denser than fat. Males and females grow additional body hair and have more active sweat and oil glands. During this period of rapid growth, students feel tired because the body requires more energy to support all the new cell growth.

Excellent nutrition including adequate levels of protein, calcium, iron and folic acid are needed during puberty. Eating from all the food groups plus getting plenty of milk fortified with Vitamin D; meat and beans for protein, iron and folic acid; and grains for energy is a good plan. Getting exercise, adequate sleep, and even afternoon naps keep the fatigue level in check. Students should know that the starting time for puberty varies widely with early and late developers, but everyone eventually gets to be an adult—no one is left behind.

- The student will describe the physical changes to expect with puberty and why some girls are generally taller than boys during this period.
- The student will outline strategies for getting needed nutrition, activity and rest to maintain health and energy during puberty.

Alcohol, Tobacco and Other Drugs

Essential Standard and Clarifying Objectives

5.ATOD.1 Understand health risks associated with use of alcohol.

5.ATOD.1.1 Explain the short-term and long-term effects of alcohol abuse.

5.ATOD.1.2 Explain the effects of alcohol abuse on others.

Unpacking

What does this standard mean a child will know and be able to do?

5.ATOD.1.1 Explain the short-term and long-term effects of alcohol abuse.

The physical effects of alcohol depend a great deal on how much alcohol has been consumed and a person's individual tolerance.

Some short-term effects of alcohol:

Lowered inhibitions: When a person drinks, behavior is affected. Physical effects of alcohol include a tendency to engage in behaviors not typical of the drinker and may include sexual promiscuity, driving under the influence, illegal drug use, even violence and further intoxication.

Poor coordination: One of the most obvious physical effects of alcohol is slurred speech. Other short-term effects of alcohol abuse are the inability to think clearly and lack of coordination. These consequences can easily cause falls and other accidents.

Blackouts and loss of memory: Alcohol consumption affects brain function. As more is absorbed into the bloodstream and carried to the brain, people can experience significant gaps in their memory. They do not know where they have been, what they have said or done.

Nausea sickness: Alcohol is a poison. When a person drinks too much of it, the body may attempt to get rid of it by causing the drinker to vomit. At other times, a person who has been drinking can feel nauseous because the alcohol has interfered with the body's sense of balance.

Short-term effects of alcohol can range from uninhibited, even irritating behavior to serious illness or even death. Moderate consumption of alcoholic beverages, as little as two drinks, can impair thinking, leading to poor judgment. It can also lower inhibitions just enough to cause behavioral changes ranging from becoming more talkative and outgoing to using poor judgment when making decisions.

One of the more serious physical effects of alcohol is the loss of coordination and reaction time when driving a vehicle. Someone who has had a few drinks may feel fine and quite capable of driving. Actually, their reflexes and mental abilities have been compromised by the alcohol. This is the primary cause of a significant number of car accidents, about 40 % of all accidents in the USA.

Long-term drinking can increase the risk of long-term physical effects of alcohol. Alcoholism is one of these risks. Other health risks include liver disease, diabetes, and obesity. Alcoholism is a disease where alcohol consumption (beer, wine, or hard liquor) is at a level that interferes with the person's physical and mental health, and negatively impacts family, and social or work responsibilities.

Here are some alcoholism signs and symptoms:

Becoming angry when confronted about drinking

Daily or frequent alcohol consumption needed to function

Finding excuses to drink
Food intake neglect
Behavior related to hiding alcohol
Inability to stop or reduce alcohol consumption
Memory loss, blackouts
Morning shakes
Nausea, vomiting
Physical appearance neglect
Violent episodes occur when drinking

There is no known cause of alcoholism, however, there are several factors that may have a role in its development. A person with an alcoholic parent or parents will be more likely to become an alcoholic than a person without alcoholism in the immediate family. Certain genes may increase the risk of alcoholism. Modeling behavior seen in adults or older peers may also be a factor.

- The student will identify short-term effects of alcohol.
- The student will provide examples of behaviors of alcohol abuse.
- The student will recognize symptoms of long-term problems with alcohol.
- The student will avoid experimentation with alcohol.

5.ATOD.1.2 Explain the effects of alcohol abuse on others.

The effects of alcohol abuse are long reaching. Alcohol abuse affects more than just the drinker, their friends, and family. The effects of alcohol abuse impact the drinker's own mind, body, and behavior, but can also influence all who associate with the drinker: friends, family, children not yet born, and others who come in contact with the drinker at school, at work, in the community, or on the roads.

The family and children with whom the alcohol abuser, or alcoholic, lives are directly affected and can have far-reaching effects. Alcohol abuse is associated with an increased risk of anger, domestic violence, divorce, rape, burglary, and assault. An alcoholic's behavior and mental impairment, while drunk, can profoundly impact those surrounding them and lead to isolation from family and friends. Alcoholism can also lead to child neglect and child abuse; an alcoholic's children can suffer emotional damage well into adulthood.

A person being drunk or hung over during work hours leads to a drop in productivity, the loss of a job, financial woes, and even the loss of one's home, affecting all family members. Friends and classmates are affected, by his or her example, if not by being endangered by his or her choices. But besides this, there are two notable groups who stand to lose by the alcoholic's choices: the unborn child of a woman who drinks and those who are on the road or in the car if the drinker drives while under the influence.

A pregnant woman who drinks passes alcohol to her unborn child, and the effects may not be seen until the child is born, or later. The disease resulting from the exposure of the fetus to alcohol is called Fetal Alcohol Syndrome (FAS). The specific physical effects of exposing the fetus to alcohol vary, but can include the following, some of which are irreversible:

- Brain damage
- Vision and hearing problems
- Low birth weight
- Seizures
- Heart, kidney, and liver defects
- Skeletal defects
- Facial anomalies
- Vision and hearing problems

Driving while either intoxicated or drunk is dangerous and drivers with high blood alcohol content or concentration (BAC) are at greatly increased risk of car accidents, highway injuries, and vehicular deaths. Every single injury and death caused by drunk driving is totally preventable. Although the proportion of crashes that are alcohol-related has dropped dramatically in recent decades, there are still far too many such preventable accidents. Unfortunately, in spite of great progress, alcohol-impaired driving remains a serious national problem that tragically affects many victims annually.

One of the worst things that could happen because of someone drinking and driving are innocent victims who could become injured or even killed because of a drinking driver's actions. Friends and family often share rides in cars. Imagine the horror of a drunk driver and what he/she must live with if there was an accident, caused by a drunk driver, while friends or family were riding in the vehicle.

- The student will describe ways the abuse of alcohol affects others.
- The student will recognize drunk driving as the leading cause of death for young people.
- The student will explain how families may be hurt by excessive alcohol use.

Essential Standard and Clarifying Objectives

5.ATOD.2 Understand why people use alcohol.

5.ATOD.2.1 Explain possible internal and external influences to use alcohol.

5.ATOD.2.2 Evaluate the effect of advertising strategies of alcohol companies on people's use of alcohol.

Unpacking

What does this standard mean a child will know and be able to do?

5.ATOD.2.1 Explain possible internal and external influences to use alcohol.

From a very young age, kids see advertising messages showing beautiful people enjoying life — and alcohol. Because many parents and other adults use alcohol socially (having beer or wine with dinner for example), alcohol seems harmless to many children. Children should discuss alcohol-related situations they have seen on TV, the internet, in movies or real life, to ensure they are receiving factual information. Students enjoy learning about how the body works. Students can discuss how alcohol can affect the body. Alcohol can affect the brain, which can make it hard to talk or move properly. Alcohol changes the way a person behaves and can lead to making bad choices, and that is why children should not drink and adults who do drink should do so responsibly.

There is not a single reason a child might try alcohol; every child and situation is different. There are some reasons why a young person might make that choice.

Possible internal influences to use alcohol:

- o Attempts to be more assertive, talkative or popular and forget their self-esteem issues
- o To cope with stress
- o Impulsive behavior without thinking about the consequences
- o Genetic predisposition towards alcohol dependency
- o Low self-esteem
- o Lack of assertive communication skills
- o History of behavior problems (delinquent activity and difficulty controlling responses)
- o Unusually strong desire for new experiences and sensations

Possible external influences to use alcohol:

- o Alcohol ads that depict positive experiences
- o To appear older and mimic the behavior of parents and older siblings
- o Ability to get alcohol, often from home or from parents or older siblings
- o Peer pressure and negative peer groups
- o Lack of school involvement or no educational goals
- o History of family conflicts and stress
- o Negative school community or poor quality neighborhood
- o Low socioeconomic status
- o Poor/no relationships with non-parental adults

Protective Factors for Alcohol and Other Drug Abuse

- o Involvement in school
- o An environment that helps children explore talents and passions (academic, musical, sports, social or community causes)

- o Opportunities for validation and belonging
 - o Having a mentor, a valued teacher, or other caring adult
 - o Multiple venues where students can get together with their friends
 - o Parents do not engage in excessive or binge drinking
 - o Awareness of motives of alcohol advertisers
- The student will identify reasons a young person might experiment with alcohol.
 - The student will contrast external and internal reasons for experimentation.
 - The student will seek or participate in protective factors to avoid alcohol use.

5.ATOD.2.2 Evaluate the effect of advertising strategies of alcohol companies on people's use of alcohol.

Every year kids and teens see close to 20,000 commercials. Of these, approximately 2,000 are for alcoholic beverages. Add to these other forms of advertising (magazine ads, billboards, Web sites, and brand-related clothing and products), signage at sporting events, sponsorship of professional and college teams and sports TV and radio programs, and most young people will have seen approximately 100,000 alcohol ads by the time they turn 18. Child development experts have voiced concerns about the possible links between children's exposure to alcohol advertising and the development of attitudes about alcohol and drinking habits. The countless alcohol-related media young people are exposed to reinforce the idea that alcohol consumption is an everyday activity, nothing more than harmless, rebellious fun. Constant exposure to alcohol products – especially at an early age –increases positive expectations about drinking. Many alcohol ads play on the theme that drinking is the primary ritual into adulthood in our society. Although most children don't start drinking until the pre-teen or teen years, belief in media messages that drinking is a positive or desirable activity is already developing by age six. Children who receive little or no information about alcohol from other sources are most likely to believe the messages in alcohol ads.

Three factors affect the influence of alcohol advertising on pre-adolescents:

- o the context in which the advertisements are viewed
- o the support of significant others
- o the extent to which alcohol is glamorized

The extent of media exposure can also play a role. It is believed that students who watch more television – especially during weekends and prime time – are more receptive to the messaging in alcohol ads than children who are less frequent viewers. This is especially true for advertisements that appear during favorite shows and sports programming. Alcohol also appears in two-thirds of the most popular programming for teens – sports, sitcoms, music videos, horror movies and dramas – and is most often depicted in a positive light.

The pervasiveness of alcohol advertising extends beyond television and movies. Alcohol companies routinely place ads in magazines with large youth readerships, such as *Rolling Stone*, *Vibe*, *Spin*, *Sports Illustrated*, *Allure* and *Glamour*. In the U.S., 73 per cent of radio alcohol

advertising is placed within music venues that attract youth audiences – rhythmic, pop, urban and alternative – and over half of rap music makes reference to alcohol. Cross-marketing, through clothing, brand-related products and special promotions, ensures that alcohol brands and slogans are firmly entrenched in the popular culture.

- The student will analyze advertising for popular alcoholic beverages.
- The student will recognize how alcohol use is portrayed in the media.
- The student will avoid being influenced by advertising or product placement of alcoholic beverages.

Essential Standard and Clarifying Objectives

5.ATOD.3 Apply risk reduction behaviors to protect self and others from alcohol use.

5.ATOD.3.1 Use refusal skills to resist the pressure to experiment with alcohol and other drug use.

5.ATOD.3.2 Design strategies for maintaining an alcohol-free lifestyle that include barriers and ways of overcoming these barriers.

Unpacking

What does this standard mean a child will know and be able to do?

5.ATOD.3.1 Use refusal skills to resist the pressure to experiment with alcohol and other drug use.

Children face a number of tough decisions in life. Since making friends and fitting in are important to many children, peer pressure has a big impact on decisions, especially on those about drug, alcohol, and tobacco use. Children may be afraid that if they say no to something harmful, they will not be accepted. It is important to teach students about the dangers of drugs, alcohol, and tobacco. Other important skills that students need are refusal skills. If they learn how to say no to dangerous situations, children will feel more confident in their decisions. There are a number of ways students can refuse drugs, alcohol, and tobacco.

Ways To Say No

- **Say, "No, thanks."** It could be just as easy as that! However, if the person offering the cigarette, beer, or joint persists, back up "No thanks" with other tactics.
- **Be a broken record.** Keep saying no as many times as needed, either to cause the person pressuring them to stop, or to stall and think of something else to say.
- **Give a reason.** This reason could be simply, "I'm not allowed to do that," or, "That's bad for you." It could state the consequences, such as, "I don't want to do that; it will make me sick," or, "You can die from doing that." The important thing is to state reasons for saying no with confidence. It's important not to get into an argument. The goal is to refuse what is being offered.
- **Walk away or ignore the offer.** This doesn't work in all situations. Sometimes you will be alone or in some other situation where you can't walk away.
- **Change the subject or suggest doing something else.** By saying, "Let's do ____ instead," you have the potential to not only refuse an offer of drugs, alcohol, or tobacco, but to prevent a friend from using them too.

- **Assert yourself.** This is an important part of all the above tactics. If you can stick up for yourself, you are learning an important life skill. Being able to state your position assertively is a trait also valued in adults, so if you learn it now, you will be better off in the future.

The best way for students to avoid drugs, alcohol, and tobacco is to spend time with people who don't use these substances. Students should strive to establish positive friendships, and parents should monitor their child's activities.

- The student will identify strategies for resisting negative peer pressure.
- The students will demonstrate assertive refusal in role-play situations.
- The student will avoid pressure to experiment with alcohol or other drug use by using a variety of refusal techniques.

5.ATOD.3.2 Design strategies for maintaining an alcohol-free lifestyle that include barriers and ways of overcoming these barriers.

Alcohol is the most commonly used drug among young people. Alcohol is rapidly absorbed into the bloodstream and affects every organ in the body. Alcohol is a powerful mood-altering drug, and its use by children can result in very serious health risks for bodies and minds that are still maturing. It can cloud judgment and interfere with developing social skills and academic achievement. Research has demonstrated that early and excessive use of alcohol can have both immediate effects on health, such as unintentional injuries, violence, and risky sexual behavior; as well as long-term effects such as neurological and cardiovascular problems, alcoholism, cancer, and liver disease. Since nearly 50 percent of those who start to drink before age 15 will experience immediate and or long-term effects in their lifetime, preventing childhood drinking is critical to improving the health of students and adults.

The beginning of adolescence can be difficult years for children. It is a time filled with many temptations, dangers and opportunities. Children should be equipped with the skills, attitudes, and habits they need for making healthy choices and to navigate these difficult years without turning to alcohol. Students may need help to withstand peer pressure, giving them healthy options for recreation, and making sure they are connected to at least one caring adult in school (teacher, counselor, or coach).

Many young people say that there is “nothing else to do” but drink. Adults can provide them with alternatives and spark their imagination to come up with other ideas. Healthy alternatives include music, friendships, physical activity, family outings, and creative outlets, such as writing or art.

Feeling connected with at least one adult helps a child overcome the barrier of isolation and lack of guidance. Joining a YMCA or Boys and Girls’ Club, participating in scouting or after school programs, and taking part in neighborhood activities enhance the child’s connectedness.

- The student will list barriers to maintaining an alcohol-free lifestyle.
- The student will create strategies for avoiding alcohol through positive and healthy activities.

- The student will avoid experimentation with alcohol.