



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.

Sixth 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 mean 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

Sixth 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

6.MEH.1 Apply structured thinking (decision making and goal setting) to benefit emotional well-being.

6.MEH.1.1 Implement a structured decision-making model to enhance health behaviors.

6.MEH.1.2 Execute a goal-setting plan to enhance health behaviors.

Unpacking

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

6.MEH.1.1 Implement a structured decision making model to enhance health behaviors.

Decisions about health are sometimes made impulsively and sometimes made with great deliberation. Important and consequential decisions should not be made quickly or without a great deal of thought. The decision to smoke, for example, could result in debilitating disease and premature death. Alcohol-related car crashes are the leading cause of death for teens and young adults (and usually the result of an impulsive decision).

Some health behaviors do not require much thought. As young people get ready in the morning, they wash up, brush teeth, and select clothing. Several of these health behaviors are done on “auto pilot” or without thinking. After activities are repeated, they become routine. It is good for positive health behaviors to become habits that are less likely to be forgotten. Automatically fastening one’s seatbelt when getting into a car could save one’s life.

Important and consequential decisions are better made by applying a model of structured thinking. Steps might include: consider the options, identify possible consequences of those choices, make the decision, decide whether the decision was made independently or if the choice would have an effect on others. Finally, the choice should be evaluated: “Was this the right decision for me?” Knowing when to apply the decision-

making model is critical.

- The student will be able to identify decision-making models.
- The student will be able to apply a structured thinking approach (step-by-step) to making a healthy decision.

6.MEH.1.2 Execute a goal-setting plan to enhance health behaviors.

One of the important skills for health is the ability to set goals for the future. A goal is something a person hopes to achieve and will work toward accomplishing. There are short-term goals such as completing a project and long-term goals such as becoming more physically fit. By setting goals, one has a purpose and a focus. By achieving a goal, one is able to feel pride in accomplishment, which enhances self-esteem. Goals should be challenging yet realistic. Setting unrealistic goals can set someone up for defeat and a sense of failure.

Health behaviors that can be enhanced by goal setting are health-related fitness, weight management, more positive use of leisure time, having healthier friendships, and managing stress in positive ways. To set a goal, a person can consider the following: what is important to him or her, what resources are available, what steps will get them there, how success is measured, and what reward is waiting. The ability to set goals and work toward them will serve everyone well throughout their lifetime.

- The student will be able to identify goals for which to strive.
- The student will list steps of a plan of action to achieve a goal.
- The student will apply a sequence of actions to enhance a health behavior.

Essential Standard and Clarifying Objectives

6.MEH.2 Analyze the potential outcome of positive stress management techniques.

6.MEH. 2.1 Organize common responses to stressors based on the degree to which they are positive or negative and their likely health outcomes.

6.MEH. 2.2 Differentiate between positive and negative stress management strategies.

Unpacking

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

6.MEH.2.1 Organize common responses to stressors based on the degree to which they are positive or negative and their likely health outcomes.

Stress is the way the body and mind respond to stressors. Stressors can be a positive event: a vacation, for example; or negative: being bullied

or having more homework than one can handle. If the stress mobilizes someone to action (studying harder for that math exam), it can be considered a good thing. If the stress causes negative outcomes (sleeplessness, headaches, or anxiety), it can take its toll on one's health. Common causes of stress for sixth graders might include participating in a competitive event, an injury or illness, family disruption (such as parental divorce or separation), moving to a new school, a new sibling, and being the target of a bully.

Feeling pressure, anxiety, worry, fear, and apathy can be emotional responses to stress. Physical symptoms can include loss of appetite, upset stomach, headache, excessive perspiration, tension in the neck and back, and tiredness. It is helpful to organize stressors into categories: those that are positive and enable us to feel and do our best; and those that are negative because they are distractions and interfere with health and achievement.

- The student will be able to list responses to stressors.
- The student will be able to anticipate whether the outcomes will be positive or negative.

6.MEH.2.2 Differentiate between positive and negative stress management strategies.

There are positive and negative methods of coping with stress. For example, after an argument with a friend, one might go for a run or one might yell at a younger brother. Going for a run would relieve muscular tension and allow one to think about how to solve the problem. Yelling at a family member causes discord within the family and is actually projecting the problem on someone else. Positive coping usually reduces the stress response, whereas negative coping increases stress for the person and even others.

The C-O-P-E method is recommended for positive stress management. C = change how one thinks about the stressor. [An example would be thinking on the bright side or finding the silver lining in the stressful situation.] O = organize with attention to time management. [When a task seems overwhelming, one can break the work down into smaller tasks.] P = practice relaxation techniques. [When anticipating pressure and feeling anxious, a person can practice stress management activities such as deep breathing or progressive muscular relaxation.] E = emotions can be managed. [Strong emotions can be managed by re-thinking, trying to see another's point of view, or positive self-talk.] Remember that a good measure of whether a coping mechanism is negative is whether it increases stress rather than minimizing the stress.

- The student will distinguish between positive and negative coping strategies.
- The student will be able to apply the C-O-P-E methods of positive stress management.

Essential Standard and Clarifying Objectives

6.MEH.3 Analyze the relationship between healthy expression of emotions, mental health, and healthy behavior.

6.MEH.3.1 Interpret failure in terms of its potential for learning and growth.

6.MEH.3.2 Analyze the relationship between health-enhancing behaviors (communication, goal-setting and decision making) and the ability to cope with failure.

Unpacking

Unpacking

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

6.MEH.3.1 Interpret failure in terms of its potential for learning and growth.

When a person sets goals, they must realize that success is not automatic or inevitable. Failure is part of everyone's life and is often an opportunity for learning and growth. There are many examples throughout history of individuals who failed repeatedly and then succeed in magnificent ways (Thomas Edison, Abraham Lincoln). When failure occurs, it is helpful to ponder "lessons learned." This helps one avoid making the same mistakes, find a better solution, and move on to more positive results. The ability to accept setbacks gives someone the ability to start again and increases his or her potential to be successful.

If one is overcome with a sense of failure, then he or she is less likely to take risks to reach the goal. The willingness to try new things is associated with success and accomplishment. Thus one is better able to live more healthfully.

Sometimes it is helpful to put a failure into perspective or use the experience to set goals for the future. One might say, "That was the first time I tried out for a team in middle school. If I keep practicing, I'll be able to make the team next year." "Maybe soccer is not my sport. I'll concentrate on my artwork and be the best I can be." "If I start earlier on the project, I'll do better in next year's Science Fair." "I think I'll talk to Dad about how to improve my grades in math."

- The student will recognize failure as an opportunity for learning.
- The student will be able to respond to failure in healthy ways.

6.MEH.3.2 Analyze the relationship between health-enhancing behaviors (communication, goal-setting and decision making) and the ability to cope with failure.

To be healthy, one must practice health-enhancing behaviors. While knowing that failure can be overcome is important, taking action is the key to coping with failure effectively. Some of those health-enhancing behaviors are communication, setting goals, and making decisions. Having those skills makes it possible to manage a setback. The following are examples of using the health-enhancing behaviors to cope with failure:

- Failing a math test: asking the math teacher for additional help before school (communication)

- Not making the starting line-up in basketball: listing steps to take to be a starter next year by attending summer camp (goal setting)
- Experiencing the break-up of a friendship: making the choice to take part in activities to make new friends (decision making)

The rewards of coping with failure are many. Some of those are enhanced self-esteem, improved confidence, and a greater willingness to take risks in the future. It is not possible to live life (or even sixth grade) without failure in some areas or at some times. While not fun, failure can be a growth experience and provide unanticipated opportunities. One of the healthiest ways to cope with failure is to use positive self-talk. Examples would be: “I know I can do this.” “I succeeded before, and I’ll do it again.” “I’ve practiced and practiced. I have the skills that I need to accomplish my goals.”

- The student recognizes that practicing health-enhancing behaviors is a positive way to cope with failure.
- The student will be able to utilize communication, goal setting, and decision making to cope with failure.

Personal and Consumer Health

Essential Standard and Clarifying Objectives

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

- 6.PCH.1.1 Explain the increase of incidence of disease and mortality over the last decades.
- 6.PCH.1.2 Differentiate between communicable and chronic diseases.
- 6.PCH.1.3 Recall symptoms associated with common communicable and chronic diseases.
- 6.PCH.1.4 Select methods of prevention based on the modes of transmission of communicable diseases.
- 6.PCH.1.5 Explain methods of protecting eyes and vision.
- 6.PCH.1.6 Summarize protective measures for ears and hearing.
- 6.PCH.1.7 Summarize the triggers and symptoms for asthma and strategies for controlling asthma.

Unpacking

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

- 6.PCH.1.1 Explain the increase of incidence of disease and mortality over the last decades.

Some diseases are increasing in incidence and some are decreasing. Examples include: some cancers and Alzheimer’s are increasing (in part because people are living longer and dying of diseases that happen later in life). Some diseases such as high blood pressure are better controlled than they were in the past through medication. For the most part, chronic diseases are increasing and communicable diseases are decreasing.

Exceptions to that general rule are “emerging infections” such as the H1N1 virus, Ecoli, and the West Nile virus. Various influences dictate the prevalence and increase/decline of diseases: living conditions and sanitation, preventive measures such as immunization, accessibility to medical treatment, and heredity.

Over the last decades, fewer Americans are dying of infectious diseases and more die from chronic illness. Life expectancy can be improved by practicing primary prevention: choosing health-enhancing lifestyle behaviors. The most important lifestyle behaviors (that significantly reduce risks for illness and premature death) are to avoid tobacco, eat nutritiously and manage a healthy weight, participate in regular fitness activities, wear seatbelts and appropriate protective gear such as helmets, avoid alcohol and other drugs, avoid violent situations, and get help for depression or other mental disorders. Making individual decisions about health behaviors positively or negatively affects health status more than heredity or environment.

- The student will recognize which categories of diseases are increasing in morbidity and mortality.
- The student will practice life style behaviors to prevent disease and promote health.

6.PCH.1.2 Differentiate between communicable and chronic diseases.

Communicable diseases are spread by pathogens (bacteria, viruses, fungi, and parasites). They may be spread through the air (Hantavirus, tuberculosis), food (salmonella, Ecoli), or water (SARS, polio). Some diseases are spread by insects. The bite of a tick may result in Lyme disease or Rocky Mountain Spotted Fever; mosquitoes spread malaria. The bite of a warm-blooded animal can cause rabies. Some communicable diseases are spread directly from person to person, such as the childhood illnesses: measles, mumps, and chicken pox. Sexually transmitted diseases are passed only through intimate contact. The most common STDs are caused by bacteria (Chlamydia, gonorrhea, syphilis) and viruses (herpes, HIV, human papilloma virus). Methods of preventing communicable diseases include avoiding pathogens, cleanliness, the use of barriers and prophylactics, abstinence from risky behaviors, and staying away from those infected.

Chronic diseases involve the degeneration of body organs. These diseases are described as progressive, meaning they will continue to get worse unless there is successful treatment. Chronic diseases include those responsible for the greatest number of deaths (cardiovascular diseases, cancer, and diabetes) and also include Alzheimer’s, osteoporosis, and arthritis. Some of these diseases can be prevented by practicing behaviors such as regular exercise, eating nutrient-dense foods in moderation, avoiding tobacco products, and managing healthy weight. For some of the chronic diseases (especially cancers), early detection is the best hope to prevent the disease from becoming fatal.

- The student will be able to define terms such as chronic, degenerative, communicable, infectious, progressive, pathogen, transmission.

- The student will be able to categorize diseases as chronic or contagious.
- The student will practice behaviors to prevent chronic and contagious illnesses.

6.PCH.1.3 Recall symptoms associated with common communicable and chronic diseases.

A symptom is an indication of an illness that usually reflects a change in normal body functions. It is a warning sign that one might have a disease. Some symptoms are easily recognizable, such as chicken pox; others may be associated with many different diseases. (A fever, for example, could be an indication of influenza, pneumonia, blood poisoning or infection, or strep throat. Noticing symptoms often prompts a person to seek medical care, and then serves as one way the physician is able to diagnose the health condition. It is important for a patient to report symptoms accurately to the health care provider.

Sometimes symptoms can be similar in diseases of different categories: shortness of breath is a symptom of tuberculosis (a communicable disease) and of emphysema (a chronic and degenerative disease). Recognizing symptoms and being willing to seek help by telling a trusted adult helps health care providers diagnose and treat a person early enough that they are more likely to have a positive health outcome. There are some diseases that are asymptomatic (meaning they do not have noticeable symptoms). With those diseases, it is important to be aware of risks and to be tested by a health care provider.

- The student will recognize symptoms of common illnesses.
- The student will be able to describe symptoms accurately.
- The student will be able to communicate his or her symptoms to a health care provider.

6.PCH.1.4 Select methods of prevention based on the modes of transmission of communicable diseases.

Knowing how communicable diseases are spread is helpful information for being able to prevent their transmission. An example might be staying away from a person who has the flu because those germs become airborne (through sneezing and coughing). The person with influenza should practice preventive measures such as coughing into a tissue or sneezing into the elbow, along with frequent hand washing. The germs are even more likely to be passed by touching.

Of all the preventive behaviors, hand washing is one of the most important. One should wash hands after using the rest room, before eating a meal, and before preparing or handling food. When out-of-doors, care should be taken to avoid the bites of insects such as ticks and to inspect body and clothing when coming indoors. The strategies for reducing the chances of food borne illness are: hand washing, keep foods cooked and uncooked separate, keep preparation surfaces clean, and keep cold foods cold and hot foods hot. Other preventive measures for

communicable diseases include vaccinations, drinking only clean water, not sharing needles, treating cuts and open wounds correctly, and getting adequate rest and nutrition to maintain a healthy immune system.

- The student will identify preventive measures for illnesses, including vaccination, cleanliness, awareness of products and environment, and maintaining a healthy immune system.
- The student will practice behaviors associated with the primary prevention of communicable diseases.

6.PCH.1.5 Explain methods of protecting eyes and vision.

Of the five senses, vision is valued as one of the most needed and appreciated. Vision is needed for learning, communication, entertainment, and safety. Eyes have natural protective mechanisms: blink reflex, eyelids, and eyelashes. In addition, there are methods for protecting the eyes and vision during certain activities. Precautions should be taken to protect the eyes during yard work (weed-eating), sports (swimming, skiing), using caustic chemicals (cleaning, science experiments), and the use of sharp objects (pencils, protractors). Eyes should be protected from eyestrain and bright lights and prolonged use (such as during computer gaming). Protective goggles are needed when there is any chance of impact with the eyes such as when using power tools or playing lacrosse.

The eyes can be injured by exposure to secondhand smoke and by exposure to sunlight. Certain diseases (diabetes, for example) are associated with injury to the eye and diminished vision. Some products are particularly dangerous to the eyes: BB guns, slingshots, and fireworks.

- The student will recognize potential threats to the health of eyes and vision.
- The student will avoid activities dangerous to the eyes.
- The student will wear protective gear to protect the health of the eyes and vision.
- The student will participate in regular eye and vision examinations.

6.PCH.1.6 Summarize protective measures for ears and hearing.

Hearing is also highly valued among the senses. One needs to hear for communication, learning, safety, and recreation. The hearing of people may be compromised by disease or infection, loud noises, and physical injury. Care should be taken not to insert any object into the ears. Noise pollution happens if noise is loud, constant, and can cause hearing loss. It can cause a person to experience stress, irritability, tension, and fatigue.

The usual sources of loud noise are from machinery, traffic, airplanes, music played too loudly, MP3 players, and recreational activities such as

ATVs and motorcycles. The use of earplugs and headsets is encouraged to prevent loud, constant, and unwanted noises. A physician or clinician should test hearing regularly.

- The student will avoid activities that put ears and hearing at risk.
- The student should take protective measures (such as ear plugs) during activities that are loud.

6.PCH.1.7 Summarize the triggers and symptoms for asthma and strategies for controlling asthma.

Asthma has increased in incidence in the last decade and now is the leading illness responsible for school absenteeism. It is a chronic disease that cannot be cured and is characterized by the airways becoming swollen, tight, and filled with mucous. The symptoms that are associated with asthma are shortness of breath, wheezing, tightness in the chest, and coughing. Behavioral and environmental factors can trigger an asthmatic attack: temperature (especially cold), mold, secondhand smoke, over-exercise, grasses, strong odors (such as perfumes), insecticides, certain foods, and animal dander. Avoiding asthma triggers is the best way to prevent an attack.

The person with asthma and those around him or her need to know the warning signs and what to do if an attack occurs. There should be an emergency plan in place for the child's classroom and at home. An important part of treating the symptoms of asthma is medication. There is medication for prevention and for treatment. First aid for an asthmatic attack includes: stop the activity and sit the person upright, stay calm and speak reassuringly, call for help, and observe until improvement. If the symptoms do not improve after taking medication, 911 should be called. Other symptoms, which are a signal to call 911, are trouble walking or talking, chest/neck muscles pulled in, gray or blue lips, fingernails, or skin, hunching over, or struggling to breathe. Most people with asthma are able to participate in enjoyable activities if care is taken to avoid the asthma triggers.

- The student will be able to recognize asthma triggers and symptoms.
- The student will be able to follow a plan for a friend who has an asthma attack.

Essential Standard and Clarifying Objectives

6.PCH.2 Analyze health information and products.

6.PCH.2.1 Analyze claims for health products and services.

6.PCH.2.2 Evaluate the validity of claims made in advertisements for health products and services.

Unpacking

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

6.PCH.2.1 Analyze claims for health products and services.

There are hundreds of health products and services. Products include first aid supplies, nutrition and nutritional supplements, exercise equipment, medicines, dental products, and cosmetics. There are both legitimate and false claims for health products and services. The most common products that are sold deceptively are nutrition, drugs, and devices. If a false claim is made for a cure, that is called quackery. Millions of dollars are spent each year on products that are worthless and even dangerous. To be able to analyze the claims, one needs to have accurate information about the product or service. Reliable sources of information include medical professionals, teachers, parents, and medically accurate sources such as MyPlate.gov, the Food and Drug Administration (FDA), and the Consumer Product Safety Commission (CPSC). It is important to be able to distinguish between professionals with legitimate credentials.

One should suspect health fraud if the product promises a miracle cure or quick fix, if it promises to cure the “incurable,” if one product is supposed cure many ailments, or if the credentials of the practitioner are suspect. Medical doctors have a high level of training to care for people. It is a good idea for a person to have a regular primary care physician who is familiar with his or her medical and family history.

- The student will categorize claims as legitimate (or scientifically proven) or as quackery.
- The student will make health decisions based on scientific evidence.
- The student will seek health advice only from reliable sources.

6.PCH.2.2 Evaluate the validity of claims made in advertisements for health products and services.

Advertisements are seen everywhere: print ads in magazines, billboards, internet sites, commercials on television and the radio, on buildings and vehicles, on clothing, in stores, at sporting events. The average person sees dozens of ads every day. Most people have no idea how much their behaviors are influenced by advertising. Health products may be marketed by a variety of appeals some of which may be deceptive.

Increasingly, advertising is directed at young people who have more financial resources or who may influence their family’s purchases.

Commonly used advertising techniques for health products and services are the following:

Science	Rewards	Bandwagon
Testimonial	Humor	Glamour
Brand loyalty	Sex	Progress

Being able to recognize the appeals makes it more likely that one can analyze the way the company is trying to influence purchase. Usually an advertisement has multiple appeals. It is important to be able to tell the difference between what one wants and what one needs. The wise consumer asks questions and does his or her homework before making a decision.

The government regulates the advertising of some products that are dangerous to health. The companies that produce tobacco products have been accused of promoting cigarettes and spit tobacco to young people in years past and are now regulated by the Food and Drug Administration. These companies are no longer allowed to use images of cartoon characters, provide free samples, or give away items such as T-shirts or ball caps. More recent strategies for pushing tobacco products are product placement (in movies) and point of purchase advertising (usually in convenience stores). Companies have developed new products (Snus, for example) and have created clever packaging to entice new users. Some of the packing is in the shape of a cell phone and might not be noticed by an adult if in the young person's pocket. Some brands of Snus indicate a person would not be caught using it because it is smokeless and spitless.

- The student will be able to identify advertising appeals used to market health products and services.
- The student will be able to evaluate claims for health products and services.
- The student will conclude that advertising is intended to influence rather than to inform.

Essential Standard and Clarifying Objectives

6.PCH.3 Analyze measures necessary to protect the environment.

6.PCH.3.1 Differentiate between individual behaviors that can harm or help the environment.

6.PCH.3.2 Implement plans to work collaboratively to improve the environment.

Unpacking

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

6.PCH.3.1 Differentiate between individual behaviors that can harm or help the environment.

There is a great deal of evidence that the environment is at risk from pollution, overpopulation, and the depletion of its resources, and that these problems impair human health. The **biosphere** is the part of the earth and atmosphere that supports life: providing air, water, food, and resources needed for shelter and energy. There is widespread concern among scientists that the earth (with more than six billion people) is overpopulated and that places a strain on resources such as food supplies and contributes to pollution. Problems that result include deforestation, loss of diverse species of plant and animal life, and global warming. Throughout history, many wars have been fought over competition for natural resources.

Every individual can take responsibility for helping the environment and therefore contributing to the well-being of self and others. Specific behaviors to help the environment include: conserving water, reusing or recycling materials, using less electricity, avoiding littering, giving "gently used" items to others, and walking short distances rather than having to be driven.

- The student will be able to list environmental concerns.
- The student will be able to recognize how his/her personal behavior helps or hurts the environment.
- The student will take action to conserve resources and protect the environment from overuse.

6.PCH.3.2 Implement plans to work collaboratively to improve the environment.

While individuals make important contributions to the health of the environment, everyone must work together for the environment to be clean, safe, and supportive of human life. There are many programs that promote collaborative efforts to protect the earth. Some of the most effective are on the local level: Adopt a Highway, river clean-ups, recycling efforts, Project WILD (provided by the NC Wildlife Resources Commission), and advocacy campaigns for conservation. Students have opportunities to contribute to these efforts through their classes, scouting, youth groups, and families.

When undertaking a project such as environmental improvement, one must plan and collaborate with others. A school classroom is the perfect place to implement efforts to sustain and improve the environment.

- The student will be able to identify opportunities to participate to protect the environment.
- The student will be able to collaborate with others to advocate for a healthy environment.

Interpersonal Communication and Relationships

Essential Standard and Clarifying Objectives

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

- 6.ICR.1.1 Classify behaviors as either productive or counterproductive to group functioning.
- 6.ICR.1.2 Implement verbal and non-verbal communication skills that are effective for a variety of purposes and audiences.
- 6.ICR.1.3 Use strategies to communicate care, consideration, and respect for others.

Unpacking

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

- 6.ICR.1.1 Classify behaviors as either productive or counterproductive to group functioning.
- Individuals belong to many groups throughout their lives, beginning with their families. Sixth graders may belong to scouting groups, sports

teams, youth organizations such as 4-H or Boys and Girls Clubs, and youth groups in their place of worship. Belonging to groups requires the development of positive skills and dispositions, including cooperation, communication, an ability to compromise, consideration, and respect for others. Groups need leaders and followers and all roles are important. Often roles and responsibilities change within groups so everyone's strengths are valued and utilized.

Some behaviors contribute to the ability of a group to function productively; other behaviors distract and detract from the group's mission. Behaviors that are considered counter-productive include: interrupting, arguing, coming late or leaving early, bullying, acting out, being negative, leaving others out, complaining, withdrawing, and not listening. Positive behaviors for group functioning are listening, sharing and taking turns, respect for ideas different from one's own, valuing the contributions of others, and stepping up to do one's part.

- The student will identify behaviors that contribute to or diminish group productivity.
- The student will behave in ways that help the group be positive and productive.

6.ICR.1.2 Implement verbal and non-verbal communication skills that are effective for a variety of purposes and audiences.

Effective communication is of the utmost importance to getting along with others and being able to achieve in life. It is the foundation for successful relationships. Non-verbal communication is expressed through posture, gestures, eye contact, and facial expression (what is called "body language"). Verbal messages (the actual words and tone) are more obvious than non-verbal, though even our words can be sometimes be misunderstood. Sometimes one gives a mixed message: when words and the non-verbal do not match. That is particularly confusing to others. If the verbal message is inconsistent with the non-verbal message, the listener does not know which to believe.

Practicing effective verbal and non-verbal communication can improve the message. One can practice in a mirror or ask for feedback from a friend. It is also possible to digitally record a conversation to see how verbal and non-verbal communication comes across. Consistent messages are especially important when using refusal or negotiation skills.

- The student will be able to list characteristics of effective and ineffective verbal and non-verbal communication.
- The student will practice giving consistent verbal and non-verbal communication.

6.ICR.1.3 Use strategies to communicate care, consideration, and respect for others.

Active listening is one of the best ways to demonstrate consideration and respect for others. Through active listening, one is able to listen with his or her head and heart as well as with the ears. Non-verbal cues that one is really listening include nodding, smiling, and leaning forward.

Examples of verbal cues showing one is really listening are: asking questions, paraphrasing the words of the person talking, providing positive feedback, and showing empathy for the person's feelings.

A popular bumper sticker suggests that people should "practice random acts of kindness." Being kind to others is such a simple thing, but speaks volumes about the type of person one is. Practicing those behaviors in youth prepares one for healthy relationships in adulthood. It is important to show respect and care by giving, by showing appreciation, and by helping others when one is able. These behaviors result in healthy and loving relationships now and in the future.

- The student will recognize behaviors that show care, consideration, and respect.
- The student will demonstrate behaviors that show care, consideration, and respect.

Essential Standard and Clarifying Objectives

6.ICR.2 Apply strategies and skills for developing and maintaining healthy relationships.

6.ICR.2.1 Explain the impact of early sexual activity on physical, mental, emotional, and social health.

6.ICR.2.2 Summarize the responsibilities of parenthood.

6.ICR.2.3 Use effective refusal skills to avoid negative peer pressure, sexual behaviors, and sexual harassment.

6.ICR.2.4 Use resources in the family, school, and community to report sexual harassment and bullying.

6.ICR.2.5 Summarize strategies for predicting and avoiding conflict.

6.ICR.2.6 Design nonviolent solutions to conflicts based on an understanding of the perspectives of those involved.

6.ICR.2.7 Explain the signs of an abusive relationship and access resources for help.

Unpacking

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

6.ICR.2.1 Explain the impact of early sexual activity on physical, mental, emotional, and social health.

There are many reasons society (as a whole) hopes young people will wait until older to engage in sexual activity. Early sexual activity is associated with teen pregnancy, sexually transmitted diseases, and emotional stress. Becoming a teen parent is life-altering because the risks are great: not being financially independent, not having maturity and the parenting skills, the greater likelihood of not completing one's education, and the greater likelihood the baby will be at risk for low birth weight or birth defects. Because young people are less likely to use condoms and more likely to have multiple sexual partners, they are at greater risk for sexually transmitted diseases, some of which cannot be cured.

Sometimes there are emotional issues that are associated with early sexual activity. Often one partner expects the relationship to last forever and the other does not. Experiencing a break-up is difficult at any age, but may be more so after a couple has become intimate. Sometimes both

parties do not keep information about the relationship private or may even spread rumors.

Protecting oneself from possible negative outcomes of early and unprotected sexual intercourse requires maturity and access to health care that may not be easy for a young person to negotiate. Very young teens may be fearful or ashamed to seek the resources they need to be responsible for prevention.

- The student will be able to describe the possible negative outcomes of early and unprotected sexual activity.
- The student will demonstrate skills to avoid sexual risk taking.

6.ICR.2.2 Summarize the responsibilities of parenthood.

Parenthood is a difficult and demanding responsibility as well as a rewarding and loving role. Not all people will become parents, but those who do are challenged to provide all the needs of their child or children. The child's basic needs of food, shelter, warmth, safety, and love must be met. In addition, the child's needs for medical care, education, discipline, and nurturance are vital to the child becoming a healthy and responsible adult. The care of a child is a 24-hour a day responsibility. Parenthood is best entered into when one is an adult, self-sufficient, and thoughtful about the decisions regarding how the child will be raised.

Although many single parents do an excellent job raising children, parenthood is easier when accomplished by two people in a committed, nurturing, and supportive relationship. Establishing that relationship first makes parenting an easier responsibility. Many older and established people are challenged by parenthood. Having children while still young is an especially difficult challenge.

- The student will list the responsibilities of being a parent.
- The student will conclude that parenthood requires maturity, financial independence, communication skills, and support from family, friends, and one's partner.

6.ICR.2.3 Use effective refusal skills to avoid negative peer pressure, sexual behaviors, and sexual harassment.

Peer pressure can be positive or negative. If one is pressured into a risky behavior or one that is contrary to their personal values, it can result in unhealthy outcomes. Each individual has the right to set personal limits for affection and their wishes should be respected.

Sexual harassment is defined as unwanted and unwelcome sexual advances and can occur between peers as well as between people who have different levels of power. Sexual harassment can include verbal abuse, name-calling, unwanted touch, written communication, or telling

inappropriate jokes or stories. If a person is made uncomfortable at school, that becomes a “hostile environment” and is against the law. Sometimes people confuse flirting with sexual harassment; the difference is whether the other person welcomes the behavior.

A skill needed for dealing with unwanted pressures is that of refusal, specifically assertive refusal (being able to say no and mean it). Some general guidelines for assertive refusal are: use the word no, repeat the word no, have consistent body language, suggest an alternative that is not risky, change the subject, reverse the pressure by asking a question, and (finally) walk away if one’s feelings are not respected.

- The student will define and list examples of unwanted pressure and sexual harassment.
- The student will demonstrate effective refusal skills when pressured to engage in risky behavior.

6.ICR.2.4 Use resources in the family, school, and community to report sexual harassment and bullying

Young people who are being bullied or sexually harassed often need the help of others to resolve the problem. The perpetrator and the victim usually believe the bully or harasser has more power. The target of the harassment or bullying may feel embarrassed, hurt, angry, or rejected. Those feelings can interfere with success at school and confidence in social relationships. It is difficult for a young person to focus on classes or be comfortable with friendships in a hostile environment.

The likeliest resources for youth to access are parents, guardians, and school personnel, such as principals and assistant principals. The professionals at school with the training to assist with bullying and sexual harassment are counselors and school nurses. It is a good idea to seek assistance early and to express clearly the behavior that is offensive. Some counselors recommend writing a letter to the bully to indicate how the actions make him or her feel. It is important to recognize that one deserves to be treated with respect and that no one should have to attend classes in an environment that is uncomfortable.

- The student will recognize bullying and sexual harassment.
- The student will identify potential resources for assistance for bullying and sexual harassment.
- The student will demonstrate seeking assistance for bullying and sexual harassment from a trusted adult.

6.ICR.2.5 Summarize strategies for predicting and avoiding conflict.

One way to avoid violence is to predict when it may occur. The precipitating feeling before most violent situations is anger. It is helpful to be able to recognize angry feelings in oneself and in others. Often aggressiveness, put-downs, and name-calling happen before people become violent. There may be verbal or physical threats. If a weapon is present, always leave the situation and report it to an adult.

It is possible to learn how to manage anger in ways that are not violent. Remaining calm, defining the problem, using “I” statements, brainstorming solutions, and choosing a plan are strategies for managing anger to reduce conflict. It is important to remember that violence never makes a conflict better. Violence can result in injury, death, legal troubles, suspension or expulsion from school, financial burdens, and the loss of friendships.

- The student will be able to predict conflict and the possibility of violence.
- The student will seek assistance from family, school, or community if faced with a conflict that could result in violence.

6.ICR.2.6 Design nonviolent solutions to conflicts based on an understanding of the perspectives of those involved.

Violence takes a toll on Americans: every 31 minutes someone dies by homicide. In addition to death and injury, there are emotional scars. The victim often experiences fear and anger. Family members are affected by the death or injury of a loved one. The assailant may be injured and may face legal consequences. Having a record may prevent him or her from being able to find a job, join the military, or attend higher education.

There are better ways to solve a conflict than by fighting. Mediation is one, and many schools have adult or peer mediators. The mediation needs to be facilitated by a neutral party and there should be rules for the discussion (such as not interrupting and being honest). Those in conflict need to be able to state their position and what they hope to accomplish. The mediator can help them explore possible solutions. The mediation may not yield immediate solutions that make everyone happy, but they should continue to try to work it out.

Another solution is to confront the person, but in a setting that feels safe to both individuals. Allow the other person to “save face” by providing a way out. Staying calm and being willing to apologize can help to defuse the situation. As with mediation, the key is to listen to the other point of view. It is best if both individuals use “I” messages so the discussion is less confrontational. Involving a neutral adult may be needed. It is best to avoid behaviors that escalate the problem, such as aggressiveness or put-downs. If a fight is likely to happen, it is better to leave the situation.

- The student will list the “costs” of violence.
- The student will describe how to avoid violence and resolve conflict peacefully.
- The student will employ non-violent solutions to conflict.

6.ICR.2.7 Explain the signs of an abusive relationship and access resources for help.

Many young people are not able to recognize they are in an abusive relationship. Even more difficult may be getting out of the relationship. Often a young person will need adult help to end a connection with someone who has become hurtful. The signs that a relationship is abusive include being afraid to be yourself or express feelings, feeling controlled or manipulated, the other person is easily angered, being threatened, being isolated from other friends or family, feeling intimidated or disrespected, or being physically hurt. It is likely that the other person is more interested in controlling the relationship than he or she wants to be in a loving or trusting relationship.

Getting help from an adult is the best step to resolving a relationship that is controlling, abusive, and hurtful. Parents have a child's best interest at heart and are one of the best resources for seeking help. If the relationship is occurring in the school setting, asking for help from a guidance counselor or teacher is a good idea. Disciplinary action may be necessary; therefore, a school administrator may be the best resource. One should always protect oneself by seeking help from a trustworthy adult if in an abusive relationship.

- The student will identify characteristics of an abusive relationship.
- The student will demonstrate skills of accessing resources for assistance if in an unhealthy relationship.

Essential Standard and Clarifying Objectives

6.ICR.3 Understand the changes that occur during puberty and adolescence.

6.ICR.3.1 Identify the challenges associated with transitions in social relationships that take place during puberty and adolescence.

6.ICR.3.2 Summarize the relationship between conception and the menstrual cycle.

Unpacking

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

6.ICR.3.1 Identify the challenges associated with transitions in social relationships that take place during puberty and adolescence.

Adolescence is the period of transition between childhood and adulthood. Puberty is defined as the development of secondary sex characteristics and the beginning of reproductive capacity. In addition to the physical changes that occur during puberty, there are challenges for young people that are emotional and social.

A normal transition during adolescence is the likelihood that peer pressure will increase. Most young people are becoming increasingly independent from their parents/caregivers and more dependent on their acceptance within the peer group. Peer pressure can be either positive or negative, depending on whether the outcome puts a person at greater or lesser risk. For many youth, fitting in becomes a goal and not fitting in can be devastating. Lack of peer acceptance can lower self-esteem and increase risk-taking behaviors. It may be a factor in experimentation with alcohol or drugs, negative patterns of eating or eating disorders, sexual risk taking, or bullying behaviors.

Being able to distinguish between relationships that are respectful and those that are not is an important skill. Some youth need assistance from an adult to get out of a disrespectful relationship.

- The student will describe the social challenges of puberty and adolescence.
- The student will handle negative peer pressure with confidence and avoid pressuring others.
- The student will engage in respectful relationships.

6.ICR.3.2 Summarize the relationship between conception and the menstrual cycle.

Ovulation-menstruation is the normal cycle that means that a girl or woman is capable of reproduction. The process is triggered by the pituitary gland, which send signals for hormone production during puberty. About a year or two after the beginning of the development of secondary sex characteristics (pubic hair, development of breast buds), the ovaries begin to release ova (usually one, from alternate ovaries each cycle). The ripened ovum travels from the ovary into the fallopian tube, where fertilization can take place if sexual intercourse has occurred and if there is the presence of sperm. If the ovum is not fertilized, it disintegrates and passes from the body through the vagina. After ovulation, if a pregnancy does not occur, tissue builds up in the uterus to support the developing fetus if conception occurs. That material sloughs off and leaves the body, the process being called menstruation. The four stages of ovulation-menstruation are menses, estrogenic, ovulation, and progesterational. Ovulation is most likely to occur 14 days before the next menstruation.

The O-M cycle may be regular or irregular; may occur every 20 to 35 days (with 28 or 29 days being the average). The menstrual flow may last three to five days and be heavy or light. Preventing pregnancy by avoiding the most likely days for ovulation is not considered a reliable method. The difficulty relates to the length of time that sperm or ova live in the woman's body as well as the possibility of irregular cycles. The younger the female, the greater likelihood of irregular cycles.

The female will continue to ovulate and menstruate throughout her reproductive years. Many girls and young women find it helpful to keep a calendar to be prepared with feminine hygiene products when needed.

- The student will describe the sequence of changes that occur during the ovulation-menstruation cycle.
- The student will describe why it is difficult to rely on counting days as a method of preventing pregnancy.

Nutrition And Physical Activity

Essential Standard and Clarifying Objectives

6.NPA.1 Analyze tools such as Dietary Guidelines and Nutrition Facts Label as they relate to the planning of healthy nutrition and fitness.

6.NPA.1.1 Attribute the prevention of nutrition-related diseases to following the Dietary Guidelines for Americans.

6.NPA.1.2 Evaluate the Nutrition Facts label with the advertisement of nutrition choices and allowable claims on food labels.

6.NPA.1.3 Apply MyPlate meal-planning guides to ethnic and vegetarian choices.

Unpacking

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

6.NPA.1.1 Attribute the prevention of nutrition-related diseases to following the Dietary Guidelines for Americans.

The USDA Dietary Guidelines are designed to help Americans take in nutritious food and beverages within a smaller number of total calories so body weight can be controlled. Over the past two decades, young people and adults have gained weight leading to diabetes, high blood pressure and joint problems, as well as heart disease and cancers. Scientists blame foods that have too much fat, calories, sugar and refined carbohydrates and the sedentary activities that dominate our time.

Better foods for Americans are nutrient-dense foods, those that are rich in vitamins and minerals but with lower calories. Low fat protein foods like fish, chicken, eggs, beans, peas and low-fat milk; colorful fruits and vegetables; and whole grain cereals, breads, pasta and rice should make up the bulk of our food. A quick rule of thumb to remember is that other than low-fat milk or cheese, *white is a color to choose less* (like white fat, white bread, white mayonnaise, white sugar, white cream sauces, white starches) and to *go for color* in food (green salads, purple onions or eggplant, brown rice or oatmeal; yellow squash or cantaloupe, red strawberries or red cabbage). Foods that have color are more likely to be nutrient-dense while foods that are white are more likely to have high calories, sugar or starch but fewer essential nutrients. Artificial colors in foods like gelatin and cherry soda don't count.

Two kinds of fat are particular problems for human health, trans fat and saturated fat. **Trans fats** are not found naturally but are chemically processed to make liquid fats more solid like margarine or to hold baked goods together. **Saturated fats** in beef, ham or lamb fat become solid when left at room temperature as compared to healthier unsaturated vegetable oils that stay liquid. Both saturated fat and trans fat should be reduced because they are risk factors for heart disease, obesity and cancers.

- The student will explain the purpose of the USDA Dietary Guidelines.
- The student will identify the food and food parts that Americans over-consume and the health risks they pose.
- The student will demonstrate skill in utilizing the white versus colorful foods principle.
- The student will identify foods rich in saturated fats and trans fats, and commit to eating them less frequently.

6.NPA.1.2 Evaluate the Nutrition Facts label with the advertisement of nutrition choices and allowable claims on food labels.

Food advertisers often make glowing claims to sell their products, but the truth about foods can be found on the package's Food Fact Label. There are regulations about when a manufacturer can use terms such as "low" (low-sodium or low-calorie), "free" (sugar-free or fat-free), "lean" or "extra lean" (applies to meat fat content), "good source" (has more than 10% of the daily value for a nutrient) or "reduced" (has 25% less of a nutrient than normal). For more details of claim standards, see www.cfsan.fda.gov/~dms/lab-gen.html.

When looking at a food label, the starting point is the serving size. For instance, one ice-cream brand may list a serving size of ½ cup and another may list 1/3 cup, so their calories, fat and sugar content cannot be compared without adjusting for the difference in size. Next, look at the calories in a serving. If one eats a whole cup, he or she must double or triple the calories and the nutrients. The next box section contains fat, cholesterol and sodium, items Americans need to reduce in their diets. The percentages on the right side of these items need to be low.

Carbohydrates and sugars should be moderate levels while the fiber and proteins should be higher. In the vitamin and mineral boxes (Vitamin A, C, calcium or iron) levels of 20% or more are considered to be a strong source of that nutrient.

- The student will list common terms seen on food packages or labels and explain what each term means.
- The student will accurately read and describe components of the Nutrition Facts Label.
- The student will use Nutrition Facts Labels to evaluate food choices when selecting food items.

6.NPA.1.3 Apply MyPlate meal-planning guides to ethnic and vegetarian choices.

MyPlate is a tool that encourages students to eat from a variety of food groups and balance the food intake with daily activity. In addition to domestic food, exposure to Asian, Mediterranean, Latin American and Vegetarian foods can improve both variety and nutrient-density. Ethnic foods tend to be grain and vegetable rather than meat-focused, reducing undesirable fats and calories while increasing fiber, vitamins, and minerals.

The food groups in the MyPlate scheme include 3-5 ounce equivalent servings of grains, 5 half-cup servings of vegetables, 3 half-cup servings

of fruit, 3 cups of low-fat milk or milk product, and 5-8 one-ounce equivalents of meat, poultry, fish, seafood, beans or seeds per day. **Legumes** (dried beans, peas, nuts and seeds) are underemphasized in the American diet, yet they are exceptionally nutrient-dense, typically low in unhealthy fats and higher in beneficial fats and fiber. Legumes can be substituted for a serving of protein, grain or vegetable. Adding daily moderate to vigorous activity into the food mix completes the MyPlate picture.

Note that some foods do not fit into any of the major groups—foods like butter, mayonnaise, chocolate, sweeteners, or sodas. These foods are actually servings of fat or sugar with high calorie content but limited nutrients, and need to be eaten sparingly for good health.

- The student will identify of ethnic foods beyond his or her own food experiences.
- The student will sort foods eaten the previous day and activity within the MyPlate matrix, looking for excesses and shortages.
- The student will recognize the value of legumes and use them more as a protein, vegetable or grain source in the diet.

Essential Standard and Clarifying Objectives

6.NPA.2 Create strategies to consume a variety of nutrient-dense foods and beverages and to consume less nutrient-dense foods in moderation.

6.NPA.2.1 Compare weight management strategies for healthy eating patterns, including attention to portion and serving sizes.

6.NPA.2.2 Differentiate the health effects of beverages that are nutrient-dense with those high in sugar and calories.

6.NPA.2.3 Implement a plan to consume adequate amounts of foods high in fiber.

Unpacking

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

6.NPA.2.1 Compare weight management strategies for healthy eating patterns, including attention to portion and serving sizes.

Americans typically don't eat too *many* foods. They just eat too *much* by misjudging portion size or eating all that is put before them. Typical American serving sizes are 1.5 to 3 times larger than they should be, particularly meat servings. Portions labeled small or appetizers at restaurants are closer to being right-sized.

Practicing with food models helps a student gain an understanding of standard serving sizes. Utilizing smaller plates and bowls, serving food with spoons that measure $\frac{1}{4}$ or $\frac{1}{2}$ cup servings and weighing foods improve accuracy. A student benefits from drill and practice, pulling the names of foods randomly and recalling the correct portion size. Cueing portion sizes by comparing them to common objects (slice of bread is the size of a CD, piece of fruit is the size of a tennis ball, a meat serving is the size of a deck of cards) helps visualize correct amounts of food.

- The student will compare standard serving sizes with those encountered at home, school cafeteria, fast food or conventional restaurants.
- The student will gain proficiency in recalling correct serving sizes when encountering a variety of whole foods and mixed foods.
- The student will identify strategies to train the eye toward proper serving sizes and strategies to deal with excess serving sizes.

6.NPA.2.2 Differentiate the health effects of beverages that are nutrient-dense with those high in sugar and calories.

Students rarely consider what they drink as food, forgetting that fluids can cost many empty calories. Laying out the number of teaspoons of sugar in beverages such as sodas, smoothies, fruit drinks, sports drinks, sweet tea, milk and water can drive home the point.

There are also concerns about the sodium, caffeine and related stimulants as well as artificial coloring agents in drinks. When a student compares labels of popular drinks and considers how much fluid is required per day, he or she should conclude that water and low-fat milk are the best options with other favorites as occasional treats rather than go-to beverages.

- The student will compare the sugar content and resultant calories among typical beverages consumed.
- By comparing labels of popular beverages, the student will identify the helpful and less helpful nutrients they supply and the benefits or risks they pose.
- The student will favor water and low-fat milk over less healthy beverages.

6.NPA.2.3 Implement a plan to consume adequate amounts of foods high in fiber.

Of the five major food groups, grain products are composed mostly of starch and are the least nutrient-dense unless they have been fortified. Grains are valued as an energy source and for fiber, but most are refined, meaning the fiber has been removed to give them a smooth taste. For labeling purposes, the term “**whole**” can only be used to describe grain foods if the fiber has *not* been removed in the processing. When purchasing or selecting grain foods, two terms to look for are fortified (particularly in cereals) and whole grain (breads, pancakes, brown rice, couscous, pasta, bagels and tortillas). Some bread now has added fiber. **Fortified** means nutrients that are not found in the natural grain products have been added. **Enriched** means naturally occurring nutrients have been added back to the refined product.

At least half of the daily grain selections should be whole grains. Americans typically fall short of the 20 grams or more of fiber that is needed per day. Fiber also can be found in fruits, vegetables, beans, peas, nuts and seeds, particularly in the skins or coats. Fiber lowers cholesterol, reduces sudden insulin response to stabilize blood sugar and retains water for easier bowel elimination. Fiber helps reduce heart disease and colon cancer.

- The student will explain how fortification, enrichment and whole grain improve grain products.
- The student will recall how much of the daily intake should be high fiber foods.
- The student will list the advantages of high fiber diets.
- The student will increase whole grain foods in his or her diet.

Essential Standard and Clarifying Objectives

6.NPA.3 Apply lifelong nutrition and health-related fitness concepts to enhance quality of life.

6.NPA.3.1 Explain the relationships between food consumption, physical activity, and healthy weight management.

6.NPA.3.2 Implement a personal wellness plan in nutrition and fitness to enhance quality of life.

Unpacking

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

6.NPA.3.1 Explain the relationships between food consumption, physical activity, and healthy weight management.

Obesity is a concern for individuals as well as a worldwide problem. Keeping calorie intake at a level to balance physical activity while providing the necessary nutrients is a challenge. The average sixth grader needs 5 or more servings of bread or grain food, 3 or more vegetables, 2 or more fruits, 2-3 meat servings, and 3 milk servings for adequate nutrition. The “or more” depends on height and weight, and how much physical activity the youngster gets. Students who want to eat more calorie-dense foods should recognize that they need to increase their energy expenditure to allow for such foods.

Whether children choose high fat and sugar foods versus lower calorie, nutrient-dense food impacts weight within a given number of servings. For instance, in the same serving size, peanuts deliver 15 times the calories and 20 times the fat as popcorn, while an 80/20 hamburger patty delivers 270 calories and 21 grams of fat compared to a turkey burger’s 180 calories and 12 grams of fat.

- The student will determine personal serving guidelines depending on his or her sex and need to gain, lose, or maintain weight.
- The student will compare the calories, sugar and fat in food options within the same food group, selecting the ones that best meet personal needs.

6.NPA.3.2 Implement a personal wellness plan in nutrition and fitness to enhance quality of life.

An effective personal wellness plan helps a person be well rounded and grounded. Sixth grade is a good time to practice “owning” a balanced life including school, activities with friends, fitness, family responsibilities, spirituality, food intake, rest, relaxation and sleep. It is a good time to learn to say “yes” to positive activities, “no” to negative ones, and “no” to overload. Using a day planner helps students understand how

much is practical to do, when they need extra time for tests, papers or projects, and how to spread out the work so that they aren't stressed at the last minute or lose sleep. While people are tempted to give up physical activity (and eat junk food) when they feel a time-crunch, it is when they need activity the most to reduce stress and rejuvenate the body so that it can focus and function better.

Myths about activity are: that it has to be strenuous, it takes too much time, it is boring or that one has to be athletic to get exercise. Moderate exercise like walking shows high benefits over being sedentary and it can be done in several short spurts of 10-15 minutes rather than one longer period. Most people can find some activity they like to do or someone special they like doing it with.

Setting goals for a balance of activities and planning for them with a weekly or monthly planner helps most people get organized and stay on track. Students can access helpful tools on-line to individualize wellness, nutrition or fitness plans and monitor their progress.

- The student will identify components of a balanced lifestyle and determine a way a student can better manage his or her schedule.
- The student will rebuff several myths about exercise and why it should not be crowded out by other demands.
- The student will explore on-line day planners, dietary guidelines, activity trackers and food trackers to customize his or her wellness plan.

Alcohol, Tobacco, and Other Drugs

Essential Standard and Clarifying Objectives

6.ATOD.1 Analyze influences that the use alcohol, tobacco, and other drugs.

6.ATOD.1.1 Analyze the marketing and advertising by alcohol and tobacco companies in terms of strategies used to influence youth experimentation with their products.

6.ATOD.1.2. Illustrate the effects of alcohol and other drugs on behavior, judgment, family relationships, and long-term success.

Unpacking

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

6.ATOD1.1

The influence of advertising on youth is powerful. Teens are twice as likely to be influenced to smoke by cigarette ads when compared to those pressured by peers. More than one half of the money that alcohol companies spend on magazine advertising goes to magazines that have high readership of underage young people (12-20). A great deal of tobacco and alcohol advertising is spent to associate tobacco and alcohol with fun, attractiveness, and envy by others. Advertisers leave the impression that using tobacco and alcohol is normal, desirable, and harmless.

Though federal legislation prevents tobacco and alcohol advertisers from marketing their products to underage users, it is known that 80 percent of adult smokers began experimenting with tobacco as teens and 40 percent of those who started drinking at age 13 or younger developed alcohol dependence later in life as compared to ten percent of young adults who began drinking after age 17. Tobacco and alcohol advertisers market their products with the hopes of shaping attitudes and perceptions in an effort to get consumers to develop brand loyalty at a young age and create life-long users.

- The student will identify common strategies used to advertise alcohol and tobacco.
- The student will predict how advertising strategies might influence one to use alcohol and tobacco products.
- The student will identify unrealistic images and missing health consequences in tobacco and alcohol advertising and marketing strategies.

6.ATOD.1.2 Illustrate the effects of alcohol and other drugs on behavior, judgment, family relationships, and long-term success.

Drinking alcohol and illicit drug use adversely affect rational thinking, judgment, decision-making, reaction and coordination. Alcohol and various illicit drugs can cause a person to become aggressive, may increase the likelihood that they will give in to peer pressure, can make a person feel invincible and cause a person to do things that are risky or dangerous that they would not do if sober. People who use illicit drugs and alcohol often have difficulties with relationships, money, and success in the workplace. Family members and friends may withdraw from the people abusing alcohol because of misbehavior, poor judgment, embarrassment, frustration, and broken trust. Factors that contribute to success such as dependability, honesty, strong work ethic, and resilience are often impacted and usually limited when a person abuses drugs and alcohol. These limitations make long-term success in meeting goals, a job, and lasting relationships very difficult.

- The student will identify negative effects associated with alcohol and drug abuse.
- The student will contrast the potential for healthy relationships, positive behavior, and long-term success with and without alcohol and drug use.
- The student will develop goal-setting and decision-making skills to avoid the use of drugs and alcohol.

Essential Standard and Clarifying Objectives

6.ATOD.2 Understand the health risks associated with alcohol, tobacco, and other drug use.

6.ATOD.2.1 Explain the immediate social and physical consequences of tobacco use, including spit tobacco.

6.ATOD.2.2. Summarize the short-term and long-term effects of being exposed to secondhand smoke.

Unpacking

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

6.ATOD.2.1 Explain the immediate social and physical consequences of tobacco use, including spit tobacco.

While some tobacco users begin using tobacco to fit in with their peers, they often find their addiction can isolate them socially, due to federal, state, and local restrictions on the use of tobacco products in many public places. People who wish to use tobacco must often find discrete and approved locations to do so. Tobacco products stain teeth, produce bad breath, create early onset of skin-related aging (fine lines, wrinkles, and dark spots), and leave foul odors in hair and clothes, all of which may affect social acceptance by others. The physical consequences of smokeless tobacco include oral cancers, leukoplakia and leukoplakic lesions, gum recession, increased tooth decay. Smokeless tobacco can also cause nicotine dependence resulting in blood levels of nicotine, which mirror that of smokers, creating increased heart rate and blood pressure causing a narrowing of the blood vessels and creating strain on the heart. The use of cigarettes, cigars, and pipe smoke can harm nearly every organ in the body and cause a wide array of diseases and illnesses. Smoking causes an estimated 90 percent of lung cancer deaths in men and 80 percent of lung cancer deaths in women. An estimated 90 percent of all chronic obstructive lung disease deaths can be attributed to smoking as well. Smoking leads to the development of heart disease, lung disease (e.g., emphysema, bronchitis, chronic airway obstruction disease), and cancers of the blood, bladder, esophagus, kidney, lung, larynx (voice box), mouth, throat, stomach, and uterus.

- The student will recognize the health risks associated with tobacco use, including spit tobacco.
- The student will identify the social costs associated with tobacco use.
- The student will recognize the benefits of living a tobacco-free lifestyle.

6.ATOD 2.2 Summarize the short-term and long-term effects of being exposed to secondhand smoke.

Secondhand smoke is exhaled smoke and smoke released from a burning cigarette, pipe, or cigar. Secondhand smoke is filled with environmental toxins which are harmful to one's health including, tar, nicotine, ammonia, and carbon monoxide, and benzene. It is the most hazardous form of indoor air pollution. Secondhand smoke can irritate one's eyes, throat, nose, and airway. It can make one's hair and clothes smell of smoke because it is absorbed in the fibers and continues to irritate eyes and the respiratory system long after the smoke clears the air. Long-term exposure to secondhand smoke can be very dangerous, as it can cause lung cancer, heart disease and respiratory illnesses in nonsmokers. Children of smokers are at higher risk for ear infections, bronchitis, and pneumonia due to secondhand smoke exposure.

- The student will recognize the various contributors to secondhand smoke.
- The student will identify the types of toxins released in secondhand smoke.
- The student will identify the immediate and long-term negative effects of secondhand smoke.
- The student will describe methods for reducing exposure to secondhand smoke.

Essential Standard and Clarifying Objectives

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

6.ATOD.3.1 Use effective assertive refusal skills to avoid pressure to use alcohol and other drugs.

6.ATOD.3.2. Summarize the short-term and long-term benefits of resistance to drug abuse.

Unpacking

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

6.ATOD 3.1 Use effective assertive refusal skills to avoid pressure to use alcohol and other drugs.

Some people may lack self-confidence or the necessary skills to refuse alcohol and drug use when pressured. Adolescents must recognize direct and indirect attempts of pressure and respond assertively through the use of refusal skills. Refusal skills can include saying no assertively and confidently using “I messages” (I am not interested, No thanks, I don’t drink..., I do not want to) walking away from a tempting situation (I have to go home, I have to be somewhere in five minutes, I am meeting someone), suggest a healthy alternative (let’s go to hang out with..., I want to watch the new ..., let’s find something better to do), and make an excuse or give a reason not to use and leave the situation (I’m allergic, I have a health condition this is affected by..., I will lose my spot on the team). Skills are learned behaviors and just as athletes, teachers, and doctors must practice specific skills in order to improve performance, students will need opportunities to develop and practice refusal skills.

- The student will identify direct and indirect social pressure to use alcohol and other drugs.
- The student will practice using a variety of refusal skills to social pressures in safe, well constructed, and controlled classroom situations.
- The student will effectively apply realistic refusal skills that can effectively be used in a social pressure situation.

6.ATOD 3.2 Summarize the short-term and long-term benefits of resistance to drug abuse.

Some people use drugs and alcohol because they do not have the skills to refuse or because they think they will feel better or more accepted, when in reality alcohol and drug use may lead to social isolation, more psychological, emotional, and health problems. Most people choose not to use alcohol and other drugs in order to protect their health and safety. While some people may feel social pressure, it is important to recognize that most people do not drink or use other drugs. It is important to focus on positive development of talents, skills and inherent attributes which can only be reached when one maximizes his/her potential while living a life free of drug and alcohol abuse.

- The student will identify the benefits of living an alcohol and drug free lifestyle.
- The student will advocate to others the benefits of an alcohol and drug free lifestyle.
- The student will demonstrate the ability to use goal-setting skills to maintain an alcohol and drug-free lifestyle.

Seventh Grade Health • Unpacked Content

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

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

7.MEH.1 Analyze the relationship between healthy expression of emotions, mental health, and healthy behavior.

7.MEH.1.1 Interpret the transition of adolescence, including emotions in flux.

7.MEH.1.2 Infer the potential outcome from impulsive behaviors.

7.MEH.1.3 Organize resources (family, school, community) for mental and emotional health problems.

Unpacking

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

7.MEH.1.1 Interpret the transition of adolescence, including emotions in flux.

Adolescence is defined as the transition from childhood to adulthood. It includes puberty (defined as the development of secondary sex characteristics and the beginning of reproductive capacity). Both include changes that are physical, emotional, and social. Pubertal changes are triggered by hormones and include widening of the hips, development of breast buds and pubic hair and eventually ovulation and menstruation in girls and deepening voice, the experience of nocturnal emissions, and the beginning of pubic hair in boys. Both sexes experience an increase in the function of sweat glands (perspiration and body odor) and oil glands (acne). The body is preparing for the ability to reproduce. Puberty is occurring at a younger age than it used to in both boys and girls.

Moving from childhood to adulthood (adolescence) can be awkward and involve social as well as physical changes that are challenging. These pressures, as well as the influence of hormones can make the teen feel as though he or she is on an emotional roller coaster. The tasks of adolescence are to develop one's core identity and personality style, to function successfully at school and home, to find enjoyment and a sense of purpose in life, to demonstrate respect for self and others, to express in healthy ways one's feelings and thoughts, and to accept responsibility for one's actions.

Teenagers do experience wider mood swings than adults and more frequent negative emotions than pre-adolescents. Their moods are more likely to depend on with whom they spend their time. Factors such as stress one is experiencing and being “in love” influence their moods. In recent years, there has been much more research in the ways the brain works that have shown teens use less of the area of the brain involved in empathy and are more likely to use the part of the brain involved in predicting future actions. This explains why they are less able to “read” their emotions or the emotions of others.

The following suggestions are made to help teens manage emotions more positively: understand that strong emotions are normal, be thoughtful rather than impulsive or emotional about decisions, eat nutritiously and exercise, use resources such as parents, teachers, counselors, and ask for help from people who have their best interest in mind.

Some people do not completely make the transition to adulthood until their mid-twenties when they become financially independent from parents. During this time period they may marry and begin a family as well.

- The student will define adolescence and puberty.
- The student will list the “tasks of adolescence.”
- The student will be able to explain why emotions are stronger during adolescence.
- The student will demonstrate positive and constructive strategies for coping with strong emotions during adolescence.

7.MEH.1.2 Infer the potential outcome from impulsive behaviors.

Impulsive means acting or doing without forethought. An impulsive act is not planned and potential consequences are not considered.

Sometimes an impulsive action can be fun and spontaneous; other times the impulse can put one at risk for hurtful or dangerous behaviors. A teen should ask herself or himself: *Could someone get hurt? Is this consistent with my family’s values and expectations? Will I regret this decision?* Sometimes acting impulsively is the result of negative social pressures, such as taking a dare to jump off a bridge or trying a marijuana cigarette.

Being able to predict potential outcomes is a sign of self-control, intellectual well-being, and maturity. In the decision-making models taught as part of health education, one step is to anticipate possible positive and negative consequences before deciding what to do. One strategy that may be helpful is to consider situations and potential outcomes of impulsive behaviors: *What might happen if I throw the bat after striking out?*

What would the results be if I shoplift cigarettes from the convenience store? What effect will I have on others if I join in the bullying of a younger student?

- The student will be able to identify impulsive behaviors.
- The student will predict potential outcomes of acting impulsively.
- The student will be able to thoughtfully consider how his or her actions affect self, others, family, and community.

7.MEH.1.3 Organize resources (family, school, community) for mental and emotional health problems.

Being able to identify resources for emotional health problems involves having both knowledge and skills. A teen needs to know who his or her resources are and be able to access help from the resource. Resources can include parents or guardians, other family members, teachers, counselors, nurses, school administrators, youth leaders, and coaches.

The adult from whom one seeks help should be trustworthy and be able to facilitate assistance. They need to have the best interests of the young person in mind. Whether they can keep the problem in confidence depends on what the problem is. If the emotional health problem involves danger to the youth or to someone else, the adult will need to get formal help for the young person. For example, thoughts of suicide always require a safe plan and follow-up care. Seeking help from others requires being assertive and having the courage to reach out. (It is not a sign of weakness.) If the first person one asks is not willing or able to help, a young person needs to reach out to someone else until his or her needs are met.

- The student will be able to identify resources in his or her family, school, or community to assist with an emotional health problem.
- The student will be able to demonstrate asking for assistance.
- The student will seek care for self or peers who are having mental or emotional health problems.

Essential Standard and Clarifying Objectives

7.MEH.2 Evaluate positive stress management strategies.

7.MEH.2.1 Critique a variety of stress management techniques.

7.MEH.2.2 Design a stress management plan that is appropriate for the situation and individual traits and skills.

Unpacking

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

7.MEH.2.1 Critique a variety of stress management techniques.

Because there are a variety of causes of stress, it is logical that a person would employ a variety of stress management techniques. Some of the strategies available are time management, exercise, meditation, muscular relaxation, minimizing or redefining stress, planning ahead and making a schedule, and prioritizing tasks.

Young people need to discover which stress management techniques work best for them or work best in certain situations. Students can consider if a particular method worked well for them. Practicing health behaviors can translate into healthy stress management. Examples of those behaviors are eating nutrient-dense foods, exercising, getting enough sleep, finding relaxation opportunities, and talking with others who are supportive. Ways to reduce stress are allowing extra time, planning ahead, starting on projects right away, and avoiding over-scheduling. One should completely avoid managing stress in ways that produce more stress: blaming others, spending more money than one has, over-eating, using alcohol or other drugs, or procrastination. The ability to critique how well a stress management strategy works is a skill that will serve one well into adulthood.

- The student will be able to identify a variety of stress management strategies.
- The student will determine which techniques worked well for him or her in the past.
- The student will apply effective stress management to cope with stress in the future.

7.MEH.2.2 Design a stress management plan that is appropriate for the situation and individual traits and skills.

Stress management strategies may need to be “tailored” to the situation or specific strategies are more useful to some people than they are to others. If your mother is driving in traffic, she can count to ten, but would not be able to close her eyes to meditate. If a gi-normous project is due tomorrow, it may be too late to divide the project into smaller tasks. It would be appropriate to try to reduce stress related to a relationship problem by trying to use effective communication (“I” messages, for example).

The choice of appropriate stress management techniques depends on one’s personality and experience. Going for a run might work well for one person; progressive muscular relaxation would work better for someone else. One student might use her planner effectively to prioritize activities and responsibilities. Another might enjoy using Post-It notes on a calendar to manage the same big assignment. By being self-reflective, students can sort out what is effective for their personalities and for the stressors they experience.

- The student will consider the stressor to determine the best approach to managing stress.
- The student will resolve better ways of managing stress based on experience and personality.

Essential Standard and Clarifying Objectives

7.MEH.3 Apply help-seeking strategies for depression and mental disorders.

7.MEH.3.1 Identify resources that would be appropriate for treating common mental disorders.

7.MEH.3.2 Implement strategies to seek help from an adult for self-destructive thoughts or behaviors.

Unpacking

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

7.MEH.3.1 Identify resources that would be appropriate for treating common mental disorders.

Mental disorders are illnesses that affect a person's feelings, thoughts, and behaviors. They may have a physical cause: disease, injury, or drug use. Sometimes heredity is a factor in whether a person experiences an emotional disorder. Other causes can be related to stress: usually developing after repeated emotional stressors. It is recommended that mental disorders be identified and treated early so they are not problems throughout a person's life.

Disorders related to anxiety include panic disorders, phobias, obsessive-compulsive disorder, and post-traumatic stress disorder. Examples of mood disorders are depression and bi-polar disorder. The treatment of an emotional disorder depends on the cause, the behavior of the person experiencing the disorder, and available resources in his or her community. Therapy may include talking to a mental health professional, medication, behavioral therapy, or hospitalization. Therapy may be individual or in a group setting or support group. Usually getting help sooner rather than later is recommended. Sometimes the treatment is initiated by the person with the disorder asking for help. Other times someone might do a referral: suggesting the family access assistance from a mental health care provider. That person will probably do an assessment to identify the specific problem and recommend the best solution.

Mental health disorders can greatly compromise a young person's life. Getting help is appropriate and (in most cases) necessary to get well and live life to the fullest.

- The student will identify common mental disorders.
- The student will be able to describe the variety of resources available in her or his community.
- The student will be able to encourage a friend to seek assistance from an adult for emotional health problems.

7.MEH.3.2 Implement strategies to seek help from an adult for self-destructive thoughts or behaviors.

Self-destructive behaviors and thoughts are an indication that a young person is deeply sad, feels he or she is not supported by others, or feels disconnected from family, friends, or school. The behaviors may be reckless and involve risk-taking activities. Those behaviors may include taking risks for injury, such as placing oneself in dangerous situations or failing to protect oneself. The young person may engage in cutting,

taking dares, moodiness, and withdrawing from family or friends. If a student notices these changes in him or herself, help should be sought. Friends can give support and extend kindness and understanding, but an adult is certainly needed to intervene.

Adults who are considered trustworthy and credible include parents, guardians, teachers and coaches, school nurses, guidance counselors, and youth leaders. Youth learn quickly to whom they can go for help. It should be noted that adults cannot keep self-destructive intent a secret. If a child has thoughts of suicide, that must be reported. Most schools have a safe plan for what to do if a student expresses suicidal intent or self-destructive intent. An intervention should be done by adults who are trained in the correct methods for assisting a student to move toward a safe plan.

The more clearly and directly a student expresses the need for assistance, the better. The student should seek help from a trusted adult. If that person does not believe or trivializes the feelings, the student should go to another resource. Sometimes simply talking to someone and getting reassurance is sufficient to help the young person get better. Other times, the young person needing help will be best served by receiving therapy (individual or family therapy) or medications.

- The student will be able to recognize when thoughts and behaviors are self-destructive.
- The student will identify sources of assistance who are trustworthy, credible, and approachable.
- The student will model using strategies for seeking help from an adult if having self-destructive thoughts and behaviors.

Personal and Consumer Health

Essential Standard and Clarifying Objectives

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

7.PCH.1.1 Explain health and academic consequences of inadequate rest and sleep.

7.PCH.1.2 Explain environmental, psychological, and social factors affecting excessive sun exposure.

Unpacking

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

7.PCH.1.1 Explain health and academic consequences of inadequate rest and sleep.

Adequate sleep and rest are needed for several reasons. Health and safety concerns include being able to prevent illness and stay alert to potential injury. If rested, a person is better able to manage stress. The immune system is more effective in fighting off illness. Sleep allows the

body to slow down and recuperate from the activities of the day. Without adequate sleep, many organs (including the brain) cannot function at their capacity. Lack of sleep also affects mood, causing one to be irritable, depressed, or angry.

There can be academic consequences of not getting sufficient sleep. A student who is tired or drowsy cannot concentrate on academics. Studies show a rested and alert student is better able to learn and retain information, solve problems, and perform effectively on exams and assessment activities. A student who is falling asleep in class should get up, wash his or her face, and focus on learning.

Strategies for being more rested are: avoid caffeine late in the day, avoid exercise three hours before bedtime, and establish a routine of going to bed and getting up at the same times each day. It is a good idea to make the room as comfortable and dark as possible, use the bed only for sleeping, and utilize relaxation techniques such as soft music just before bedtime. Keeping a sleep diary is helpful to many who have trouble sleeping and do not know why.

- The student will explain the relationship between sleep/rest and health and academic performance.
- The student will identify strategies to increase recuperative sleep.
- The student will be able to get adequate sleep and rest to enhance health and academic performance.

7.PCH.1.2 Explain environmental, psychological, and social factors affecting excessive sun exposure.

A variety of reasons influence cultural attitudes toward sun exposure.

- The environmental factors or influences may include the following: having a job which requires an individual to spend a lot of time outdoors, such as construction; living in a warm climate; time of day sun exposure occurs; altitude of the place an individual lives.
- The psychological factors or influences may include the following: the belief a suntan is attractive; the belief suntans make an individual appear thinner.
- The social factors or influences may include the following: fitting in because some people try to get a good suntan; avoiding being picked on or teased.

These beliefs must be balanced with the goal to achieve and maintain good health for a lifetime. The association of overexposure to the sun and skin cancers (some of which are potentially deadly) is well known. The sun's rays (if too direct or intense) cause cellular changes that result in premature aging, wrinkling, and cancer. After experiencing a sun burn with blisters, a person can (years later) have a far greater chance of developing skin cancer.

- The student will be able to list factors that influence decisions (environmental, psychological, and social) about sun exposure.
- The student will list health reasons to avoid exposure to the sun.
- The student will take protective measures to avoid overexposure to the sun.

Essential Standard and Clarifying Objectives

7.PCH.2 Analyze the immune system in terms of the organs, their functions, and their interrelationships.

7.PCH.2.1 Analyze the immune system in terms of the organs, their functions, and their interrelationships.

Unpacking

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

7.PCH.2.1 Analyze the immune system in terms of the organs, their functions, and their interrelationships.

The immune system provides protection for the body against pathogens (bacteria, viruses, fungi, parasites). The immune system is made up of many defenses to protect physical health. There are barriers that keep pathogens out of the body: skin, tears, saliva, mucous membrane, and stomach acid. There are other defenses that work inside the body: the lymphatic system and cells such as antigens, macrophages, T cells, B cells, and memory cells. The body reacts to antigens (substances that send the immune response into action) by making more antibodies (specific proteins that prevent antigens from harming the body).

The body is able to build immunity to many pathogens, making it far less likely that the person will experience the infection another time. Vaccines are weakened or dead pathogens introduced into the body to cause an immune response. The body creates memory cells to fight off that infection if the person is exposed to that virus or bacteria in the future. Certain vaccinations are required for school attendance to protect those for whom the vaccine does not work. The discovery of vaccines is considered one of the great public health achievements of the 20th century.

To protect the body's immune system, one should practice good health. The body is better able to fight off infection if one participates in regular exercise, consumes vitamin-rich foods, manages stress positively, and gets sufficient sleep and rest. Students should be up-to-date with all vaccinations.

- The student will describe the parts of the immune system.
- The student will be able to explain how the immune system protects the body from infection and certain illnesses.
- The student will practice healthy behaviors to protect the immune system.

Essential Standard and Clarifying Objectives

7.PCH.3 Evaluate health information and products.

7.PCH.3.1 Recognize health quackery as a false claim for a cure and the ploys quacks use to promote unproven products and services.

7.PCH.3.2 Critique misconceptions about health and the efficacy of health products and services.

Unpacking

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

7.PCH.3.1 Recognize health quackery as a false claim for a cure and the ploys quacks use to promote unproven products and services.

Quackery is a false claim for a cure. The most common types are nutrition, drug, and device quackery. Quackery is recognizable because it is usually for an incurable condition, it sounds too good to be true, and there is no scientific proof that it is effective.

Consumers may be vulnerable to quackery if they do not have good health information, they are desperate, they are restless and impatient, or they believe in miracles. Many misconceptions are believed about health. There are also exploitive individuals who promote a false claim for a cure and make a profit from the suffering of others.

There are reliable resources that provide medically accurate information. The consumer must distinguish between medically accurate information and information that is misleading and intended to fool them into purchasing products and services that are not valid.

- The student will be able to define and give examples of quackery.
- The student will be able to recognize characteristics of quackery.
- The student will make decisions about health products and services based on medically accurate information from reliable sources.

7.PCH.3.2 Critique misconceptions about health and the efficacy of health products and services.

There are reliable resources that provide medically accurate information. Good sources of health information are one's health care provider, teachers, the .gov and most .org websites, and health textbooks. The consumer must distinguish between medically accurate information and information that is misleading and intended to fool them into purchasing products and services that are not valid.

Misconceptions about health come from misleading advertising, from word of mouth, from "old science," and from the media. They are often believed because they sound logical, because they have been heard repeatedly, or they come from a source that is thought to be legitimate. It is important to learn to dispel misconceptions by seeking accurate information. Some practices in the area of alternative healing are quackery and

others may have some effectiveness. Misconceptions, if believed and acted on, may result in wasted money, delay of effective treatment, and even further injury or death.

- The student will be able to dispel common misconceptions about health.
- The student will seek reliable sources of health information and base decisions on the efficacy of health products and services.

Essential Standard and Clarifying Objectives

7.PCH.4 Analyze necessary steps to prevent and respond to unintentional injury.

7.PCH.4.1 Deconstruct how the interaction of individual behaviors, the environment, and other factors cause or prevent injuries.

7.PCH.4.2 Demonstrate techniques for basic first aid and procedures for treating injuries and other emergencies.

7.PCH.4.3 Design plans that reduce the risk of fire-related injuries at home, in school, and in the community at large.

7.PCH.4.4 Create a plan to reduce the risk of water-related injuries.

Unpacking

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

7.PCH.4.1 Deconstruct how the interaction of individual behaviors, the environment, and other factors cause or prevent injuries.

Unintentional injury is the leading cause of death for teenagers and young adults. Intentional injuries (violence and suicide) are the second and third leading causes of death for these age groups. These health issues also compromise the quality of life for those who survive. Often injuries are influenced by the behavior of the individual and the environment in which he or she lives.

Examples of individual behavior increasing risks would be failing to wear a helmet when riding a bike or taking a dare to dive into a lake. An individual would reduce risks of injury by wearing a seatbelt or taking medicine only with adult supervision. Environmental factors can include the weather (not wearing gloves in extremely cold temperatures) or being in the home of a classmate whose parent has a weapon. It is important for a young person to remember that many health problems and injuries can be prevented.

- The student will provide examples of behavioral and environmental factors that can prevent or increase injuries.
- The student will avoid risk-taking behaviors and unsafe environments.
- The student will practice injury prevention and protect self and others from injury.

7.PCH.4.2 Demonstrate techniques for basic first aid and procedures for treating injuries and other emergencies.

First aid procedures are simply actions one can take for the victim before medical help arrives.

Basic Precautions about Providing First Aid:

- *It is vital to check out the scene and make sure it is safe to provide first aid. Otherwise, the first aider may become another victim.*
- *Turn off any electrical power if someone has been electrically shocked, and look for other hazards, such as downed power lines, smoke, or dangerous swimming conditions in a near-drowning emergency.*
- *Coming into contact with another person's blood or other bodily fluid may increase risk of infectious disease. Research shows the actual risk of disease transmission from providing first aid is very small. Wear disposable gloves if available. If gloves are not available, create a barrier with a plastic bag or clean cloth.*
- *Wash hands thoroughly after providing first aid.*
- *Never move a victim unless there is no other choice. Be especially cautious if you suspect a head, neck, or back injury is suspected.*

Bleeding:

With all types of bleeding, it's important to stop the flow of blood as quickly as possible.

Small cuts: Small cuts in the veins stop bleeding and clot within a few minutes. The area should then be washed, and a bandage or gauze placed gently on top. **Deeper cuts:** Deeper cuts in the veins produce dark blood that seeps out slowly and steadily. It can be stopped by gentle pressure on the wound with a sterile or clean cloth, followed by the application of a clean or sterile bandage. Often, these wounds require stitches, and therefore medical treatment will be necessary after providing first aid. **Arterial bleeding:** Bleeding from an artery can cause death within a few minutes, so urgent first aid is essential. This type of bleeding pulsates and squirts blood as the pulse beats. The blood is often a bright red color. To stop bleeding from an artery: Apply hard pressure on the wound and continue until patient receives medical treatment. Press with a sterile cloth or use your hand (but always with a barrier). Put a bandage on the wound if possible. If the blood soaks through the bandages, press harder until the bleeding stops. Do not remove the soaked bandages, but place another on top if necessary. Do not attempt to clean the wound. The person must be made to lie down, preferably with head lower than rest of the body. This will ensure that enough oxygen gets to the brain. If possible, position the wounded area higher than the rest of the body so that the pressure, and therefore the bleeding, will be reduced.

Burns:

There are many different types of burns. They can be thermal burns, chemical burns, electrical burns or contact burns. Each of the burns can occur in a different way, but treatment for them is very similar. **For thermal, chemical or contact burns**, the first step is to run cold water over the burn until the heat is out of the burn. If the burn is small enough, keep it completely under water. Flushing the burn takes priority over calling for help. Flush the burn FIRST. If the victim's clothing is stuck to the burn, don't try to remove it. Remove clothing that is not stuck to the burn by cutting or tearing it. Cover the burn with a clean, cotton material. If the first aider does not have clean, cotton material, do not cover the burn with anything.

Do not scrub the burn and do not apply any soap, ointment, or home remedies. Don't offer the burn victim anything to drink or eat, but keep victim covered with a blanket to maintain a normal body temperature until medical help arrives.

Injuries to muscles, bone, or joints:

- Always suspect a serious injury when any of the following signals are present:
- Significant deformity
- Bruising and swelling
- It's painful to bear weight on the injured area or to move it
- Bone fragments sticking out of a wound
- Person feels bones grating; person felt or heard a snap or pop at the time of injury
- Cause of the injury suggests that the injury may be severe

What to do:

- Remove clothing from the injured part.
- Apply a cold compress or ice pack wrapped in cloth.
- Place a splint on the injured part by:
 - keeping the injured limb in the position you find it
 - placing soft padding around the injured part
 - placing something firm (like a board or rolled-up newspapers), next to the injured part, making sure it's long enough to go past the joints above and below the injury
 - keeping the splint in place with first aid tape
- Splint only if the person must be moved or transported by someone other than emergency medical personnel
- Splint only if able to do so without causing more pain.
- Check for circulation (feeling, warmth, and color) before and after splinting.
- Seek medical care, and do not allow victim to eat in case surgery is needed.

Do not move victim, and call for emergency care if:

- The victim may have seriously injured the head, neck, or back.
- A broken bone comes through the skin (apply constant pressure with a clean gauze pad or thick cloth, and keep the victim lying down until help arrives; do not wash the wound or push in any part of the bone that is sticking out).

Knocked-out Tooth:

A knocked-out tooth is a dental emergency. Baby teeth do not need to be put back in, but quickly putting a permanent tooth back in its socket is key to preserving the tooth. Every minute a tooth is out of its socket means the less chance that it will survive. A tooth has its best chance of survival if replaced within 30 minutes.

- Find the knocked-out permanent tooth. If not sure if it's a baby or permanent tooth (a baby tooth has a smooth edge), call a dentist or a doctor or emergency room immediately.
- Handle the tooth only by its crown (the part normally exposed), never by the root.
- Gently rinse (don't scrub) the tooth immediately with saline solution or milk. (Tap water should only be used as a last resort; it contains chlorine, which may damage the root.)
- Keep the tooth from drying out until seen by a dentist by:
 - Inserting tooth back into its socket if person is old enough to hold it in place
 - Storing the tooth in milk (not water), or
 - Placing the tooth between cheek and lower gum
- See dentist or go to local emergency room right away.

Nosebleeds:

Nosebleeds occur when one of the small blood vessels in the mucous membranes of the nose bursts.

Do not bend the head backwards or lie down, because this increases blood pressure in the head and so increases the bleeding. Blood may also run into the stomach. To limit the bleeding:

- pinch the nostrils shut with the index and middle finger for 10 minutes, taking care not to come into direct contact with the blood. This way, the vein is pressed together, which is often enough to stem the flow.
- while the nostrils are shut, the person must breathe through the mouth.
- if the bleeding continues beyond 10 minutes, it is important to contact a doctor.

Poisoning or Overdose:

- After checking area first for your safety, remove the victim and take to fresh air.
- Provide treatment appropriate to the form of the poisoning. If the poison is in solid form, such as pills, remove it from the victim's mouth using a clean cloth wrapped around your finger. Don't try this with infants because it could force the poison further down their throat.
- If the poison is corrosive to the skin, remove the clothing from the affected area and flush with water for at least 15 minutes.

- Take the poison container or label with you when you call for medical help because you will need to be able to answer questions about the poison.
- Try to stay calm and follow the instructions you are given. If the poison is in contact with the eyes, flush the victim's eyes for a minimum of 15 minutes with clean water.
- National Poison Control Center (800-222-1222)

Shock and fainting:

Shock and fainting occur when only a small amount of blood circulates to the brain. This means that the brain is not receiving enough oxygen, which leads to a feeling of faintness, disorientation and dizziness. Shock may also occur:

- after an accident involving loss of blood
- after a serious infection with loss of fluids
- after a serious burn
- after other accidents that cause loss of fluids or blood.
- When the flow of blood in the body is too slow, the blood pressure drops and too little oxygen is circulated through the body.

When this occurs a person will:

- go pale
- turn sweaty, clammy and cold
- become dizzy
- have a weak, fast pulse
- have low blood pressure
- have slow, weak breathing
- lose consciousness
- become anxious or restless

What to do if someone is in shock or has fainted:

- The person must lie on his/her back - preferably with feet raised - to ensure enough blood gets to the brain.
- Make sure the person is warm, comfortable and covered by a blanket if necessary to maintain normal body temperature.
- Do not give victim anything to eat or drink due to the risk of choking. Food/drink will also impair advanced medical care, such as surgery, if required.
- If the person vomits or bleeds from the mouth, he/she must be placed on his or her side to prevent choking.

- Call for an ambulance. A person in shock must always be treated by a doctor. Stay with the person until medical help arrives.

Sprains and Strains:

Common causes for sprains and strains are falls, twisting a limb, sports injuries and over-exertion. A sprain results from overstretching or tearing a ligament (fibrous tissue that connects bones), a tendon (tissue that attaches a muscle to a bone) or a muscle. A strain occurs when a muscle or tendon is overstretching or overexerted. Both sprains and strains result in pain and swelling.

General care for these types of injuries include following RICE:

- Rest – do not move or straighten the injured area.
 - Immobilize – Stabilize the injured area in the position it was found. Splint the injured part only if the person must be moved and it does not cause more pain.
 - Cold – Fill a plastic bag or wrap ice with a damp cloth and apply ice to the injured area for periods of 20 minutes. If continued icing is needed, remove the pack for 20 minutes, and then replace it. Place a thin barrier between the ice and bare skin.
 - Elevate – Do NOT elevate the injured part if it causes more pain.
- The student will be able to assess common injuries by recognizing symptoms.
 - The student will apply the proper first aid for common injuries, including bleeding, poisoning, burns, knocked out tooth, shock and fainting, and injuries to bones, muscles, nosebleeds, and joints.
 - The student will demonstrate the appropriate methods for calling for help in an emergency situation.

7.PCH.4.3 Design plans that reduce the risk of fire-related injuries at home, in school, and in the community at large.

To be effective in preventing fire-related injuries, a person must know how fires are started. There are several causes of fires in the home, most of which are related to carelessness. The most likely causes are smoking, cooking, improper storage of flammable products, electricity, and gas leaks.

The following are general guidelines for preventing home fires: keep stovetops clean and flammable materials away from them and remind others to dispose of cigarette safely and never smoke in bed. Never play with matches, lighters, or candles. Do not overload electrical sockets or use appliances with frayed wiring. Always tell an adult if a dangerous situation is noticed. Equipment that is helpful to have in the home are smoke detectors and fire extinguishers.

In case of fire there are safety precautions to take to prevent injury or death. These include: exit the building quickly, feel a door before opening

it, crawl along the floor of a room filled with smoke, use the Stop/Drop/Roll method of extinguishing clothing on fire, and (once outside) meet at the prearranged location and call 911.

- The student will be able to identify flammable products.
- The student will be able to recognize situations in the home that might cause there to be a fire.
- The student will demonstrate what to do to escape a fire in his or her home.

7.PCH.4.4 Create a plan to reduce the risk of water-related injuries.

For people between the ages of five and twenty-four, drowning is the second leading cause of accidental death. Most water-related accidents could be avoided by knowing how to stay safe and following a few simple guidelines. Common causes of drowning include: not knowing how to swim, not wearing a life jacket, lack of supervision, diving in shallow water, current, going beyond swimming ability, getting tired, horseplay/dares, accidentally falling in, leg cramps, and the use of alcohol or other drugs.

Diving:

Be careful about diving. Teens are more likely than any other age group to suffer diving injuries, many of which can result in permanent spinal cord damage or death. Only dive in areas that are known to be safe for diving, such as the deep end of a supervised pool. If an area is posted with "No Diving" or "No Swimming" signs, pay attention to them. If there is a "No Diving" sign, that means the water isn't safe for a headfirst entry. Check the water's depth before jumping to make sure there are no hidden rocks or other hazards. Lakes or rivers can be cloudy and hazards can be hard to see.

Personal watercraft (Jet Skis)

- Learn to swim. The best thing anyone can do to stay safe in and around the water is to learn to swim. This includes anyone participating in any water sport or boating activity.
- Know local laws and regulations. Some states have special laws governing the use of personal water craft (PWC) which address operations, registration and licensing requirements, education, required safety equipment and minimum ages.
- Operate PWC with courtesy and common sense. Follow the traffic pattern of the waterway. Obey no-wake and speed zones.
- Use extreme caution around swimmers and surfers. Run your PWC at a slow speed until the craft is away from shore, swimming areas, and docks. Avoid passing close to other boats and jumping wakes. This behavior is dangerous and often illegal.
- Coast Guard-approved life jackets should be worn by the operator of the PWC as well as any riders.
- Ride with a buddy. PWCs should always travel in groups of two or three.
- Alcohol and operating a PWC doesn't mix. Alcohol impairs judgment, balance, and coordination. For the same reasons it is

dangerous to operate an automobile, people should not operate a boat or PWC while drinking alcohol.

Boating safety

More people die in boating accidents every year than in airplane crashes or train wrecks, but a little common sense can make boating both enjoyable and safe. Make sure the captain or person handling the boat is experienced and competent.

Alcohol and water still don't mix. One third of boating deaths are alcohol-related. Alcohol distorts a person's judgment no matter where they are — but that distortion is even greater on the water. The U.S. Coast Guard warns people about a condition called boater's fatigue, which means that the wind, noise, heat, and vibration of the boat all combine to tire out the person boating. Because there are no road signs or lane markers on the water and the weather can be unpredictable, it's important to be able to think quickly and react well under pressure.

Personal floatation devices (PFDs)

It is always a good idea for everyone on the boat to wear a Coast Guard-approved life jacket, whether the boat is a large speedboat or a canoe — and whether a good swimmer or not. Wearing a life jacket (also known as a personal flotation device, or PFD) is the law in some states for certain age groups, and one could face a stiff penalty for breaking it. State regulations may also require wearing an approved life jacket for water skiing and other on-water activities. Wearing a PFD is like wearing a helmet while biking. It may take a few minutes to get used to it, but it definitely can be a lifesaver. Don't leave land without it.

Ocean and River Currents

Swim in safe areas only. It's a good idea to swim only in places that are supervised by a lifeguard. No one can anticipate changing ocean currents, riptides, sudden storms, or other hidden dangers. In the event that something does go wrong, lifeguards are trained in rescue techniques. Swimming in an open body of water (like a river, lake, or ocean) is different from swimming in a pool. Swimmers need more energy to handle the currents and other conditions in the open water.

A person who is caught in a current should not panic or fight the current. They should swim with the current, gradually trying to make their way back to shore. Even a very good swimmer who tries to swim against a strong current will get worn out. If a person is going to be swimming in an open body of water, it's a great idea to take swimming lessons that provide tips on handling unexpected hazards.

Some areas with extremely strong currents are off limits when it comes to swimming. Know where not to swim.

Cold Exposure and Hypothermia

Avoid getting too cool. It is possible for a person to get too cool. Staying in very cool water for long periods can lower body temperature. A temperature of 70° Fahrenheit (20° Celsius) is positively balmy on land, but water below 70° Fahrenheit will feel cold to most swimmers? Body temperature drops far more quickly in water than it does on land. A person who is swimming is using energy and losing body heat even faster than keeping still. The swimmer should monitor his condition when swimming in cold water and stay close to shore. If the body starts to shiver or muscles cramp up, get out of the water quickly; it doesn't take long for hypothermia to set in.

- The student will be able to assess risks for water-related injuries.
- The student will be able to explain water safety and boating rules.
- The student will demonstrate safety consciousness and safe behavior when in or near water.

Interpersonal Communication and Relationships

Essential Standard and Clarifying Objectives

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

- 7.ICR.1.1 Contrast characteristics of healthy and unhealthy relationships.
- 7.ICR.1.2 Predict short-term and long-term consequences of violence to perpetrators, victims, and bystanders.
- 7.ICR.1.3 Illustrate strategies that can be used to manage anger in healthy and non-hurtful ways.
- 7.ICR.1.4 Use structured thinking to avoid becoming a perpetrator or victim in cyber-bullying.
- 7.ICR.1.5 Explain why tolerance is beneficial in a society characterized by diversity.
- 7.ICR.1.6 Illustrate the appropriate role of bystanders in preventing and stopping bullying and violence.

Unpacking

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

7.ICR.1.1 Contrast characteristics of healthy and unhealthy relationships.

One of the dimensions of health is social well-being. Just as with physical health, a person can have healthy or unhealthy characteristics in the social domain of health. Healthy relationships can enhance the quality of one's life. The characteristics that are associated with healthy relationships are loyalty, concern, trustworthiness, and mutual respect. Friends should value each other, listen to each other, and support each other. Good friends are capable of sharing feelings and often have interests in common. Friends often need to compromise and meet each other half way or take turns. One person should not have to give in every time. Each person should know what qualities they want in a friend and try

to bring those qualities to the friendship as well.

Negative peer pressure is one sign of an unhealthy relationship. Each person should respect the feelings and values of the other and never influence or make another person do something that is dangerous or against his or her wishes. If a person is truly a friend, he or she will not ask a person to engage in risky behavior. Other characteristics of an unhealthy relationship are the opposites of the characteristics listed above. They include not being trustworthy, not caring, being disloyal, and not showing concern. Sometimes conflicts in relationships can be worked out through good communication. Other times the relationship must end. This is especially true if the values and wishes of one person are disrespected. Ending a friendship is better than being unhappy in the relationship.

- The student will be able to list characteristics he or she values in a friendship.
- The student will distinguish between healthy and unhealthy relationships.
- The student will demonstrate problem-solving skills in an unhealthy relationship.
- The student will exemplify the characteristics in a healthy relationship.

7.ICR.1.2 Predict short-term and long-term consequences of violence to perpetrators, victims, and bystanders.

There are several possible consequences of being around violence. Physical consequences involve harm to the body (a serious cut, a broken bone). Legal consequences occur when the action of an individual is against the law (Examples: having a weapon at school, being charged with assault and battery). An emotional consequence affects how the person feels about himself or herself (lower self-esteem). Social consequences affect an individual's relationships with his or her family, friends, or other important people (parents may not like the teen's friends). Academic consequences have an effect on an individual's school performance (absences due to suspension from school). Financial consequences result in an expense (a fine or court costs). All of these can be consequences of a violent act.

The bully or aggressor may be thought to be the winner, but there are consequences for him or her. He or she may lose the respect of others or get into trouble in school. The expression, "what goes around comes around" is a good one to remember. The victim may be injured or may experience diminished self-esteem. It may seem as if others are siding with the aggressor or bully, which can make the victim feel socially isolated. There may be fewer consequences for the bystander unless he or she encouraged the fight. There may be loss of self-respect for not standing up for the victim.

- The student will predict consequences of violence that are short-term and long-term.
- The student will recognize the consequences for perpetrators, victims, and bystanders.

- The student will conclude that violence is not an appropriate solution to problems or conflicts and essentially makes the original problem worse.

7.ICR.1.3 Illustrate strategies that can be used to manage anger in healthy and non-hurtful ways.

Anger can vary in intensity from mild irritation to fury or rage. A person may feel anger or resentment and it be perfectly understandable to have those feelings. Other times the feelings may not be rational or logical.

How anger is expressed is important to the emotional well-being of the angry person and to the health of the relationships he has with others. It is acceptable to have strong emotions, but not acceptable to act on those feelings in ways that are unhealthy and hurtful. Certainly counting to ten (or a “cooling off” period) is a tried and true strategy for managing anger. It gives one the time to consider the possible courses of action and to assess the potential consequences of actions that are unhealthy. Considering the effects of one’s actions on others is also recommended. Other strategies include talking it out with someone (venting), walking away, using a quieter voice, exercising, punching a pillow, writing down feelings (journaling), and “re-framing” (or thinking about the situation differently).

Learning to manage anger as a child or teen will help one get along better with others later in life. Uncontrolled anger in adulthood can result in domestic violence, road rage, divorce, and addiction. It is most likely to be the emotion that comes before violent behavior.

- The student will recognize strategies that manage anger in positive ways.
- The student will describe how some expressions of anger can be hurtful to others or to self.
- The student will select positive strategies to manage anger in ways that are not hurtful or harmful.

7.ICR.1.4 Use structured thinking to avoid becoming a perpetrator or victim in cyber-bullying.

Structured thinking means one has thought processes that are logical and sequential. Two examples are the models or templates for decision making or problem solving. These models of structured thinking can be applied to the reduction of a variety of risks, including violence prevention. Cyber-bullying is the use of electronic media to harass, tease, or even trick someone. Cyber-bullying can be just as devastating to the target as bullying face-to-face. Research shows that young people acknowledge saying unkind things via electronic media that they would never say in person. There can be social and legal consequences for cyber-bullying. Sending unkind or hurtful messages can result in the loss of friendship or respect of others, can cause penalties at school such as suspension, and can even result in the designation of sexual predator if one sends sexually explicit images over the internet. There have been recent cases of the person being bullied having committed suicide.

Many cases of cyber-bullying are the result of an impulsive action. One simply does not think before texting hurtful words or mailing explicit images then hitting the “send” button. In the models for decision making, steps to consider include thinking of the possible negative consequences of the choice and whether the action will help or hurt others. Taking the time to use structured thinking is recommended for both the perpetrator and the prospective victim of cyber-bullying.

- The student will identify risks for the perpetrator and victim of cyber-bullying.
- The student will recall the steps of structured thinking to make a healthy decision.
- The student will explain the potential consequences of cyber-bullying.
- The student will apply the decision-making model to avoid becoming the perpetrator or victim of cyber-bullying.

7.ICR.1.5 Explain why tolerance is beneficial in a society characterized by diversity.

Tolerance is the ability to accept others as they are. It is one of the ways one demonstrates respect for those in his or her social world. It does not mean not noticing differences, but instead, accepting differences. The United States and North Carolina are described as having diverse populations. There is a multitude of cultures and races and ethnicities residing in the nation and the state. The United States has been described as a “melting pot” or a “tossed salad.”

Young people can be different in many ways, not just their race/ethnicity. They can be male or female, early or late maturing. They can come from large families or small, live in rural, suburban, or urban areas; they may be interested in athletics, reading, or video gaming. When students work together in small groups, individuals are often able to work through their strengths to contribute to the group effort. One student might be good at research, others at writing or graphics. The final product is enhanced by the contributions of all.

On a larger scale, society is benefitted by the contributions of many individuals. When individuals get along and demonstrate mutual respect, their efforts result in more positive outcomes. Society benefits from those with leadership skills, those interested in the arts, those who are health care providers, those who have an historical perspective, and those who create and produce items needed by others. Diversity results in synergy: when the total effect is greater than the sum of the two.

- The student will define tolerance.
- The student will describe the diversity of the population of the United States and North Carolina.
- The student will identify his or her unique characteristics to contribute to groups, such as the class.
- The student will describe the benefits of tolerance of those different from self.

7.ICR.1.6 Illustrate the appropriate role of bystanders in preventing and stopping bullying and violence.

When bullying happens, it is often in the presence of bystanders (and even for the benefit or amusement of bystanders). Sometimes the bystander is complicit in the bullying or violence; sometimes he or she just happens to be there and may not know what to do. If a bystander encourages the violence then he or she has made the situation worse for the victim. The victim may feel as though the peer group is against him as well as the bully.

Bullying has become an increasing problem in public schools. The perpetrator is obviously at fault, but bystanders have a role to play. Bystanders can alert a teacher or administrator if bullying occurs or is planned. Bystanders can try to calm the situation down or speak to the bully to state the behavior should not continue. The bystander should show support for the victim so the person is not alone. Sometimes the bystander can offer suggestions of other activities that are not hurtful or illegal.

- The student will describe how a bystander can make a bullying situation better or worse.
- The student will alert a teacher or administrator if bullying occurs or is planned.
- The student will treat others with kindness and respect.

Essential Standard and Clarifying Objectives

7.ICR.2 Remember abstinence from sexual intercourse as a positive choice for young people.

7.ICR.2.1 Explain the effects of culture, media, and family values on decisions related to becoming or remaining abstinent

7.ICR.2.2 Identify the positive benefits of delaying sexual intercourse.

Unpacking

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

7.ICR.2.1 Explain the effects of culture, media, and family values on decisions related to becoming or remaining abstinent.

Abstinence is a personal choice. It is a decision that everyone must make independently. However, there are many factors that could influence a young person's choices. Young people are bombarded by messages about sexuality and sexual choices. Those messages come from a variety of sources, including the culture, media, and their family members. Within American communities, a variety of cultural attitudes exist. Members of some cultures have the expectation that youth will remain abstinent until marriage, or at least until older. Most cultures support the expectation of responsibility: that youth will take responsibility for their actions.

The media is responsible for "mixed messages" that may be confusing to pre-teens and teens. Sexual images are used to sell products and often give the impression that sex is fun, everyone is doing it, and there are no negative consequences. This is a distortion of reality. Often very

young-looking models are “sexualized” and posed in positions and clothing that is not appropriate for their age. Being skeptical of advertising images is a healthy response.

Families have a great deal of influence on the choice to become or remain abstinent. Young people tend to share similar values to those of their families. How a family member or group of family member feels could (and should) be an important factor in an abstinence decision. The best way for a young person to determine their parents’ expectations for their behavior is to ask them. Then a good question to ask of oneself is, “Would my family approve of this behavior?” Recognizing that parents and guardians want the best for youth and have their well-being in mind, is one of the important steps in becoming a responsible adult who is ready to make healthy decisions.

- The student will list “messages” that are communicated about abstinence from culture, media, and family.
- The student will identify sources of influence that have his or her best interests in mind.
- The student will consider parents’ expectations in his or her values about abstinence.

7.ICR.2.2 Identify the positive benefits of delaying sexual intercourse.

The benefits of delaying sexual intercourse fit into several categories: health reasons, personal reasons, and relationship reasons. Health reasons are the most obvious: avoiding unintended pregnancy and reducing the chances of sexually transmitted diseases (including those that are not curable-HIV, HPV, and herpes). Because human papilloma virus is associated with cervical and other forms of cancer, the threat to quality of life is significant. Having an STD puts one at greater risk for other infections. One should not forget the effects on emotional well-being if the relationship breaks up after the couple has become intimate.

Personal reasons to remain or become abstinent include one’s personal values and faith. Most major religions encourage abstinence. One’s future goals may be compromised by the decision to become sexually involved. An unintended pregnancy is a life-altering consequence, especially for the girl. Often a young person will decide, “This is not right for me at this time in my life.”

Many young people want to build a friendship with their partner, before becoming intimate. They realize it is best for them to know the person well and be able to trust them. Other relationship reasons for abstinence (1) are not wanting to disappoint parents and (2) wanting not to jeopardize future relationships. It has been said that being abstinent before marriage is good practice for being faithful within marriage as the same skills of decision making and assertive refusal are needed.

- The student will list personal, health, and relationship reasons for abstaining from sexual intimacy.
- The student will apply positive consequences for abstinence to a decision-making model.

Essential Standard and Clarifying Objectives

7.ICR.3 Apply strategies that develop and maintain reproductive and sexual health.

7.ICR.3.1 Recognize common STDs (including HIV and HPV), modes of transmission, symptoms, effects if untreated, and methods of prevention.

7.ICR.3.2 Summarize the safe and effective use of FDA-approved methods of preventing sexually transmitted diseases.

7.ICR.3.3 Recognize that sexual harassment may contribute to sexual abuse and sexual assault and the feelings that result from these behaviors.

7.ICR.3.4 Use strategies to be safe, reject inappropriate or unwanted sexual advances, and to report incidences to an adult when assistance is needed.

Unpacking

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

7.ICR.3.1 Recognize common STDs (including HIV and HPV), modes of transmission, symptoms, effects if untreated, and methods of prevention.

The most common sexually transmitted diseases are caused by bacteria and viruses (a few are caused by parasites). STDs transmitted by bacteria include syphilis and gonorrhea and the leading bacterial STD, Chlamydia (which is the leading STD among teenagers). The most common STDs caused by viruses are HIV, human papilloma virus (HPV), and herpes. The most significant difference between those caused by viruses and bacteria are that bacteria can be treated and cured. Viruses can be treated but not cured.

Currently STDs are epidemic among young people. Teens and young adults account for about 25% of those who are sexually active and more than half of the new diagnoses of sexually transmitted diseases. There are about 19 million new cases of sexually transmitted diseases in the United States each year. Some STDs are transmitted if there is body fluid contact (such as semen or vaginal fluid) with mucous membrane (such as in the vagina, mouth, or anus). In other words, they are spread through intimate contact (vaginal, anal, or oral intercourse). A few of the STDs (herpes and HPV) can be spread through skin-to-skin contact. The two reasons that teens are at greater risk for STDs is the greater likelihood of them having multiple sexual partners and the failure to use condoms.

A variety of symptoms may occur with STDs, but it is important to realize that many cases of STDs have no symptoms. Diseases that are commonly asymptomatic include Chlamydia and gonorrhea. Sometimes a woman will find out years later that she is infertile (not capable of having children) because she was infected with Chlamydia and experienced pelvic inflammatory disease. Symptoms of sexually transmitted diseases include a sore or bump or blister in the genital area, a discharge from the penis or vagina, itching or burning. Because so many STDs have no symptoms, anyone who is sexually active should be honest with their healthcare provider and be tested for sexually transmitted diseases. Early detection is critical, especially if there is a chance of pregnancy.

The best and most certain means of preventing STDs is sexual abstinence. That means no risky behavior. If one engages in oral, anal, or vaginal intercourse, there is a risk of transmission and an FDA-approved method of prevention should be used. For those methods to be effective, they have to be used correctly and consistently (with each act of sexual intercourse).

- The student will identify the common STDs caused by viruses and bacteria.
- The student will describe how STDs are and are not transmitted.
- The student will list symptoms of sexually transmitted diseases, explain which STDs are often asymptomatic, and describe the need for testing.
- The student will advocate for prevention, including abstinence and safer sex (specifically the use of condoms by those who are sexually active).

7.ICR.3.2 Summarize the safe and effective use of FDA-approved methods of preventing sexually transmitted diseases.

The Food and Drug Administration (FDA) has as one of its primary missions to ensure the safety and effectiveness of medicines and medical devices. The FDA tests health products vigorously to be certain they will work as intended. There are both male and female condoms, though male condoms are more widely used and are somewhat more effective. Male condoms are made of latex (or polyurethane) and female condoms are made of polyurethane. Communication between the partners is important before methods of disease prevention and contraception are selected.

High quality latex condoms should be purchased and stored in a cool dry place and used before any mucous membrane contact occurs. Care should be taken to remove the condom carefully from its wrapping. A space should be held at the top as a reservoir for the semen, then the condom is to be rolled down over the shaft of the erect penis. After intercourse, the condom should be held during withdrawal, removed away from the partner's genitals, and disposed of properly. It is a good idea to wash up afterwards.

The female condom is lubricated and has an inner ring and an outer ring. The inner ring is folded so it can be inserted into the vagina, with the covering over the cervix and the outer ring (and opening) over the labia. Sexual intercourse needs to occur inside the condom. After intercourse, the condom can be twisted to be removed and disposed of properly.

While not 100% effective, condoms are highly effective if used consistently and correctly. Typically the product does not fail, but human error in storage or usage can result in a failure. Certainly communication between partners can enhance the effectiveness.

- The student will list the FDA-approved methods of preventing sexually transmitted diseases.
- The student will explain correct use of the male and female condom for disease prevention.

7.ICR.3.3 Recognize that sexual harassment may contribute to sexual abuse and sexual assault and the feelings that result from these behaviors. Sexual harassment is defined as unwanted and unwelcome sexual advances. There are times when young people may think they are flirting with someone, but if the attention is not desired on the other person's part, it may be sexual harassment. Sexual harassment may include physical touch, name-calling, teasing, writing notes, showing offensive pictures, gossiping, and telling dirty jokes. The person who is a target of sexual harassment may feel embarrassed, angry, and even fearful. A person's self-esteem may be lowered and the target may want to avoid the setting in which the unwanted pressure occurs. All students should know that sexual harassment is illegal and may result in disciplinary action if it occurs on school grounds or at school events.

Everyone has the right to feel safe and respected within the school setting. The courts will uphold accusations of "hostile environment" because all children should be able to go to school without uncomfortable feelings.

If a young person who sexually harasses another child is not held responsible for his behaviors, he or she may feel a sense of entitlement to engage in the behaviors again. While most cases of sexual harassment do not lead to assault, it is possible for the behaviors to escalate to sexual assault or other forms of violence.

Sexual assault is any sexual act toward another person . . . whether by force or not by force . . . against a person's will or while they are not capable of giving consent. Sexual exploitation is using another person without caring about how it affects them. Rape/attempted rape is forced sex against a person's will. Sexual abuse happens if an adult or older child forces, tricks, or bribes a child into sexual activity. Often the rapist uses pressure or coercion, including emotional and physical threats to get what he or she wants. A person cannot give consent if he or she is intoxicated or if he or she is cognitively handicapped.

- The student will define sexual harassment, sexual abuse, and sexual assault.
- The student will identify behaviors and activities that are examples of sexual harassment, sexual abuse, and sexual assault.
- The student will affirm a person's right to be treated with respect.

7.ICR.3.4 Use strategies to be safe, to reject inappropriate or unwanted sexual advances, and to report incidences to an adult when assistance is needed.

Sexual assault and sexual abuse are criminal offenses with legal consequences, some with long prison sentences. Abuse is always the

perpetrator's fault and not the victim's fault—there is no acceptable excuse for victimizing another person. That being said, it is still a good idea for a person to use good judgment, and avoid dangerous situations, and to plan ahead:

- Always let someone know the destination and plans.
- Arrange to have someone available in case of an emergency.
- Taking a cell phone to a party is a good idea.

One should always be aware of surroundings and avoid isolated areas. In social situations, protective behaviors include:

- When going to a party, go with a group of friends. Check in with each other during and after the party.
- Use the “buddy system.” Don’t be afraid to let a friend know if uncomfortable.
- Be a good friend to a “buddy” at a party. Keep an eye on him or her.

If someone is pressuring a person, that person should:

- Stay true to personal code of conduct.
- Lie. If worried about hurting someone's feelings, it is better to make up a lie and leave than to stay in an uncomfortable situation.
- Think of an escape route. Look for exits, doors, and windows. Are there people around who can help?
- Take action. Speak out. Shout “NO” or “FIRE!” (It brings people running.)
- Kick, scream, or bite if needed.
- Trust own instincts!

If someone has been sexually assaulted.

- Get away from the assailant – find a safe place.
- Dial 911.
- Call a family member or friend you can trust.
- Hot lines for help:
- National Assault Hotline at 800-656-HOPE (4673). This is a service of the RAINN (Rape, Abuse & Incest National Network).
- NCCASA.net is a website that lists the rape crisis centers for each county (North Carolina Coalition Against Sexual Assault).

Reporting the assault

- It is the choice of the victim whether or not to report sexual assault.

Why is it a good idea to report sexual assault?

- Immediate medical attention may be needed including testing for STDs and prevention of pregnancy.
- Sexual assault is a serious issue. There are trained professionals who can help the victim deal with many of the feelings he/she has not only immediately after the assault, but for a period after the assault.
- The assailant may repeat this crime if not made to pay a consequence.

Reporting the assault. To the police, everything is evidence. DO NOT:

- Shower or bathe
 - Throw away any clothes that were worn at the time of the time of the assault
 - Brush or comb hair
 - Use the restroom
 - Brush teeth or gargle
 - Put on makeup
 - Eat or drink anything
 - Clean up the crime scene
- The student will describe strategies for prevention of sexual assault and abuse.
 - The student will list reasons for reporting sexual assault and sexual abuse.
 - The student will explain what to do if sexually assaulted.
 - The student will conclude that assault and abuse are always the fault of the perpetrator and not the victim.

Nutrition and Physical Activity

Essential Standard and Clarifying Objectives

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

7.NPA.1.1 Use the Dietary Guidelines for Americans to eat nutrient-dense foods in moderation.

7.NPA.1.2 Analyze Nutrition Facts Labels for nutrients such as proteins, fats and carbohydrates.

Unpacking

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

7.NPA.1.1 Use the Dietary Guidelines for Americans to eat nutrient-dense foods in moderation.

The Dietary Guidelines encourage Americans to balance intake (food and beverage calories) with output (physical activity calories) to maintain a healthy weight. Nutrient-dense foods and beverages are encouraged by eating more vegetables, fruits, whole grains, fat-free or reduced-fat milk and fish, poultry, beans, nuts, seeds, eggs and lean meat as protein sources. Greater attention is given to calcium, potassium, Vitamin D and fiber in foods.

The guidelines suggest that Americans get too much salt, saturated fat, cholesterol, high fructose corn syrup, sugar and refined grains (the components found mostly in processed and fast foods) and need to reduce these. Trans fats in partially hydrogenated oils, soft margarines and some baked goods should be reduced as low as possible and people should replace solid fats with healthy oils such as olive or canola oil.

MyPlate is an interactive tool provided by the USDA (choose MyPlate.gov) to help Americans personalize their food and exercise choices. Students enter age, height, weight, sex and daily activity estimates to calculate their calorie requirement, and the servings of grains, vegetables, fruits, milk and meat/beans they need per day. For instance, a female 14-years-old who is 5'2" weighing 120 pounds and has limited activity uses about 1800 calories per day. She needs 4-6 servings of cereal, bread, pasta, rice, potatoes, corn (or other starchy foods), 5 servings of vegetables, 3 fruits, 3 cups of milk or yogurt and 5 ounces of fish, poultry, meat or beans. She needs to choose foods wisely to include all her nutrient needs and does not have many extra calories for sugary drinks, refined starches, or fried foods.

- Considering the USDA Dietary Guidelines, the student will recall lists of foods or food components to increase or decrease in his or her meal and snack plans.
- The student will utilize the interactive MyPlate tool to determine total calorie needs and the number of servings required from the five food groups.
- The student will incorporate the Dietary Guidelines and MyPlate in completing a personalized meal plan rubric.

7.NPA.1.2 Analyze Nutrition Facts Labels for nutrients such as proteins, fats, and carbohydrates.

Nutrition Food Facts is the label on food packaging that helps determine the nutrient density of a food. It lists the serving size and how many servings are in the container. It features the total calories and the calories from fat per serving. In the chart, the label indicates the grams and types of fat; the milligrams of cholesterol; and the amount of salt—all substances that need to be reduced. Next are the grams of carbohydrate broken down into sugars and fibers (the remaining grams are starch). A desirable food has 2 or more grams of fiber and limits sugar. Protein grams follow. Finally, the label indicates vitamins and minerals found per serving. Percentages of a vitamin or mineral should be 10% (Percent Daily Value) to value the food as a source, and 20% or more to be considered a significant source.

Look for the *Ingredients List* on the package to find out what is in the product. Ingredients are listed in descending order by weight. For instance in fruit yogurt, the first ingredient is low-fat milk, followed by apples, followed by high fructose corn syrup, spices, flavors, pectin and finally active yogurt cultures. Pay attention to the first three or four ingredients, as they are most of a product. Remember that if someone eats an entire bag that contains 3 servings, they must triple all the numbers to get an accurate calorie and nutrient count.

- The student will identify the components of a Nutrition Facts Label and what is desirable in each.
- The student will indicate the significance of order in an ingredient label.
- The student will successfully compare two or more food labels or restaurant menu nutrition charts to determine the more desirable nutrient-dense selection.

Essential Standard and Clarifying Objectives

7.NPA.2 Create strategies to consume a variety of nutrient-dense foods and beverages and to consume less nutrient-dense foods in moderation.

7.NPA.2.1 Compare weight management strategies for healthy eating patterns, including attention to portion and serving sizes.

7.NPA.2.2 Recall the health benefits of consuming more water.

Unpacking

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

7.NPA.2.1 Compare weight management strategies for healthy eating patterns, including attention to portion and serving sizes.

“All you can eat,” “two for the price of one,” double cheeseburger, giant, “supersize,” “Would you like fries or dessert with that?”—these food marketing strategies make it difficult for a person to judge and control portion sizes and calories to maintain proper weight. For pennies, food suppliers can enlarge portions, enticing consumers with greater value for their money. For instance, a popular Italian restaurant has 5 servings of pasta, 2.5 meats and 3 vegetables servings in a single “portion” of spaghetti with meat sauce, providing approximately 1200 calories. Not wanting to waste it or take it home, most people mindlessly overeat.

When judging what a portion size is, a person can use his/her hand or commonly known items for cues. For instance, a **thumb** size is about 1 oz. of cheese or meat; a **thumb tip** (first joint) is approximately a tablespoon; a **finger tip** is a teaspoon; a single **cupped hand** holds a half cup of vegetables, beans, fruit or 2 ounces of nuts; a **fist** is a serving of starch like pasta, cereal or potatoes, or a whole piece of fruit; and a **palm** of the hand in size and thickness is about 4-5 ounces of meat. The best thing about the hand measure is that it is always available to use and each person’s hand is right-sized for his or her own body.

Portion sizes can also be judged by referring to common items. A pancake serving size or bread slice looks like a DVD. A ping-pong ball is about 2 tablespoons of peanut butter. A light bulb or icecream scoop is about a half cup of grapes or other fruits, vegetables like broccoli, or a half cup of rice. A deck of cards is about 3 oz. of meat. It is easy to see that much of the time; food is served in larger portions than these items, requiring the consumer to mentally increase the portion of nutrients and calories contained. Students would do better to eat correct portion sizes and eat more variety than to eat larger servings of fewer items.

- The student will use common items or his/her hand to correctly judge serving sizes.
- The student will identify several marketing strategies that throw off the ability to judge a serving size and add to the obesity problem.

7.NPA.2.2 Recall the health benefits of consuming more water.

The body's need for water surpasses all other nutrients. Water transports nutrients, helps convert carbohydrates, protein, and fat to energy, and transports away the leftover waste. Water regulates body temperature, eases elimination, strengthens the immune system and lubricates the joints. It is the major component of blood volume and other tissues. Signs of insufficient hydration include thirst, dry or sticky mouth, feeling dizzy or light-headed, fatigue, lack of focus, darker urine, and quick weight drop (due to water loss).

Hydration needs vary widely according to diet, activity levels, microclimate, body fat, size and sex. Adult male consumption is generally recommended at 3.7 liters, about one gallon, while female consumption is 2.7 liters, about three quarts. Athletes with heavy padding in hot weather need intensive fluid replacement on top of higher normal needs. People who consume more fruits and vegetables than grain foods gain high levels of water from their foods and require less.

Young people should get most of their fluid from water and low-fat milk to insure adequate calcium, magnesium, potassium, phosphorous, and other minerals as well as vitamin D. Juice drinks, "power" drinks and sugar-laden beverages provide excessive calories and limited nutrition and are not helpful except to those wanting to gain weight. The sheer volume of water required is difficult to consume at meals. It makes good sense to drink milk with meals and carry tap water in sterilized containers to hydrate frequently throughout the day. When hiking or traveling where water isn't available, planning for adequate hydration can be critical for survival. Heat illnesses are exacerbated by dehydration.

- The student will describe the body's need and uses for water.
- The student will recall typical signs and symptoms of dehydration.
- The student will demonstrate appropriate hydration strategies to consume adequate fluids.

Essential Standard and Clarifying Objectives

7.NPA.3 Analyze the relationship of nutrition, fitness, and healthy weight management to the prevention of diseases such as diabetes, obesity, cardiovascular diseases, and eating disorders.

7.NPA.3.1 Interpret the relationship between poor nutrition and chronic illnesses such as diabetes, cardiovascular diseases and obesity.

7.NPA.3.2 Attribute a positive body image to healthy self-esteem and the avoidance of risky eating behaviors.

Unpacking

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

7.NPA.3.1 Interpret the relationship between poor nutrition and chronic illnesses such as diabetes, cardiovascular diseases, and obesity.

Eating poorly is the ticket to health problems, sooner or later. Over-eating, under-eating, and yo-yo dieting often lead to nutrient excesses or deficiencies, eating disorders, electrolyte imbalance, cardiac arrhythmias, and negative feelings such as loss of control, low self-worth and depression. Over-eating also increases risk for obesity, high blood pressure, and diabetes. Longer-term outcomes include clogged arteries, heart disease, stroke, certain cancers, arthritis, and predisposition to Alzheimer's disease. Childhood obesity produces social isolation, leaving victims open to teasing and bullying in school. Job discrimination, limited marriage opportunities, and increased poverty later in life may be additional social outcomes of obesity.

When trying to lose weight, considerations should be made for physical activity, additional daily movement, snacking choices, daily fluid intake, meal choices lower in fat and sugar, and limiting sauces, dressings, and condiments. Monitoring and substituting alternatives to emotional eating is essential. For gaining weight, eating more frequent meals and snacks of healthy choices (five or more times a day) is a better strategy than eating calorie-dense, low nutrient foods and huge meals.

- The student will summarize short-term and long-term risks of poor eating patterns.
- Using case studies, the student will successfully troubleshoot a subject's approaches to weight loss, gain, or maintenance.
- The student will implement effective strategies to support healthy weight loss, weight gain, or maintenance.

7.NPA.3.2 Attribute a positive body image to healthy self-esteem and the avoidance of risky eating behaviors.

When a person has a positive body image and healthy self-esteem, he or she is less likely to engage in risky eating or drinking patterns.

However, the reverse is also true—risky patterns can lead to lower self-esteem and poorer body image. Self-esteem is acquired by developing competence such as skills and abilities that are recognized and valued by self and others. Body image is affected by one's role models, feedback from peers and friends, media and culture.

While overall media's impact on body image has been negative (feelings of inadequacy induces people to buy products), there have been recent efforts in programs and commercials to be more inclusive and diverse. Obese people are now shown in attractive clothes and playing some empowering roles. A societal trend toward stronger and more athletic women (as well as men) continues to grow, allowing everyone to appreciate themselves for their unique strengths and characteristics.

- The student will discuss factors that impact self-esteem and body image.
- The student will discuss trends in media related to body image, citing positive and negative examples in print and video.
- The student will explore ways to be an advocate for realistic body image in self and others.

Essential Standard and Clarifying Objectives

7.NPA.4 Apply lifelong nutrition and health-related fitness concepts to enhance quality of life.

7.NPA.4.1 Design goals for increasing physical activity and strategies for achieving those goals.

7.NPA.4.2 Implement a personal fitness plan that balances caloric intake and expenditure.

Unpacking

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

7.NPA.4.1 Design goals for increasing physical activity and strategies for achieving those goals.

Young people can get into a pattern of regular physical activity by setting goals and developing strategies to meet them. To be healthy, a person needs about an hour of physical activity most days of the week (4-6 days). Strength, flexibility and endurance, provided by different activities, are needed for well-rounded fitness. Flexibility and endurance often go together, when people stretch after doing cardio exercise. Strength training (using machines, free weights, or some form of resistance) is recommended 2-4 days a week.

Students can play group sports like soccer, basketball, touch football, or hockey; or individual sports like tennis, golf or track and field. Games can be daily pick-up affairs in the neighborhood or organized through church, YMCA or youth center leagues. Lessons are available for all kinds of activity: dance, horseback riding, drill teams, cheerleading, swimming, skiing, yoga, Zumba, or canoeing. Some students like to be active within groups, some in pairs, and others like to go solo. At home a young person can walk the dog, play with the neighborhood kids, play a Wii game, ride a stationary bike, or even mow lawns (for exercise and money). Apartments and condos usually have pools, exercise rooms and sometimes tennis courts. Walking with a friend after school is an easy option that requires no special clothes, shoes or equipment. There is an activity suited for everyone including the disabled—just try it, and just do it.

- The student will outline the standards for a good weekly program of exercise.
- The student will generate as many activities as they can think of to maintain endurance, strength and flexibility.
- The student will select sets of alternate activities for endurance, strength, and flexibility that he or she likes and believes will fit into his or her lifestyle.

7.NPA.4.2 Implement a personal fitness plan that balances caloric intake and expenditure.

It is important that physical activity and food intake balance so that weight can be maintained. Or, if a student needs to lose or gain weight, physical activity can offset calories for weight loss, or help build strength for healthy muscle weight gain.

Young people can use a weekly calendar to plan what activities they want to do, when, and for how long. They should also have a back-up plan of alternates they can do if it rains, practice is canceled, they have an injury, or they need to study extra hours on certain days. A student can also track his or her weight weekly using scales, and chart chest, waist, and hip measurements from time to time. If the student doesn't like the weight gain or loss they see, he or she can complete a hourly timeline for two weekdays and a weekend day to see where changes can be made in activity, food and drink consumption, and rest. In fact, research now shows that people who get too little sleep tend to overeat and gain weight. Food recalls can also be constructed for two weekdays and a weekend day to help in problem solving.

- The student will describe tools he or she can use to establish a plan for, or trouble-shoot a problem with, physical activity and weight control.
- The student will implement a personal fitness plan that balances intake and output toward a healthy lifetime weight.

Alcohol, Tobacco and Other Drugs

Essential Standard and Clarifying Objectives

7.ATOD.1 Understand the health risks associated with alcohol, tobacco, and other drug use.

7.ATOD.1.1 Explain the common sequence of substance abuse that leads to serious health risks.

7.ATOD.1.2 Explain health risks resulting from injection drug use.

7.ATOD.1.3 Predict consequences of abuse of over-the-counter medicines from information provided by the manufacturers of these medicines.

7.ATOD.1.4. Explain how drug dependence and addiction create barriers to achieving personal goals.

Unpacking

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

7.ATOD.1.1 Explain the common sequence of substance abuse that leads to serious health risks.

Drugs can be addictive which creates serious consequences for health and safety. Tolerance is the body's adaptation to a drug that causes it to be less effective when used repeatedly and the user will require more of the drug to get the desired effect. Dependence occurs when a person is physically, mentally, or emotionally attached to a drug that he or she cannot live without. Physical dependence on a drug is commonly referred to as addiction. A typical progression of drug use begins with cigarettes, beer, or wine experimentation and moves to a substance such as marijuana, hard liquor, and other illicit drugs such as barbiturates, heroin, and cocaine. The risks of using marijuana are five times higher for someone who has ever smoked cigarettes or consumed alcohol when compared to someone who has never smoked or consumed alcohol. This is not a causative effect, meaning that smoking and drinking alcohol does NOT make someone smoke marijuana; however, it increases the risk for moving to experimenting with other substances. Friends' use of drugs and friends' approval of drug use are two strong factors that consistently linked to using drugs. Using drugs can lead to violence and illegal behaviors, harmful relationships, and can cause accidents. Health effects of drug use are dependent on the type of drug used, the amount consumed, and if other drugs were used in combination patterns. Drug use can lead to insomnia, excitability, severe mental disorders, malnutrition, nausea, poor concentration and judgment, confusion, agitation, delusions, tremors, seizures, vomiting, anxiety, panic, paranoia, impaired memory, brain damage, and death. Hepatitis, homicide, suicide, and injury are all causes of death commonly associated with drug use. More than 25,000 people die from drug use each year.

- The student will describe the typical progression that leads to drug use.
- The student will identify the potential health risks associated with drug use and dependence.

7.ATOD.1.2 Explain health risks resulting from injection drug use.

Injecting drugs not prescribed by a doctor is illegal worldwide. People who inject illicit drugs (heroin and other opiates, cocaine, amphetamines, anabolic steroids) with unsterile needles and drug paraphernalia place themselves at risk for acquiring HIV, hepatitis and other blood borne pathogens. Approximately 1/10 of all new HIV infections are the result of injection drug use.

When drugs are injected into the blood stream the effects are immediate and an overdose can occur very quickly. The effect is quick and intensive increasing the chance for addiction. Scarring and collapsed peripheral veins are also common among intravenous drug users.

- The student will identify the risks associated with intravenous drug use.
- The student will advocate for avoiding intravenous drug use.

7.ATOD.1.3 Predict consequences of abuse of over-the-counter medicines from information provided by the manufacturers of these medicines. Over-the-counter (OTC) drugs are chemical compounds that can be bought in drugstores, grocery stores, and pharmacies without a physician's prescription. Many OTC drugs are intended to alleviate symptoms associated with common colds and other minor health problems such as headaches, fevers, rashes, stomach discomfort, muscle aches, sore throat, coughing. Most of these drugs are generally safe if taken as directed by dosage recommendations on the packaging. If these drugs are overused, used in large dosages not recommended by the manufacturer, or used in combination with other drugs, health risks may occur. Read labels carefully to be sure the dosage is correct and to make sure that ingredients in one OTC drug are not also included in any other drug that one may be taking. Over-the-counter drug labels were patterned after Nutrition Facts food labels. Each OTC drug label should include (in this order): The product's active ingredients, including the amount in each dosage unit, the purpose of the product, the uses (indications) for the product, specific warnings, including when the product should not be used under any circumstances, and when it is appropriate to consult with a doctor or pharmacist. This section also describes side effects that could occur and substances or activities to avoid, dosage instructions--when, how, and how often to take the product. The product's inactive ingredients, important information to help consumers avoid ingredients that may cause an allergic reaction.

- The student will identify key elements of over-the-counter drug labels that are helpful in determining possible side effects and health problems if abused or misused.
- The student will understand manufacture warnings printed on over-the-counter drug packaging.
- The student will predict health consequences of misuse of over-the-counter drugs based on valid information sources.

7.ATOD.1.4 Explain how drug dependence and addiction create barriers to achieving personal goals.

Drug dependence and addiction can interfere with one's health, relationships, financial well-being, and ability to reach his/her full potential. Drug dependence and addiction can lead to accidents that may limit one's physical abilities. Financial consequences associated with funding one's drug use and any legal consequences as a result of drug use or addiction can significantly impact obtaining one's goals of acquiring any type of financial security and independence. Drug dependence and addiction may damage any goals one might have for family, friends, and relationships with significant others.

- The student will analyze the variety of ways in which drug dependence and addiction can impede progress toward one's goals.
- The student will recognize the benefit of reaching his/her full potential by living a drug-free lifestyle.

Essential Standard and Clarifying Objectives

7.ATOD.2 Apply risk reduction behaviors to protect self and others from alcohol, tobacco, and other drug use.

7.ATOD.2.1 Use communication strategies to avoid the consequences of tobacco, alcohol, and other drug use.

7.ATOD.2.2 Design methods of avoiding the consequences of tobacco, including addiction, by seeking resources for prevention and cessation.

Unpacking

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

7.ATOD.2.1 Use communication strategies to avoid the consequences of tobacco, alcohol, and other drug use.

The ability to develop and practice effective interpersonal communication skills is critical to the success in refusing the use of alcohol, tobacco and other drugs and the subsequent consequences associated with substance abuse. Effective interpersonal communication skills include the use of “I” messages, effective listening skills, use of assertive verbal and non-verbal (body language) communication, use of appropriate tone, and demonstration of respect for others. When the elements of communication skills are practiced in well-constructed and realistic scenarios with the opportunity for feedback from the instructor and others, students increase the likelihood of utilizing these skills when needed in the future and recalling prepared responses which may help them act on their values and planned intentions to live a lifestyle free of alcohol, tobacco, and other drugs.

- The student will list strategies and techniques for assertive refusal to use substances.
- The student will demonstrate effective communication skills when avoiding consequences associated with tobacco, alcohol, and drug use.

7.ATOD.2.2 Design methods of avoiding the consequences of tobacco, including addiction, by seeking resources for prevention and cessation.

Nicotine is an addictive drug found in all tobacco products. Individuals can avoid any addiction-related problems by simply opting not to use any type of tobacco product. Listing all of the reasons why they do not want to use tobacco can help students recognize the risks associated with tobacco and provide a foundation for refusing tobacco. Health behavior contracts, which include no tobacco use, are helpful when avoiding negative effects caused by nicotine. People who regularly use tobacco products develop a tolerance to nicotine and may use more to feel the intended effects creating nicotine addiction.

Tobacco users addicted to nicotine must go through withdrawal symptoms in order to quit using tobacco. The body begins to immediately repair itself once a person stops using tobacco; however, quitting takes planning and effort. There are many resources that can be accessed when quitting tobacco. Physicians and other medical providers can help develop a plan for quitting, provide cessation counseling, and may prescribe a low-dose nicotine patch or chewing gum (nicotine replacement therapy) to help people cope with cravings for nicotine as they withdraw from this drug. Users will gradually eliminate the need for nicotine and all tobacco products. Tobacco cessation programs can help people stop using tobacco and stay quit. Quitline NC <http://www.quitline.nc.com/> or 1-800-QUIT-NOW (1-800-784-8669) offers free expert support to those trying to quit. A web coach is available to those 13 and older and interested in accessing a web-based cessation program offered through QuitlineNC.

- The student will identify methods that help prevent tobacco use.
- The student will identify resources available for helping individuals addicted to nicotine quit using tobacco.
- The student will describe how to access available tobacco cessation resources.
- The student will advocate to others the benefits of tobacco prevention and tobacco cessation programs.

Eighth Grade Health • Unpacked Content

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

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

8.MEH.1 Apply positive stress management strategies.

8.MEH.1.1 Evaluate stress management strategies based on personal experience.

8.MEH.1.2 Design a plan to prevent stressors or manage the effects of stress.

8.MEH.1.3 Design effective methods to deal with anxiety.

Unpacking

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

8.MEH.1.1 Evaluate stress management strategies based on personal experience.

It is important for a person to feel equipped with strategies for dealing with stressful situations. Just as everyone faces their own set of stressors in various life situations, they should learn to be able to recognize the most effective methods of dealing with stressors. This is often done through trial-and-error...figuring out the best stress-management strategies. This takes self-reflection and personal analysis of one's previous experiences.

A young person may discover, for example, that time management techniques (such as keeping a planner and prioritizing tasks) are helpful to reduce the pressure he or she feels in school. For some young people, exercise is the best way to manage stress. For others, the best ways to cope with stress are relaxation techniques, talking it out with a friend, or writing in a journal. By experimenting with various methods of stress management, the best method can be discovered and used in the future.

- The student will identify a variety of techniques for managing personal stress.
- The student will describe the importance of self-reflection in evaluating his or her most effective stress-management strategies.
- The student will apply effective methods for coping with stress based on personal experience.

8.MEH.1.2 Design a plan to prevent stressors or manage the effects of stress.

A stressor is anything that causes the stress response. It can be a person, place, thing, event, or life situation. In order to reduce the amount of stress in a person's life and therefore reduce the negative effects of stress, a healthy person can distinguish between the stressors in life that can be eliminated and those that cannot. If students can learn to prevent some stressors and reduce their anxiety levels, they can learn to lead a life free from unnecessary stress. For example, if a student has a math test the following week, he or she can reduce the stress associated with that test by making sure that they are prepared. Being aware of potential stressors and making a plan to avoid them (or be better prepared to face them) is an important life skill. Once an individual is working to prevent or reduce unnecessary stressors, that person needs to learn to manage the effects of the stressors that cannot be avoided, such as conflict between two friends or the pressures of schoolwork. Managing the effects of stress in positive ways (exercise and relaxation techniques, for example) can reduce the negative effects of stress and help one feel more confident in his or her ability to handle future stressors.

- The student will be able to distinguish between the types of stressors that can be prevented and those that cannot.
- The student will recognize healthy methods of coping with the effects of stress.
- The student will plan to prevent stressors and manage stress in positive ways.

8.MEH.1.3 Design effective methods to deal with anxiety.

Stress and anxiety are a part of life. Anxiety is defined as being uneasy and uncertain about the future. Low levels of anxiety are to be expected and can be helpful. If a person is mildly anxious, then he or she is better able to prepare or perform. Learning how to effectively manage anxiety is a key component for maintaining one's mental health. Methods of coping with anxiety include cognitive therapy, relaxation techniques, physical exercise, improved planning and organizational skills, and in some cases, medication. It may be a combination of methods that is needed to help one deal with his or her anxiety.

- The student will be able to design effective methods of dealing with anxiety.
- The student will consider which methods of dealing with anxiety can work best for them.
- The student will seek help for anxiety that is excessive and not manageable.

Essential Standard and Clarifying Objectives

8.MEH.2 Evaluate how structured thinking (decision making, problem solving, and goal setting) benefits emotional well-being.

8.MEH.2.1 Evaluate the uses of defense mechanisms in terms of whether they are healthy or unhealthy.

8.MEH.2.2 Critique personal use of structured thinking to enhance emotional well-being (based on appropriateness, effectiveness, and

consistency).

Unpacking

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

8.MEH.2.1 Evaluate the uses of defense mechanisms in terms of whether they are healthy or unhealthy.

When people experience difficult and stressful situations, they have different ways of handling their pain. Some of these ways of dealing with situations are called defense mechanisms. The use of defense mechanisms can be healthy or unhealthy, depending on the circumstances and how much a person uses them. The use of defense mechanisms is normal and can contribute to emotional health by providing relief from anxiety and helping one cope with problems. They become problematic when the use of the defense mechanism is prolonged or if used in inappropriate situations.

If a person depends too much on defense mechanisms, he or she may begin to avoid facing the problems of daily life. For example, if a student is in denial about the break up of a relationship, he or she may act as if they are still in the relationship. It becomes a problem if they are continually unable to accept a change in a situation. Regression is when a person acts childlike. It becomes a problem if they fail to assume age-appropriate responsibilities. Another way to avoid responsibility is to use rationalization (to justify one's mistakes with an excuse) or projection (shifting the blame onto someone else).

There might be a better way of dealing with stress. A person may not recognize the overuse of defense mechanisms because they usually occur on an unconscious level. People who overuse defense mechanisms may not grow or mature emotionally and may not learn to accept and express their actual feelings.

- The student will list and define common defense mechanisms.
- The student will analyze whether he or she uses defense mechanisms in healthy or unhealthy ways.
- The student will apply healthy coping strategies when dealing with difficult situations.

8.MEH.2.2 Critique personal use of structured thinking to enhance emotional well-being (based on appropriateness, effectiveness, and consistency).

Students are faced with many decisions. Some of these decisions are easy to make and are a “no brainer.” Yet other decisions can put one in a quandary. These types of decisions are made all throughout a person's life. Using a sound decision-making process is important to ensure that the best decision is made. The steps of the decision-making process are:

1. Identify the problem.

2. Gather relevant information.
3. Consider the alternatives.
4. Assess positive and negative consequences.
5. Determine who is affected by the decision.
6. Determine who is influencing the decision.
7. Make an informed decision.
8. Evaluate the decision.

Evaluating a decision before making a choice can help ensure that one is making a healthy decision. Following this structured thinking process can help to eliminate doubt in the decision-making process. This is especially important when dealing with emotional health issues. It is just as important to apply structured thinking to decisions about emotions as about physical health. Some of those decisions might be: how to handle a disrespectful relationship, what to do if feeling depressed, and how to enhance one's self-esteem.

- The student will identify steps of a decision-making model.
- The student will apply the decision-making model to a mental health decision.
- The student will avoid impulsive decisions and use structured thinking to improve emotional well-being.

Essential Standard and Clarifying Objectives

8.MEH.3 Apply help-seeking strategies for depression and mental disorders.

8.MEH.3.1 Recognize signs and symptoms of hurting self or others.

8.MEH.3.2 Implement a plan for seeking adult help for peers who express symptoms of self-injury or suicidal intent.

Unpacking

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

8.MEH.3.1 Recognize signs and symptoms of hurting self or others.

The reasons for self-destructive behavior and violent behavior are many. There are often signs that can be recognized by friends or family or school staff who have been trained to be alert. Some of those signs are emotional (feelings of worthlessness, fear, hopelessness, deep sadness, or loss of control); some are changes in behavior or health (inability to sleep, lack of appetite); verbal threats; or believing that situations are overwhelming.

Verbal threats and cues might be expressed as imagining what it would be like to be dead, wondering if he or she would be missed, or asking

others to take prized possessions. If a person has made previous attempts, then their threats are probably more serious. Sometimes the person will act out (shoplifting, taking a dare, distractive behavior in class) as a cry for help. Other times the person may be withdrawn and seem not to care about anything.

- The student will list possible signs of suicide.
- The student will describe feelings, actions, and verbal threats that a person considering suicide might express.

8.MEH.3.2 Implement a plan for seeking adult help for peers who express symptoms of self-injury or suicidal intent.

If a child is feeling self-destructive, he or she might be more likely to speak with a friend or classmate than with an adult. A young person cannot manage the threat of suicide by him or herself. If a classmate or friend or sibling is considering suicide or self-injury, an adult must be involved. Even if the person requests it be kept secret, an adult must be told.

The adult should be one that is perceived as trustworthy and credible by the student. It may be a school nurse, social worker, or guidance counselor. Sometimes a teacher or administrator is the right person. A friend of the person at risk could talk with his or her parent or guardian who might then speak to the suicidal child's parent. An adult who has training will be able to talk openly with the youth and assist the child with getting help from a mental health professional.

- The student will explain why an adult should be told if a friend or classmate has suicidal intent.
- The student will identify adults who can follow through with getting assistance for a young person at risk for suicide.
- The student will seek assistance from an adult if someone threatens or gives cues to suicidal intent.

Personal and Consumer Health

Essential Standard and Clarifying Objectives

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

8.PCH.1.1 Classify the risk factors (based on risk behaviors) begun in childhood and adolescence associated with leading and premature causes of death.

8.PCH.1.2 Explain behavioral and environmental factors that contribute to major chronic diseases and the methods for reducing problems associated with common conditions (asthma, allergies, diabetes, and epilepsy).

8.PCH.1.3 Interpret health appraisal data to assess personal risks for preventable disease.

Unpacking

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

8.PCH.1.1 Classify the risk factors (based on risk behaviors) begun in childhood and adolescence associated with leading and premature causes of death.

A risk factor for disease is anything that increases one's risk of getting a particular disease. There are many risk factors and risk behaviors that are known contributors to the leading causes of death in the United States and around the world. These diseases are known as chronic and degenerative diseases because they often take years to develop and they get worse over time. Cardiovascular disease and cancer are two examples of these chronic diseases. They are the leading killers and they cause many premature deaths. The effects of the risk behaviors that cause these usually do not cause problems for people until they are older, but these risk behaviors are learned and begun in childhood and adolescence. As children, eating habits are primarily influenced by families. The types of foods eaten, the amounts of foods that are eaten, and the ways foods are prepared are first learned in the home. Children learn their exercise habits and attitudes about physical activity from their families as well. These attitudes will often carry over in adulthood. Most adult smokers began smoking as teenagers. Regardless of the reason that they started their smoking habit, they quickly become addicted and carry this habit with them into and throughout adulthood. Young students should understand the impact of the decisions that they are making during their adolescence. They should be aware that these decisions may have long-lasting and life-altering consequences.

- The student will recognize the risk factors and behaviors associated with the leading and premature causes of death.
- The student will choose to avoid the risk behaviors that lead to chronic diseases.
- The student will identify that the leading causes of death around the world are mostly preventable and are associated with personal choices that a person makes throughout their life.

8.PCH.1.2 Explain behavioral and environmental factors that contribute to major chronic diseases and the methods for reducing problems associated with common conditions (asthma, allergies, diabetes, and epilepsy).

There are known behavioral and environmental factors associated with childhood diseases such as asthma, allergies, diabetes and epilepsy. These diseases are chronic, which means they are persistent, long lasting, and cannot be resolved in a short period of time. Some examples of environmental factors that contribute to these diseases are smog, mold, pollen from trees and flowers, the change of seasons, living in a big city, exposure to second-hand smoke, and exposure to certain chemicals. Some of the behavioral factors include smoking, too much exercise, poor nutrition, physical inactivity, being overweight/obese, not wearing a seatbelt and drug use. Knowing the risk factors that contribute to these chronic diseases can enable a student to make choices that will help to reduce these risk factors in their lives. Some examples of ways to

reduce these risk factors include avoiding second-hand smoke, choosing not to smoke, eating a nutritious diet and getting regular physical activity, avoiding those things that could trigger an allergic reaction, maintaining a healthy weight, and avoiding smog, mold and dust, when possible.

- The student will explain what environmental and behavioral risk factors are and how they are associated with childhood chronic diseases, such as asthma, allergies, diabetes and epilepsy.
- The student will be able to identify the practices that can help reduce the occurrence of chronic childhood diseases.
- The student will choose to avoid those environmental and behavioral risk factors associated with disease.

8.PCH.1.3 Interpret health appraisal data to assess personal risks for preventable disease.

Preventing health problems begins with recognizing unhealthy behaviors. A majority of the health problems that individuals encounter are preventable if they are detected and treated or the behaviors that result in poor health are recognized and changed. A yearly physical from a health care provider will help to detect health problems, but each person can appraise his or her own behaviors that need improvement and target these areas before they become a problem. Honest self-appraisal is an effective and inexpensive method for determining one's health status and the beginning of maintaining and improving one's health. Once areas for improvement are identified, students can work on strategies and skills to enhance their health behaviors. Health appraisals are important in identifying weaknesses and positive health behaviors. When positive health behaviors are acknowledged, strategies for maintaining these behaviors can be developed as well.

- The student will appraise his/her health status.
- The student will identify an area or areas in which positive behaviors are demonstrated.
- The student will identify strategies and resources to improve own health.
- The student will describe the importance of performing periodic self-appraisals throughout a lifetime.

Essential Standard and Clarifying Objectives

8.PCH.2 Evaluate health information and products.

8.PCH.2.1 Critique medical information resources in terms of reliability, unreliability, accuracy, and significance.

8.PCH.2.2 Judge the effects of popular fads on health (tattooing, piercing, artificial fingernails) and methods for protecting oneself from these dangers.

Unpacking

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

8.PCH.2.1 Critique medical information resources in terms of reliability, unreliability, accuracy, and significance.

There are limitless sources of health information. Students need to become wise consumers by being able to identify credible sources of health information. Statistics are powerful. They can be used or misused to support a particular product, person, or service. All statistics are not fact. Students often assume that what they read or hear in the news is credible. Some sources of information about health are far more reliable than others, and students should seek to distinguish between those that are accurate and those that offer information that is not reliable or founded in science. Just because something is written, published, on television, or available on the internet, does not mean it is true.

- The student will be able to differentiate between accurate health reports and those that are misleading.
- The student will become a more critical observer of health information that they receive from the media.

8.PCH.2.2 Judge the effects of popular fads on health (tattooing, piercing, artificial fingernails) and methods for protecting oneself from these dangers. Tattooing, piercings, and artificial fingernails are several fads that are popular today. These fads have some associated health risks that young people should be aware of so that they can make more informed decisions about whether they will participate in a current fad or not. Some of the health risks associated with these fads are the risk of infection, risk of HIV infection, exposure to harmful bacteria, pain/discomfort and Hepatitis B & C. There is also the risk that a person will one day regret ever getting a tattoo or a piercing or they run the risk of being judged by others who view these fads negatively.

- The student will describe the health risks associated with current fads such as tattooing, piercing and getting artificial nails.
- The student will explain the importance of knowing the facts and risks associated with current fads for decision making.
- The student will conclude that some people who participate in these fads come to later regret that decision.

Essential Standard and Clarifying Objectives

8.PCH.3 Analyze measures necessary to protect the environment.

8.PCH.3.1 Outline the potential health consequences of global environmental problems.

8.PCH.3.2 Explain the impact of personal behaviors on the environment, both positively and negatively.

Unpacking

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

8.PCH.3.1 Outline the potential health consequences of global environmental problems.

The amount of earth that humans have to live on is very small and very precious. What happens to the earth ultimately affects human health. Because of this, it is important to understand the potential personal health consequences of global environmental problems. Some of these environmental concerns that can directly affect health are:

1. Outdoor air quality
2. The greenhouse effect
3. Depletion of the ozone layer
4. Acid rain
5. Land degradation (erosion, flooding, strip mining, paving)
6. Overpopulation
7. Dealing with garbage (solid waste)
8. Destruction of tropical rain forests
9. Water pollution

Students may feel powerless to help the global environment. They may not be able to comprehend how individual acts can have an impact on problems and concerns that span across the globe. Students need to understand that many individual acts of awareness, conservation, protection, and prevention all contribute to improving our environment.

- The student will recognize that many global environmental concerns can directly affect human health.
- The student will conclude that every individual plays a part in taking care of the earth.
- The student will practice acts of conservation and environmental protection.
- The student will advocate for others to take action to conserve and protect the earth and prevent further destruction of the environment.

8.PCH.3.2 Explain the impact of personal behaviors on the environment, both positive and negative.

The connection between personal behaviors and individual health for today and tomorrow is very important and can hopefully serve as a reminder to students that their health is largely under their control. Students should also understand, however, that their personal behaviors also have positive and negative consequences on the environment. Simple decisions, such as turning off the water while brushing one's teeth, make a difference. Choosing to recycle is a personal choice that positively affects the environment. Estimates show that Americans throw away

nearly 60 million cans, 28 billion bottles, 4 million tons of plastic, 40 million tons of paper, 100 million tires, and 3 million cars.

Though Americans represent only 5% of the world's population, they produce 50% of the world's trash. Personal choices that can have a positive effect on the environment include collecting, sorting and processing materials for recycling, separating organic waste for reuse, and waste reduction. Everyone must recognize the true costs (social, economical, and environmental) and take an active role to become a part of the solution by being wise consumers.

- The student will recognize that his or her personal behaviors have an impact, both positively and negatively, on the environment.
- When making decisions in the future, the student will consider that impact of personal behavior on the environment.
- The student will develop individual practices that will protect the environment.
- The student will avoid those practices that have a negative impact on the environment.

Interpersonal Communication and Relationships

Essential Standard and Clarifying Objectives

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

8.ICR.1.1 Contrast characteristics of healthy and unhealthy relationships for friendships and for dating.

8.ICR.1.2 Identify the reasons that people engage in violent behaviors (bullying, hazing, dating violence, sexual assault, family violence, verbal abuse) and resources for seeking help.

8.ICR.1.3 Explain the effects of tolerance and intolerance on individuals and society.

8.ICR.1.4 Illustrate communication skills that build and maintain healthy relationships.

8.ICR.1.5 Use decision-making strategies appropriate for responding to unknown people via the internet, telephone, and face-to-face.

8.ICR.1.6 Recognize resources that can be used to deal with unhealthy relationships.

Unpacking

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

8.ICR.1.1 Contrast characteristics of healthy and unhealthy relationships for friendships and for dating.

A healthy relationship can be described as two good friends becoming better friends. The strongest and most successful relationships have this kind of true friendship at the base. Where this base of true friendship is absent, the relationship is shallow and susceptible to being marked by victimization. Respecting individuality, embracing differences, and allowing each person to "be themselves" are aspects of a healthy

relationship. When a person feels pressured to change to meet the other person's standards, is afraid to disagree, and has his or her ideas criticized, he or she may be in an unhealthy relationship. Healthy relationships are also characterized by loyalty, honesty, trust, mutual respect and empathy. These components should be a part of friendships and dating relationships.

- The student will be able to distinguish between healthy and unhealthy relationships for friendships and for dating.
- The student will avoid unhealthy relationships.
- The student will seek relationships based on healthy characteristics.

8.ICR.1.2 Identify the reasons that people engage in violent behaviors (bullying, hazing, dating violence, sexual assault, family violence, verbal abuse) and resources for seeking help.

Conflicts have not really changed over the years. The problem is that now people solve conflict in a different way – and sometimes a violent way. Violent behavior may be difficult to define. If two students are yelling at each other, is that violence? If they are yelling and shoving, is it violence? If they are making threats toward each other, is that violence? There are many forms of violence. Students should recognize that bullying, hazing, dating violence, sexual assault, family violence and verbal abuse are all examples of violent behavior. Some of the factors that result in these forms of violence include peer pressure, substance abuse, unemployment, poverty, weapons, intolerance/ignorance, and broken homes. Regardless of the factors that contribute to violent behavior, the truth is that violence is a learned behavior and it can be changed. The key to preventing violence is recognizing the warning signs of violence and seeking help for oneself, and friends and family.

- The student will analyze conflict as an unavoidable part of life.
- The student will conclude that conflict should not lead to violent behavior.
- The student will recognize examples of violent behavior.
- The student will brainstorm the social and emotional factors that lead to violent behavior.
- The student will recognize symptoms of violence in self and others.
- The student will seek help for a non-violent resolution to conflict.

8.ICR.1.3 Explain the effects of tolerance and intolerance on individuals and society.

Tolerance is defined as a fair and understanding attitude toward those individuals whose race, religion, or nationality differs from one's own.

Intolerance is an unwillingness to acknowledge the views, beliefs, and practices of others that differ from one's own. Attitudes of intolerance can lead to violent behavior. Intolerance is the root of many historical events that have happened in the United States and around the world in which people or groups of people were hurt. Students should research these historical events or interview those who have lived through them to

better understand the impact they can have on a society. On a more personal level, intolerance can take many forms. A student might make fun of another student because of the way he/she looks or talks or a student might get chosen last to be on a team in a physical education class because he is seen as weak. These examples of intolerance are very hurtful and the effects can be long-lasting.

- The student will define and provide examples of tolerance and intolerance.
- The student will evaluate the effects of tolerance and intolerance on individuals and society.
- The student will demonstrate acceptance of differences in others.

8.ICR.1.4 Illustrate communication skills that build and maintain healthy relationships.

Effective communication is the necessary ingredient for successful interaction with others. However, many young people are unsure exactly how to talk face-to-face or listen to others. Improving one's communication skills can lead to improved relationships with family members, friends, teachers, coaches, and just about anyone, even future employers and spouses. Good communication is a skill that can be learned and improved. Communication skills that build and maintain healthy relationships include the use of "I" messages to express one's feelings, using active listening skills, using body language that conveys one's true feelings, and speaking in an assertive tone of voice.

- The student will summarize the importance of good communication skills to build and maintain healthy relationships.
- The student will practice the skills of communication.

8.ICR.1.5 Use decision-making strategies appropriate for responding to unknown people via the internet, telephone, and face-to-face.

The evolution of the World Wide Web with its vast database, resources, colorful images, and sounds has made the internet an exciting place to explore. Students often "surf" the internet to explore topics they are interested in, to find information that will help support their schoolwork and to explore leisure options. But finding information and material to support these various activities without accidentally accessing offensive materials can be tricky. Communicating online is fun and popular, but there are serious dangers and consequences from revealing personal information to unknown people on the internet. Students can pledge to not share personal information on the internet such as their full name, mailing address, telephone number, the name of their school, or any other information that could help someone determine their actual identity. They should also know not to send a picture of themselves or anything else to someone unknown without first checking with their parents or guardian.

- The student will summarize the dangers of revealing personal information to unknown people on the Internet, the phone, or face-to-face.
- The student will use effective decision-making strategies when communicating to others on the Internet.

8.ICR.1.6 Recognize resources that can be used to deal with unhealthy relationships.

There are various resources available within one's family, school, and community that can be used to deal with unhealthy relationships. An unhealthy relationship can either be a relationship that is not supportive or it can be one that is abusive either physically, sexually or emotionally. Not all unhealthy relationships are abusive, but all abusive relationships are unhealthy. Physical abuse includes hitting someone, pushing, grabbing, scratching or anything else that hurts someone's body. Verbal abuse includes calling someone names and belittling them with put-downs. Emotional abuse involves withholding approval, appreciation or affection. It can involve trying to control someone's money or the way they dress. Sexual abuse happens when one partner demands sex and the other person doesn't want it but is forced to submit to it. Sometimes the beginning of sexual abuse involves a behavior called grooming. The sexual predator uses gradual and subtle influences to build trust and acceptance of inappropriate behaviors.

When someone is in an unhealthy relationship, he or she can turn to family members or other individuals who are trusted at school (a guidance counselor, teacher, or coach). There are community agencies available that can help someone in an abusive or unhealthy relationship. These can be accessed through the phone book, the Internet, or from a school guidance counselor.

- The student will recognize the characteristics of an unhealthy relationship.
- The student will delineate the various forms of abuse in relationships (physical, verbal, emotional and sexual).
- The student will be able to access resources to use when seeking help for self or others who may be in an unhealthy relationship.

Essential Standard and Clarifying Objectives

8.ICR.2 Remember that abstinence from sexual intercourse means a positive choice for young people.

8.ICR.2.1 Recall abstinence as *voluntarily refraining from intimate sexual behavior that could lead to unintended pregnancy and disease*.

8.ICR.2.2 Recall skills and strategies for abstaining from sexual behavior.

Unpacking

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

8.ICR.2.1 Recall abstinence as *voluntarily refraining from intimate sexual behavior that could lead to unintended pregnancy and disease*.

It is important to have a common understanding of the definition of abstinence. Not only does a young person need to be able to set personal limits for affectionate behavior, he or she needs to be able to communicate those intended limits with others.

Each term in the definition may need to be defined: *voluntarily* (freely chosen), *refraining* (not doing something), *intimate sexual behavior*

(oral, anal, and vaginal sexual intercourse), *could lead to* (may result in), *unintended pregnancy* (a pregnancy that is not planned), and *disease* (sexually transmitted diseases such as gonorrhea, Chlamydia, herpes, and HIV). Some individuals may not agree that oral sex is really sex, but it is, considering the above definition. Because it is a possible mode of transmission of STDs, it is an intimate (and potentially risky behavior).

- The student will define abstinence and list behaviors that could lead to unintended pregnancy or disease.
- The student will be able to set personal limits for affectionate behaviors.
- The student will be respectful of the personal limits set by his or her friends and avoid pressuring others.

8.ICR.2.2 Recall skills and strategies for abstaining from sexual behavior.

If two people are moving toward an intimate relationship, they need to be respectful of the boundaries set by the other. They should communicate effectively and stop immediately if the other person says, “No.”

A variety of skills and strategies are needed to remain or become abstinent from sexual activity. It is important to have made a decision ahead of time and then be able to manage the pressures to engage in unwanted or risky behavior. Most young people plan to be abstinent but do not have a plan not to have sex. They may give in to partner pressure or their own wishes to feel closer to that person. They may believe having sex will make them feel grown-up, or they may be rebelling against their parents’ values or expectations. They might not fully understand the consequences or believe they have a fulfilling future.

The skills needed for prevention are: analyzing influences, accessing reliable information and resources, setting goals for the future, making healthy decisions, problem solving, and effective communication. The following list describes why each skill is important:

Analyzing influences: A teen must consider whether he or she is being influenced by the media (Explicit and suggestive messages are everywhere.), by peers (who may give the impression that “everyone is doing it”), or by older teens (who may be more experienced). Teens should consider their own values and the expectations of their parents who have their best interests at heart.

Accessing reliable information and resources: There is a great deal of misinformation about sexual behavior, diseases, and pregnancy. Teens should ask questions of research reliable sources: health department, hotlines or warm lines, teachers/counselors/nurses, and their own parents who are more likely to share dependable information.

Setting goals: It is well known that young people who have a sense of the future are more likely to make healthy decisions and are less likely to take risks. Goal setting includes thinking of the barriers that would obstruct achieving one’s goals, such as an unintended pregnancy or an incurable STD.

Decision making: Decisions as serious as whether to have sex should be made thoughtfully. Teens should consider the advantages of being

abstinent and alternative choices to risky activities.

Problem solving: If a teen is being pressured to engage in intimate sexual behavior, he or she needs to think through how to handle the situation. If the relationship is controlling or abusive, adult help may be needed.

Communication: Students can practice assertive refusal to have sex, as well as listening skills and the ability to demonstrate empathy. All may be needed in relationships, especially dating relationships. Effective communication is vital for making one's intent to be abstinent known to a partner.

Strategies for abstinence include avoiding situations that make the intent more difficult: steady dating, dating someone older, using alcohol or drugs, or being in settings not supervised by an adult. Selecting activities and settings that are age-appropriate and well-supervised help a young person make healthy choices.

- The student will identify risky situations and the skills and strategies needed to become or remain abstinent.
- The student will analyze influences in stories of teens who are abstinent.
- The student will access reliable information and support for abstinent behavior.
- The student will demonstrate (in role play scenarios) setting goals, making decisions, and problem solving about sexual behavior.
- The student will model effective communication when pressured to take risks.

Essential Standard and Clarifying Objectives

8.ICR.3 Analyze strategies that develop and maintain reproductive and sexual health.

8.ICR.3.1 Explain the health, legal, financial, and social consequences of adolescent and unintended pregnancy and the advantages of delaying parenthood.

8.ICR.3.2 Evaluate methods of FDA-approved contraceptives in terms of their safety and their effectiveness in preventing unintended pregnancy.

8.ICR.3.3 Select family, school, and community resources for the prevention of sexual risk taking through abstinence and safer sex practices.

8.ICR.3.4 Summarize ways to avoid being a victim or perpetrator of sexual abuse via digital media (including social network sites, texting, and cell phone).

Unpacking

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

8.ICR.3.1 Explain the health, legal, financial, and social consequences of adolescent and unintended pregnancy and the advantages of delaying parenthood.

There is probably no experience more life-altering event than becoming a parent. It has been said that it is the hardest job one ever takes on for which one is so unprepared. The consequences are many and serious:

Health consequences: Teen moms less likely to receive early and regular prenatal care than an older mother. Problems can include premature birth, low birth weight, premature/difficult labor, anemia, and high blood pressure. Teen parents are more likely to abuse/neglect their child.

Legal consequences: There may be an issue of statutory rape based on the legal age of consent. There may be questions about paternity and also the need to resolve issues of child support and child custody.

Financial consequences: Only 41% of teenage mothers complete high school, making it less likely they will qualify for a well-paying job. Nearly 80% of teen fathers of children born to teen mothers do not marry the mothers. Teen fathers pay less than \$800 child support for the lifetime of the child. Teen mothers are more likely to require assistance from family and government.

Social consequences: Teen mothers are more likely to have conflicts with family and the father over parenting the child. They also lose friends due to child/family responsibilities.

- The student will describe how one's life changes with premature parenting.
- The student will explain the health, legal, financial, and social consequences of unintended pregnancy.
- The student will identify the advantages of delaying parenthood until mature, financially independent, in a committed and nurturing relationship, and an adult.

8.ICR.3.2 Evaluate methods of FDA-approved contraceptives in terms of their safety and their effectiveness in preventing unintended pregnancy.

Selecting a method of birth control requires knowledge and communication. Ideally the couple discusses the methods and their relationship and seeks advice from a medical professional. Some of the factors that should be considered are effectiveness, safety (whether there are side effects), cost, convenience and accessibility, reversibility, and whether the method also protects against sexually transmitted diseases.

The methods are categorized by how they work: barrier (condoms), chemical (spermicides), hormonal (the pill, vaginal ring, injectables, implants, patches). Some health educators refer to abstinence as a method; others do not. Clearly abstinence is the most certain means of preventing unintended pregnancy and STDs. Abstinence has to be practiced consistently to be effective.

Of the barrier methods, male condoms are more effective and easier to access than female condoms. Both are highly effective in preventing pregnancy and against the transmission of diseases if used consistently and correctly. It is important to buy and store latex condoms and use them every time one engages in sexual intercourse.

Hormonal methods mimic pregnancy and therefore the woman will not experience ovulation. These methods range from 92 to 99.95 effective. They include the pill, the patch, injectables, implants, and the vaginal ring. They have the highest rates of effectiveness, are safe for most women, and require a physician's prescription.

There are other methods which are less reliable and therefore not recommended. Spermicides are less effective because they require precise timing to either dissolve in time or not dissolve too quickly. The method of withdrawing the penis before ejaculation is not effective because there may be pre-ejaculatory fluid before climax or the man may not anticipate orgasm in time to stop or may not want to stop.

Men have a responsibility for contraception. Even though there are more serious consequences for the female, there are also consequences for the man. Ways they can show support are: to initiate support and communication, buy and use condoms when appropriate, help pay contraceptive costs, and be available for shared responsibility for consequences of contraceptive failure.

Double Dutch enhances the effectiveness of birth control and disease prevention to almost 100%. When intercourse takes place, the male is using a condom and the female is using a reliable contraceptive, such as a hormonal method. Double Dutch is highly recommended because it is so effective.

The Food and Drug Administration (FDA) is the government agency responsible for identifying the safety and efficacy of methods of contraception. Anyone who is sexually active needs to have medically accurate information and the ability to communicate with his or her partner to make the best decision about protection.

- The student will identify factors to consider when deciding a method of contraception.
- The student will list methods of birth control in order of effectiveness.
- The student will describe the importance of communication between partners when selecting a method of birth control and disease prevention.
- The student will discuss the advantages of Double Dutch.

8.ICR.3.3 Select family, school, and community resources for the prevention of sexual risk taking through abstinence and safer sex practices. It is important for people of all ages to be able to get help when they need it. This is especially true with topics about a person's sexual health and behavior, as they are sometimes hard topics to talk about. Students should consider these questions: What are the risks involved with the decision to be sexually active? Who could they talk to about sexual health and behavior? The examples need to be adults and the discussion

should include family and school resources that a teen could go to for advice and guidance.

Some examples within families and schools may include: parent or guardian, teacher, counselor, grandparent, school nurse, aunt or uncle, older sibling, or coach. There are also community resources that an individual can go to for help in preventing the health risks associated sexual risk taking behaviors: family doctor, local health department, youth minister, teen organizations, such as Boys and Girls Clubs.

- The student will recognize the characteristics of adults who are trustworthy and to whom he or she can go to ask questions about sexual health.
- The student will identify family members and school and community professionals who are trustworthy and credible.
- The student will demonstrate how to seek help from an adult for questions about abstinence or safer sex.

8.ICR.3.4 Summarize ways to avoid being a victim or perpetrator of sexual abuse via digital media (including social network sites, texting, and cell phone).

Technology can be abused in many ways including unwanted or repeated phone calls, as well as inappropriate texts and instant messages. Some young people say they have been pressured to share private or embarrassing pictures online. Other teens acknowledge they are more aggressive and forward on-line than they would be in person.

Digital disrespect is defined as spreading negative or embarrassing information (whether true or untrue) through texting behind someone's back. A young person might think this is harmless fun and may not realize it could come back to haunt him or her. A good question to ask is whether this would be acceptable behavior if done in person.

Everyone should use electronic media in ways that are kind and respectful instead of careless and disrespectful. They should also consider the impact the behavior might have on them and their future. For example, it is illegal to send explicit images to someone if they are under 18 (considered child pornography). A digital message is there for life, cannot be retrieved, and may be sent to multiple other parties. Some employers and college admissions offices are now looking at social networking sites to determine whom to accept. Future friendships and dating relationships may be affected by the reputation one gets through technology.

- The student will define and give examples of digital disrespect.
- The student will clarify behavior that is respectful and legal when using digital media.
- The student will avoid using digital media in ways that may harm self or others.

Nutrition And Physical Activity

Essential Standard and Clarifying Objectives

8.NPA.1 Apply tools (Body Mass Index) to plan healthy nutrition and fitness.

8.NPA.1.1 Interpret the Body Mass Index in terms of body composition and healthy weight, underweight, overweight and obesity

8.NPA.1.2 Summarize the benefit of consuming adequate amounts of vitamins A, E, and C, magnesium, calcium, iron, fiber, folic acid, and water in a variety of foods.

8.NPA.1.3 Implement meal plans that are consistent with the Dietary Guidelines.

Unpacking

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

8.NPA.1.1 Interpret the Body Mass Index in terms of body composition and healthy weight, underweight, overweight and obesity.

Scales, BMI and waist-to-hip ratio are the most common ways a person can monitor body fat. Standing on scales includes fat, body fluids, bone, muscle, other tissues and perhaps clothes. Because scale weight doesn't isolate fat, it is considered a less useful measure. Waist-to-hip ratio accounts for more abdominal fat. Body Mass Index, a formula that includes height and weight, is considered the best crude measure of a person's lean-to-fat composition. From it, a person can assess whether they are underweight, normal weight, overweight or obese.

A student can go to the Teen BMI Calculator Link at the CDC website (cdc.gov/nccdphp/dnpa/bmi/index.htm) or Google "BMI Calculators" to calculate Body Mass Index. For instance, a 15 year-old girl who is 5'5" tall and weighs 180 pounds has a BMI of 30%. Underweight is at 18.5% or lower; healthy weight is 18.5 to 24.9%; overweight is 25-29%; and 30% or greater is considered obese. Web-based calculators are available and waist-to-hip ratio are available as well. Women's ratio should be less than .8 and men's should be no greater than .9.

Each measure has some limitations. Muscular athletes have over-estimated fat levels on BMI given that muscle is denser than fat. Waist-to-hip ratio may be less accurate for ectomorphic and endomorphic body types than mesomorphic body types.

- The student will differentiate among three generally used methods of assessing body fat, identifying strengths and weaknesses in each.
- The student will determine his/her assessment using scales, BMI, and waist-to-hip ratio measures.
- Comparing his/her measures to standards for underweight, normal weight, overweight, or obese, the student will summarize health risks, if any.

8.NPA.1.2 Summarize the benefit of consuming adequate amounts of vitamins A, E, and C, magnesium, calcium, iron, fiber, folic acid, and water in a variety of foods.

Vitamins and minerals differ from carbohydrates, fats and protein in that the body requires smaller amounts yet enough to be healthy. Because many Americans have repetitious diets, they are undernourished in certain vitamins and minerals. To address these inadequacies, the government permits both **enrichment** (adding nutrients lost during processing) and **fortification** (adding new nutrients) of certain hard-to-get vitamins and minerals.

Vitamin C, required for fighting infection and healing, is naturally found in fruits and vegetables. It is added in some foods as ascorbic acid. Vitamins A and E, along with Vitamin C, are anti-oxidants, known for their cancer-fighting properties. Vitamin A and E (fat-soluble vitamins) are needed less frequently because they are stored in the body. Vitamin A is found in colorful fruits and vegetables, while Vitamin E comes from oils, beans and vegetables. Folic acid, a B vitamin, is vital to growing cells. Vitally important to women during the childbearing years, food companies now add it to flour in breads and baked goods during the enrichment process. Fiber, valued for slowing insulin response, modulating blood sugar, binding cholesterol and facilitating elimination, is enriched in breads, pasta, cereal and other grain products. Iron, needed for the blood to carry oxygen, is fortified in flours and cereals like cream of wheat.

Adolescence is the peak time for bone calcification, requiring calcium, magnesium, phosphorous and potassium several times per day. Calcium is fortified in milk and orange juice, with Vitamin D often added to facilitate absorption. Water is needed for hydration and does not increase caloric consumption. Vitamin D is produced by the body in the presence of sunshine. Milk is fortified with Vitamin D to prevent the disease rickets.

- The student will chart important vitamins and minerals, indicating their functions in the body.
- The student will differentiate between enrichment and fortification, identifying common foods that are enriched or fortified.
- The student will rate his or her favorite foods as high, moderate or low in Vitamins A, C, E and folic acid, and in calcium, iron, magnesium and fiber.
- The student will formulate a plan for exchanging some vitamin and mineral rich foods for low value favorite foods.

8.NPA.1.3 Implement meal plans that are consistent with the Dietary Guidelines.

Current Dietary Guidelines encourage Americans to maintain calorie balance to achieve and sustain a healthy weight, and focus on nutrient-dense foods and beverages. Recommendations are to reduce salt, saturated fat, cholesterol, sugars, refined grains (found in most fast and

convenience foods) and to reduce consumption of alcohol. Americans should increase vegetables, fruits, whole grains, fat-free or reduced-fat milk and choose fish, poultry, beans, nuts, seeds, eggs and lean meat as protein sources.

Trans fats, found in partially hydrogenated oils, soft margarines and some baked goods (read ingredients on labels), should be kept as low as possible. Oils should replace solid fat. Enriched grain products are fortified with folic acid to reduce birth defects.

Special concern should be given to increasing calcium, potassium, Vitamin D and fiber rich foods. Pregnant or breastfeeding women need to choose more foods with iron and folic acid.

- The student will summarize major points in the USDA Dietary Guidelines, itemizing foods and components to decrease and increase in the diet.
- Utilizing a large list of common foods, the student will make five unique breakfasts, lunches, dinners, and snacks to better meet the Dietary Guidelines.

Essential Standard and Clarifying Objectives

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

8.NPA.2.1 Plan healthy personal eating strategies with attention to caloric intake and expenditure.

8.NPA.2.2 Generate a healthful eating plan incorporating food choices inside and outside the home setting.

Unpacking

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

8.NPA.2.1 Plan healthy personal eating strategies with attention to caloric intake and expenditure.

The average teen girl requires 2200 calories per day to maintain weight. Teen boys need 2500 to 3000 calories. Levels increase or decrease according to the student's activity. Most people underestimate the calories in foods because of the unseen calories from added sugar, butter, oil and creams, and cooking methods like frying. They often forget to count condiments like mayonnaise and dipping sauces and misjudge a food's portion size (estimating one portion when it actually is two or three). Beverages, a huge source of added calories, are often forgotten.

Activity is usually over-estimated. Recommended to balance a typical diet is 10,000 steps per day or one hour of moderate activity that elevates the heart rate and burns calories. Many students who do not engage in purposeful activity often take fewer than 2,000 steps per day. (Use a pedometer to check.)

Activity and intake must balance for weight maintenance, and activity must exceed intake calories for weight loss (reversed for gain). One pound of weight equals about 3500 calories, so an adjustment of 250 calories a day is generally needed to affect a half-pound change, up or down in a week. Students can use websites to analyze one day of food values/calories (daily diet log: www.nutritiondata.com/fact-C0001-01c219o.html) and one day of activity values (activity calculator: caloriesperhour.com/index_burn.html). For more details, see Successfully Teaching Middle School Health III, Grade 8, Objective 4.06.

Upon completing the food and activity recalls, students determine if they would maintain, gain, or lose fat if this day were an on-going pattern. They can use the USDA Dietary Guidelines (previous lesson) to plan a more perfect day of food and activity, recalculating to see if there is improvement.

- The student will describe calorie balance theory and give examples.
- The student will summarize common errors made when calculating food intake and calorie expenditure.
- The student will complete a one-day dietary analysis and activity expenditure, determining whether this pattern would result in maintenance, gain or loss.
- The student will plan a day's worth of meals and activity that better reflect the Dietary Guidelines and activity recommendations.

8.NPA.2.2 Generate a healthful eating plan incorporating food choices inside and outside the home setting.

Food consumption occurs at home, at school or workplace, and at restaurants, both conventional and fast-food. More nutrient-dense foods, local foods, whole foods, and variety are consumed in homes where families shop at markets, co-ops and whole food outlets. While it is more difficult to eat healthfully in the latter situation, restaurants and institutions are beginning to make positive changes: reduction of trans fats, eliminating supersizing, reducing salt and offering heart healthy, vegetarian and lower calorie choices on their menus. Families need knowledge, advanced planning, and motivation to make wise choices when shopping for groceries and eating out.

When grocery shopping, nutritionists suggest that grocery shoppers select most foods from the outside perimeter of the store: produce (fresh fruits and vegetables); seafood, meat and poultry; milk, cheese and other dairy products; and bread. The only aisles necessary to round out a healthy diet are those with cereals & whole grains foods; beans, seeds and nuts; and canned or frozen fruits and vegetables. Careful selection and preparation of whole foods save money and improve the quality of the family diet.

When eating out, determine the best choices ahead of time by examining the restaurant's on-line menu. Since restaurant meals are often oversized, share an entree or dessert with friends or take half the meal home. Choose fruit, vegetable sides or baked potato over french fries or

onion rings to reduce calories, trans fats and salt. Limit dipping, gravy or cream or glazing sauces—anything added usually means more fat, sugar and calories. Compare food labels on processed and convenience foods, with special attention to the serving size, fat, carbs, protein and fiber content as well as the ingredient list.

- The student will examine his/her family's weekly shopping and food prep patterns to determine where it falls on a whole foods---fast/convenience foods continuum.
- Student will provide effective strategies for shopping and preparing foods at home, or choosing fast, restaurant, or convenience foods that better meet USDA Dietary Guidelines.
- Given various restaurant menus, the student will order a vegetarian, semi-vegetarian or meat based meal that reflects USDA Dietary Guidelines.

Essential Standard and Clarifying Objectives

8.NPA.3 Analyze the relationship of nutrition, fitness, and healthy weight management to the prevention of diseases such as diabetes, obesity, cardiovascular diseases, and eating disorders.

8.NPA.3.1 Identify media and peer pressures that result in unhealthy weight control (eating disorders, fad dieting, excessive exercise, smoking).

8.NPA.3.2 Differentiate the signs, symptoms, and consequences of common eating disorders from more healthy eating behaviors.

8.NPA.3.3 Use strategies to advocate for those who are at risk for eating disorders or poor nutrition.

Unpacking

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

8.NPA.3.1 Identify media and peer pressures that result in unhealthy weight control (eating disorders, fad dieting, excessive exercise, smoking).

Family, television, print media, friends, music, the internet and our environment influence eating patterns. The dichotomy of society's ideal super-thin female form contrasted with food abundance in most social situations predisposes almost 25% of girls to some form of eating disorder. Macho feasting at all-you-can-eat locations with emphasis on fatty meats, starchy foods and unlimited sweet drinks or alcohol predisposes boys to obesity and accelerated atherosclerosis. Family meals around a dinner table stimulate more appropriate eating patterns. An environment supportive of moderate physical activity reinforces weight control.

Gathering large audiences to pitch and sell products is media's main objective. Generally the foods sold through mass marketing are the ones high in fat, salt, sugar, trans fat, refined carbohydrates--the ones that Dietary Guidelines recommend reducing or eliminating. Commercials also

trigger frequent snacking patterns that focus on treats rather than healthy snacks. Students need to develop an awareness of media influence and establish strategies to counter the effects.

- The student will differentiate between male and female culture with regard to eating patterns and potential short-term and long-range outcomes.
- The student will deconstruct common media-marketed food and beverages and evaluate them against the Dietary Guidelines.
- The student will analyze TV characters as role models for dietary and activity patterns, projected long-term outcomes.
- The student will utilize effective strategies to counter barriers to weight management.

8.NPA.3.2 Differentiate the signs, symptoms, and consequences of common eating disorders from more healthy eating behaviors.

Normal eating uses food as fuel—when hungry (tank empty), the person consumes food until satisfied (tank full). Principles of moderation, variety, balance, flexibility, and nutrient-density are built into food patterns. When people habitually use foods for comfort, to soothe anxiety or emotions, or have self-esteem and control issues acted out through food, disordered eating results.

Often starting in middle school, about 1 in 4 of girls and some boys develop anorexia nervosa, bulimia or binge eating. **Anorexics** have a distorted body image, seeing themselves as fat when they actually are very thin. They self-starve, obsess over food, and may over-exercise. **Bulimics** binge on foods (eat huge amounts in a short period of time) then purge through vomiting, laxatives or diuretics. **Binge eaters** also consume huge amounts and are compulsive eaters, but do not purge, resulting in weight gain. Eating disorders usually involve other mental health problems such as depression and anxiety; feelings of helplessness and being out of control; feelings of shame, guilt and disgust; and abuse of other substances such as alcohol.

Warning signs of anorexia are weight below normal (20% or lower), denial of hunger, feeling fat though underweight, and experiencing conflict with family and friends about eating. Bulimics eat excessive food without weight gain; seek privacy for purging after eating; hide laxatives or diuretics; or over-exercise to compensate. Binge eaters are fast eaters who don't stop when full, eat alone and for reasons other than hunger, putting themselves on a weight gain trajectory.

Long-term health problems include heart, liver and kidney damage, cardiac arrhythmias and sometimes death. Disordered eaters can get help through school nurses or counselors, physicians, eating disorder hotlines, and referrals to eating disorder specialists.

- The student will compare normal eating and disordered eating practices.
- The student will describe the profiles of anorexia, bulimia and binge eating.

- The student will list signs and symptoms of eating disorders and how to get help.

8.NPA.3.3 Use strategies to advocate for those who are at risk for eating disorders or poor nutrition.

Someone with anorexia nervosa, bulimia, or binge eating disorder is often in denial about the seriousness of his/her condition. Friends, teachers, siblings and parents often intervene to bring the person toward treatment. [Review the signs, symptoms and consequences of the three major types (8.NPA3.2).] If students observe a classmate with characteristics of an eating disorder, they can convey their concerns to the school nurse, school counselor, social worker or trusted teacher at school, or confide in their own parents. They can seek information and advice from an eating disorder hotline, research treatment options, and find out more about the referral process. With the help of adult advocates, they can confront and encourage their friend to seek help, or have adult professionals take charge and remain supportive.

On-line and telephone resources are available at the National Eating Disorder Referral and Information Center (1-858-481-1515 or edreferral@edreferral.com); the National Eating Disorders Association (1-800-931-2237); Anorexia Nervosa and Associate Disorders (ANAD, 1-847-831-3438) for referrals to treatment and information; and Something Fishy (www.somethingfishy.org), a creative website that appeals to young people struggling with disordered eating.

Male and female students can *prevent* eating disorders by becoming advocates for the issue. Students can become knowledgeable, develop non-judgmental and supportive attitudes, and engage in activities that support self esteem and healthy body image; hold a “take the pledge” campaign; create posters and lead programs for younger students; advocate for broader mental health services for young people in need; and decline to be a part of bullying or “isms” (sexism, racism).

- The student will review the signs, symptoms and characteristics of persons with anorexia nervosa, bulimia, and binge eating disorder.
- The student will suggest several approaches to steering a peer toward help with an eating disorder and resources for information and referral.
- The student will participate as an advocate for preventing eating disorders.

Essential Standard and Clarifying Objectives

8.NPA.4 Analyze plans for lifelong nutrition and health-related fitness to enhance quality of life.

8.NPA.4.1 Outline strategies that can be used to overcome barriers to healthy eating.

8.NPA.4.2 Differentiate methods of food preparation in terms of their health and safety.

8.NPA.4.3 Summarize the benefits of regular physical activity.

Unpacking

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

8.NPA.4.1 Outline strategies that can be used to overcome barriers to healthy eating.

Barriers to healthy eating are everywhere. Student schedules are packed, often with sedentary activities from dawn to dark, leaving little daylight for physical activity. Heavy schedules cramp time for planning, securing and carrying healthy foods, particularly away from home. The easiest solution seems to be eating fast food--with sports teams, school groups and friends who just want to hang out for a while. Media present sleek and attractive models to reinforce fast food choices. So when flab creeps on, another easy (but ineffective) fix seems to be a fad diet. Fad diets have been shown to be nutritionally unsound and ineffective over time (as most individuals regain all the lost weight and then some).

A person who is motivated to have a healthy body can find ways around every barrier. He or she might influence the family to buy healthy food and keep it prepared for packing. If parents insist on the drive-through, the student can order the healthy entree choice (by seeking the on-line menu in advance), low-fat milk, and bring a piece of fruit from home instead of fries. When friends want to eat out, speak up for restaurants that offer better choices.

Students should be strategic with their calendars, blocking out time periods for meals, activity, and rest on a daily basis. Being realistic when looking at a daily schedule and being able to say no to overload are characteristics of people with a positive sense of self. Students can minimize the negative effects of television commercials by making a habit of muting, fast-forwarding or TEVOing programs, particularly infomercials for fad diets. If extra help is needed in the weight loss area, researching groups that have a long and successful history of changing behavior patterns is the best strategy.

- The student will identify barriers to personal healthy eating patterns.
- For barriers identified, the student will propose and implement one or more successful strategies to overcome them.

8.NPA.4.2 Differentiate methods of food preparation in terms of their health and safety.

Knowing how to prepare meals and snacks lower in fat, sugar and salt is important to avoiding obesity. Baking, grilling, broiling, steaming, poaching, or sautéing (not frying) meats, vegetables and fruits reduce a food's fat. [Google U-tube videos to learn how.] In making a recipe, fat can be easily cut by $\frac{1}{4}$, and sometimes ingredients like applesauce, low-fat yogurt or canned pumpkin can be substituted for fat to accomplish the same results. For instance, a chocolate brownie or cake mix can be made with a can of pumpkin and $\frac{1}{4}$ cup of water instead of oil and eggs to produce a really decadent chocolate dessert with no pumpkin taste and much less fat!

Vegetables can be sautéed in broth to reduce oil. Visible fat on meats and skin of poultry can be removed. Then the meat can be browned in a non-stick pan with oil spray. Healthy oils spritzed on salads and cottage cheese or baked potatoes bump up the nutrient density and lower the fat.

Sugars have deceptive names (honey, corn syrup, molasses, fructose, sucrose or maltose to name a few), and are often hidden in drinks, cereals and baked goods. The student should examine the first four ingredients on packaging for excessive sugar. High fructose corn syrup seems to affect insulin in negative ways, so reducing it helps overall energy and weight management. Natural sugar in fruits and vegetables will shine through when artificial sweeteners and sugars are reduced or eliminated. Drinking water and low-fat milk with occasional real fruit juices or diet drinks lower overall calories.

Foods high in sugar need to be eaten in small portions along with a protein food like string cheese, walnuts or a boiled egg to control blood sugar, especially if someone is diabetic. One really important point a student should remember is not to let themselves get too hungry since good choices about fat and sugar depend on feeling in control.

- The student will describe alternatives to preparing foods without frying.
- The student will explain how to determine if a food contains added high fructose corn syrup or other sugars.
- The student will explain two important strategies about controlling blood sugar and food choices.
- The student will incorporate food preparation practices that reduce fat and sugar in the diet.

8.NPA.4.3 Summarize the benefits of regular physical activity.

If all the benefits of regular activity could be achieved in a pill, its value would make it very pricey. Active lifestyles throughout the U.S. would save an estimated 250,000 lives and about \$150 billion per year.

Physical fitness strengthens the heart and lowers elevated blood sugar and blood fat levels, reducing risks for artery disease, high blood pressure, obesity and diabetes. It speeds metabolism, improves digestive health, and eliminates waste more efficiently. Load bearing exercise facilitates absorption of calcium, strengthening bones and reducing osteoporosis. Walking for exercise reduces risks for colds and respiratory problems, slows degeneration of organs such as brain, kidneys and liver, and releases hormones that create positive mood and energy.

Physical activity reduces incidence of breast, colon and other cancers. It helps women cope better with PMS and childbirth. Smokers and other drug abusers find exercise helpful in kicking addiction. People who exercise have greater balance and muscle tone and sleep better. Over a

lifetime, a fit senior citizen has a body that functions as well as a 45-55 year old sedentary person—lifetime fitness slows the aging process. When people move from no activity to moderate activity like walking for 30 minutes, they measurably reduce health risks and improve their quality of life. No one needs to be a marathoner to gain health benefits.

- The student will summarize the financial and physical benefits of an active lifestyle.
- The student will explain the value of lifelong activity and what level is required to achieve measureable benefits.
- The student will commit to a moderate level of exercise most days of the week.

Alcohol, Tobacco and Other Drugs

Essential Standard and Clarifying Objectives

8.ATOD.1 Analyze influences related to alcohol, tobacco, and other drug use and avoidance.

8.ATOD.1.1 Analyze policies and laws related to the sale and use of tobacco products in terms of their purposes and benefits.

8.ATOD.1.2 Predict the potential effect of anti-tobacco messages on the use of tobacco by youth and adults.

Unpacking

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

8.ATOD.1.1 Analyze policies and laws related to the sale and use of tobacco products in terms of their purposes and benefits.

The Family Smoking Prevention and Tobacco Control Act is a landmark piece of legislation. Some regulations went into effect immediately in June 2009 and other provisions were scheduled for implementation over the course of several years. It is now illegal for tobacco companies to suggest FDA approval in the labeling and advertising of tobacco products. Tobacco companies can no longer include artificial flavors in cigarettes, which were once intended to entice young users into addiction. For years tobacco companies have been using hundreds of chemicals and additives, which can range from ammonia to cocoa to allure and addict users. Consumers are now able to find the product ingredients on labels for most foods and beverages; however, prior to the enactment of this legislative provision, ingredients in cigarettes were widely unknown. Sixty years ago, the primary ingredient in tobacco products was tobacco; however, as companies attempted to reduce nicotine and tar due to known negative health effects, the additives in cigarettes increased to enhance flavor and heighten the kick of nicotine. Tobacco companies are now required to formally disclose the additives and ingredients in tobacco products. The terms light, low, and mild to describe cigarettes have been banned in the US, decades after being introduced to the market to deceive users and imply a safer alternative for smokers. The sale of tobacco products to individuals under the age of 18 is a federal violation. The FDA now finances compliance checks and enforcement. Vendors selling tobacco products to minors can be fined and have the right to sell tobacco taken away. Minors attempting to buy

cigarettes can be ticketed and fined. No free samples of tobacco products are allowed, except free samples of smokeless tobacco, which are allowed in adult-only facilities in certain restricted situations. All cigarette and smokeless tobacco advertising must be black text on white background only – with all audio ads only spoken words with no sound effects or music – except in adult-only facilities and in magazines with less than 15% or fewer than 2 million youth readers. Cigarettes cannot be sold in packages with fewer than 20 cigarettes, which previously made cigarettes more affordable to underage users. NC G.S.130A-491 prohibits smoking in NC State government buildings and state vehicles, restaurants, and bars.

- The student will summarize federal and state tobacco regulations.
- The student will suggest previous problems and predict intended health benefits as a result of the legislation and tobacco company restrictions.

8.ATOD.1.2 Predict the potential effect of anti-tobacco messages on the use of tobacco by youth and adults.

Anti-tobacco ads help consumers change the way they view tobacco use. Effective anti-tobacco ads help viewers understand the deceptive techniques used by the tobacco industry which encourages people to begin and continue tobacco use. Research on the effectiveness of anti-tobacco ads has suggested that higher anti-tobacco advertisement exposure was significantly associated with decreased odds of current smoking for all viewers. Exposure to anti-smoking ads also affected middle and high school students' attitudes and beliefs about smoking. Students exposed to anti-tobacco campaigns had decreased perceptions that most or all of their friends smoked, stronger five-year intentions to not smoke, and a better understanding of the harm of smoking.

Anti-tobacco ads and campaigns can be found at the following links:

<http://www.realityunfiltered.com/>

<http://www.thetruth.com/>

<http://thedesiginspiration.com/articles/top-45-creative-anti-smoking-advertisements/>

<http://www.notobacco.org/photos/index.htm>

- The student will summarize the potential impact of anti-tobacco messaging on potential and current tobacco users.

Essential Standard and Clarifying Objectives

8.ATOD.2 Understand the health risks associated with alcohol, tobacco, and other drug use.

8.ATOD.2.1 Explain the impact of alcohol and other drug use on vehicle crashes, injuries, violence, and risky sexual behavior.

8.ATOD.2.2 Evaluate the magnitude and likelihood of the risks associated with the use of performance-enhancing drugs.

Unpacking

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

8.ATOD.2.1 Explain the impact of alcohol and other drug use on vehicle crashes, injuries, violence, and risky sexual behavior.

Alcohol abuse kills some 75,000 Americans each year and shortens the lives of these people by an average of 30 years. Alcohol abuse is the third leading cause of preventable death in the U.S. (behind tobacco use, and poor eating and exercise habits). Approximately 5,000 people in 2001 died from cirrhosis of the liver, cancer and other diseases linked to drinking alcohol consumption and another 50,000 died from car crashes and other mishaps caused by excessive alcohol use. Drinking alcohol can cause a person to become aggressive, make a person feel invincible, and give a person a false sense of confidence with little respect for the safety and well being of others. Alcohol may lead to arguments and fighting between individuals. Alcohol impairs one's judgment and violence may be used to resolve a conflict that would have been resolved in a nonviolent manner, had the individuals involved, not been impaired by alcohol. People who drink alcohol may blackout and leave themselves exposed to injury, assault, or other risks. Alcohol can inhibit one's judgment in relation to sexual feelings and decision-making. A person under the influence is less inhibited and may not protect self from sexual victimization or unprotected sexual intercourse. Drinking alcohol impairs reaction time and coordination leading to unintentional injury of self and others.

- The student will summarize the health risks associated with using alcohol and other drugs and motor vehicle crashes.
- The student will summarize the association between alcohol and other drugs and violent crimes, injury, and risky sexual behavior.
- The student will predict the potential negative effects of consuming alcohol and other drugs.

8.ATOD.2.2 Evaluate the magnitude and likelihood of the risks associated with the use of performance-enhancing drugs.

Performance-enhancing drugs are typically used to gain some type of competitive sport-related advantage or to improve appearance to look more buff. Some users take steroids, also known as anabolic-androgen steroids. Other performance-enhancing drugs may include androstenedione, human growth hormone, erythropoietin, diuretics, creatine and stimulants. Use of anabolic steroids without a physician's prescription is illegal. Depending on the level of competition, many performance-enhancing drugs are banned and athletes testing positive for these substances can be removed from competition and previous awards and records can be disqualified.

Most performance-enhancing drugs are taken by mouth or through injection with the intentions of growing muscle mass, improving athletic performance, and (in some cases) improving appearance. Potential side effects of performance-enhancing drugs in men include growth of breast tissue, baldness, shrunken testicles, infertility; while women may develop a deeper voice, enlarged genitals, increased body hair, and baldness. Both men and women may experience severe acne, increased risk of tendonitis or tendon ruptures, liver abnormalities and tumors,

hypertension, heart and circulatory problems, aggressive behaviors, rage, and violence, psychiatric disorders, and drug dependence.

- The student will explain the motivation for a young person to try performance-enhancing drugs.
- The student will summarize the risks associated with the use of performance-enhancing drugs.
- The student will encourage others to avoid performance-enhancing drugs.

Essential Standard and Clarifying Objectives

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

8.ATOD.3.1 Use strategies to avoid riding in a car with someone impaired by alcohol or drugs.

8.ATOD.3.2 Identify positive alternatives to the use of alcohol and drugs.

8.ATOD.3.3 Use advocacy skills to promote the avoidance of alcohol, tobacco, and drugs by others.

Unpacking

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

8.ATOD.3.1 Use strategies to avoid riding in a car with someone impaired by alcohol or drugs.

Individuals should always seek a safe ride if they cannot drive themselves to their destination. A safe ride means a driver who is responsible, abides by the traffic laws, and is sober (not impaired by alcohol or other drugs). If one's intended driver is impaired there are numerous strategies for seeking a safe ride home. Calling a close friend or family member for a ride, waiting in a safe location until a sober and responsible driver can be found, designating a driver if there are plans to consume alcohol or other drugs, using a taxi or driving service, or utilizing public transportation when available are all responsible strategies for protecting oneself and others and avoiding riding with an impaired driver.

- The student will summarize various strategies that may be employed to avoid riding with an impaired driver.
- The student will model refusing to ride in a car with an impaired driver.

8.ATOD.3.2 Identify positive alternatives to the use of alcohol and drugs.

Individuals may misuse or abuse drugs due to curiosity, low self-esteem, negative peer pressure, adult modeling, seeking mood alteration, to relieve boredom, or because they feel socially alienated with no sense of love or purpose in life. Young people need opportunities to develop their talents and skills to avoid feelings of low self-worth or issues associated with esteem. If adolescents are involved in an activity of interest during non-instructional hours, it helps to relieve feelings of boredom and isolation or alienation. It is important to develop and use assertive refusal skills and offer healthy alternatives when asked to use alcohol or drugs. Alternatives can include sports, music, dance, video games,

fitness activities, faith-based activities, family events, school-sponsored clubs and leadership opportunities, community and volunteer service, big-brother/big-sister mentoring relationships, movies, recreational events and games (e.g., rock climbing, hiking, boating), all of which are more enjoyable and much safer sober.

- The student will identify and select healthy alternatives to using alcohol and other drugs.

8.ATOD 3.3 Use advocacy skills to promote the avoidance of alcohol, tobacco, and drugs by others.

Effective advocacy messages are directed to a specific audience and a clear health-enhancing message is tailored to persuade individuals within that selected audience. An advocate must clearly articulate how and why the audience should make a change or support the message being received. The message must be supported with facts and show strong conviction for the position taken. Students should support the advocacy message of avoiding the use of alcohol tobacco and other drugs with facts and statistics and create engaging strategies to capture the attention of the intended audience.

- The student will summarize effective advocacy strategies to encourage others to avoid the abuse of substances.
- The student will demonstrate the ability to effectively advocate for a lifestyle free of alcohol, tobacco, and other drugs.