**Introduction**

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

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

**Goals and Strands**

The purpose of health education is to develop health-literate students—students who acquire an understanding of health concepts and the skills needed to make healthy decisions to improve, sustain, and promote personal, family, and community health. These skills align with core competencies (i.e., self-awareness, self-management, social awareness, relationship building, responsible decision making) identified in the CASEL framework for social and emotional learning (<https://casel.org/core-competencies/>). As a result of health education instruction, students will be able to:

* Access, evaluate, and synthesize information to protect, enhance, and advocate for their own and others’ health, well-being, and safety across their lifespan;
* Critically analyze health information from a variety of sources (e.g., credible scientific and institutional sources, health brochures, media messages, websites) to make appropriate health decisions and access services needed to prevent or treat illness; and
* Develop and use personal, behavioral, social, and cognitive skills and strategies to promote a sense of personal identity and well-being and to build and manage respectful relationships.

The 2020 *Health Education Standards of Learning Curriculum Framework* is organized into strands to provide clarity for learning expectations and guide learning progressions.

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*1. Demonstrate the knowledge and skills to make healthy decisions that reduce health risks and enhance the health of oneself and others.* **(Essential Health Concepts)**

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

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

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

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

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

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

The *2020 Health Education Standards of Learning Curriculum Framework,* a companion document to the proposed *2020 Health Education Standards of Learning,* amplifies and supports the *Health Education Standards of Learning* and delineates in greater specificity the minimum content that all teachers should teach and all students should learn. The standards and curriculum framework are not intended to encompass the entire curriculum for a given grade level or course. School divisions are encouraged to incorporate the standards and curriculum frameworkinto a broader, locally designed or selected curriculum.

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

*Essential Understandings*

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

*Essential Knowledge and Skills*

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

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

**Strand:** **Body Systems**

**Standards:**

7.1.a Identify and describe the major structures and functions of the circulatory system.

7.2.a Describe how healthy food choices and physical activity keep the circulatory system healthy.

7.3.a Promote strategies for maintaining a healthy circulatory system.

| **Essential Understandings** | **Essential Knowledge and Skills** |
| --- | --- |
| The circulatory system is the network of blood vessels (arteries, veins, and capillaries) that carry blood to and from all areas of the body. Blood carries the oxygen and nutrients that the organs need to work properly; and blood also carries carbon dioxide to the lungs so that it can be released out of the body through breathing out. ([NIH National Heart, Lung, and Blood Institute](https://www.nhlbi.nih.gov/health-topics/how-heart-works))* The heart is located in the center of the chest, near the lungs. It has four chambers surrounded by muscle and other heart tissue. The four chambers include (1.a):
	+ Right and left atrium, located at the top.
	+ Right and left ventricle, located at the bottom.
* Blood flows from the right atrium into the right ventricle and from the left atrium to the left ventricle.
* Chambers are separated by heart valves, which make sure that the blood keeps flowing in the right direction. Valves allow blood to flow out of a chamber and then close to allow the chamber to refill with blood. Valves include (1.a):
	+ Tricuspid: separates the right atrium and right ventricle; acts like a door between the atrium and ventricle to prevent blood from flowing backward into the atrium.
	+ Pulmonary: separates the right ventricle and the pulmonary artery, which carries blood to the lungs to drop off carbon dioxide and pick up oxygen.
	+ Aortic: separates the left ventricle and aorta; opens to allow oxygen-rich blood to leave the heart from the left ventricle through the aorta to the rest of the body.
	+ Mitral: separates the left atrium and left ventricle; acts like a door between the atrium and ventricle to prevent blood from flowing backward into the left atrium.
* Adding oxygen to blood (1.a):
	+ Oxygen-poor blood from the body enters the heart through two large veins, the superior vena cava and the inferior vena cava. The blood enters the heart’s right atrium and is pumped to the right ventricle, which pumps the blood to the lungs.
	+ The pulmonary artery then carries oxygen-poor blood from the heart to the lungs. Lungs add oxygen to blood.
	+ Oxygen-rich blood from the lungs then enters the left atrium via pulmonary veins and is pumped to the left ventricle. The left ventricle generates the high pressure needed to pump the blood to the whole body through blood vessels.
	+ When blood leaves the heart to go to the rest of the body, it travels through a large artery called the aorta.
* The heart is a muscle that needs blood to get oxygen and nutrients. Coronary arteries branch off from the aorta so that oxygen-rich blood is delivered to the heart as well as the rest of the body. (1.a)
* Interruptions, blockage, or diseases that affect how the heart or blood vessels pump blood can cause complications such as a heart attack or stroke. (2.a)
* To prevent heart disease ([CDC](https://www.cdc.gov/heartdisease/prevention.htm)) (2.a, 3.a):
	+ Choose healthy meals and snacks to help prevent heart disease and its complications. Eat plenty of fresh fruits and vegetables and fewer processed foods.
		- Eating a lot of food high in saturated fat and trans fat may contribute to heart disease.
		- Eating foods high in fiber and low in saturated fats, trans fat, and cholesterol can help prevent high cholesterol.
		- Limiting salt (sodium) can also lower blood pressure.
		- Limiting sugar can lower blood sugar levels to prevent or help control diabetes.
	+ Physical activity can help maintain a healthy weight and lower blood pressure, blood cholesterol, and blood sugar levels. Children, adolescents, and adults should follow the Centers for Disease Control (CDC) Physical Activity Guidelines for Americans. (2.a, 3.a)
 | In order to meet these standards, it is expected that students will* create a diagram that illustrates the circulatory system; label structures and describe the functions of each structure (1.a);
* research and present three strategies (food choices and physical activity) to promote heart and circulatory health (2.a);
* develop and present a public service announcement or other promotional advocacy strategy to promote circulatory system health (3.a).

Additional resources: [Health Smart Virginia](http://www.healthsmartva.org)[EVERFI](https://everfi.com/) |

**Strand: Nutrition**

**Standards:**

7.1.b Describe the value of nutrient-dense foods.

7.2.b Analyze the effects of nutrition on daily performance (i.e., mind and body).

7.3.b Encourage nutrient-dense food choices at home, at school, and in restaurants.

7.1.c Describe the benefit of eating foods to meet recommendations for iron, calcium, potassium, vitamin D, and dietary fiber.

7.2.c Explain the cognitive and physical benefits of eating a healthy breakfast.

7.3.c Educate peers and family members on the importance of eating a healthy breakfast and being physically active.

7.1.d Identify decision-making steps for selecting healthy foods and beverages.

7.2.d Use a decision-making process to evaluate daily food intake and nutritional requirements.

7.3.d Explore opportunities to engage with local school wellness policy committees to advocate for nutritional food and beverage choices for all school-sponsored events.

7.1.e Explain how allergens cause an allergic reaction.

7.2.e Discuss the concept of an allergen-safe zone.

7.3.e Promote understanding of the importance of handwashing, not sharing food, and allergen safe-zones.

| **Essential Understandings** | **Essential Knowledge and Skills** |
| --- | --- |
| Nutrient-dense foods are high in nutrients but relatively low in calories. * Nutrient-dense foods contain vitamins, minerals, complex carbohydrates, lean protein, and healthy fats. Examples include fruits and vegetables, whole grains, low-fat or fat-free milk products, seafood, lean meats, eggs, peas, beans, and nuts. ([National Cancer Institute](https://www.cancer.gov/search/results?swKeyword=nutrient-dense+food)) (1.b)
* Nutrient-dense foods provide the macronutrients and micronutrients for the body to function without adding empty calories and help to maintain health-enhancing weight. (1.b)
* Nutrition affects brain health, mood, cognition (thought, mental processes), creativity, energy, and physical performance. (2.b)
* Restaurants: Most restaurants provide menus and nutritional information online that could be evaluated prior to dining. Nutritional information may be available on menus or asking the server how foods are prepared are ways to make healthy food choices when dining out. (3.b)

A majority of Americans consume sufficient amounts of most nutrients; some nutrients, including iron (girls and women), calcium, potassium, vitamin D, and dietary fiber, are not consumed in sufficient amounts/below the recommended levels. ([USDA Dietary Guidelines 2020-2025](https://dietaryguidelines.gov/sites/default/files/2021-03/Dietary_Guidelines_for_Americans-2020-2025.pdf))* Iron: Needed to make healthy oxygen-carrying red blood cells. Iron is an important component of hemoglobin, the substance in red blood cells that carries oxygen from the lungs to the heart and to the rest of the body (systemic circulation). The recommendation for ages 9-13 is 8 milligrams (.0003 ounces) per day. Iron is found in lean meats, poultry, and seafood, legumes (beans and peas) and dark-green vegetables, as well as foods enriched or fortified with iron, such as many breads and ready-to-eat cereals. (1.c)
* Calcium: Makes up much of the bones and teeth and helps heart health, muscle function, and nerve signaling. The recommendation for ages 9-13 is 1,300 milligrams (.5 ounce) per day. Calcium is found in dairy (milk, cheese, yogurt, seafood, leafy greens, legumes, dried fruit, tofu, and foods fortified with calcium). (1.c)
* Potassium: A mineral important for nerves and muscles, including the heart. The recommendation for ages 9-13 is 4,500 milligrams (.16 ounce) per day. Potassium is found in vegetables, fruits, and dairy, white potatoes, beet greens, white beans, plain yogurt, and sweet potatoes. Note: Too much potassium can cause kidney problems. (1.c)
* Vitamin D: Helps the body absorb calcium, facilitates immune system function, and is important for the normal growth and development of bones and teeth. The recommendation for ages 9-13 is 600 International Units (IU) per day. Vitamin D is found in seafood such as salmon, herring, mackerel, and tuna, and foods fortified with vitamin D, especially almond milk, cow’s milk, soy beverage (soymilk), yogurt, orange juice, and breakfast cereals. (Note: Vitamin D is unique in that sunlight on the skin enables the body to make vitamin D. Recommendations for vitamin D assume minimum sun exposure.) Vitamin D fortified milk – one cup equals 65 percent of the daily recommended allowance. (1.c)
* Dietary fiber: Helps to maintain a healthy weight and lower the risk of diabetes (by helping lower glucose levels), heart disease (by helping lower blood cholesterol), and some types of cancer. The recommendation for ages 9-13 is 22-25 grams (.7 to .9 ounces) per day. Dietary fiber is found in whole-wheat flour, wheat bran, oats, nuts, beans, vegetables (cauliflower, green beans, potatoes, peas, carrots), and fruits (apples, citrus fruits). (1.c)
* Eating a healthy breakfast is associated with improved cognitive function (especially memory), reduced absenteeism, and improved mood. ([School Meals](https://www.cdc.gov/healthyschools/npao/schoolmeals.htm)) Carbohydrates for breakfast provides the body energy to get started and gives fuel to the brain. Protein provides the body with fuel to repair tissue and is a longer lasting energy source than carbohydrates. Protein also helps one feel full until the next meal. (2.c)
	+ Carbohydrates (e.g., whole-grain cereals, bread, fresh fruit, or vegetables)
	+ Protein (e.g., low-fat milk, yogurt, cottage cheese, nuts, legumes)

Setting personal goals and identifying nutritional needs will help decision making.* Decision-making process for selecting healthy foods and beverages: (1.d)
	+ Identify the decision to be made.
	+ List all of the possible options.
	+ Evaluate the pros and cons of each option, using criteria such as
		- Is this option healthful? Is this a “sometimes” food/beverage?
		- What do I need to add to meet my nutrition goals/needs?
	+ Make your decision based on the evaluation of each option.
	+ Reflect on the decision that was made.
* In compliance with [Public Law 111-296, Healthy, Hunger-Free Kids Act of 2010](https://www.govinfo.gov/content/pkg/PLAW-111publ296/pdf/PLAW-111publ296.pdf) (HHFK), division-level wellness committees are required, and many school divisions may require each individual school to have a wellness committee of school staff, parents, students, and food and nutrition services staff to support ongoing requirements of wellness policy implementation, assessment, and public updates. (3.d)

People who have allergic reactions to food can be supported by helping to keep surfaces clean, keep hands clean, and getting help from an adult if needed.* A food allergy occurs when the body has a specific and reproducible immune response to certain foods. The body’s immune response can be severe and life threatening, such as anaphylaxis. Although the immune system normally protects people from germs, in people with food allergies, the immune system mistakenly responds to food as if it were harmful. There is no cure for food allergies. Strict avoidance of the food allergen is the only way to prevent a reaction. ([Food Allergies](https://www.cdc.gov/healthyschools/foodallergies/)) (1.e)
* Symptoms and the severity of allergic reactions to food can be different among individuals and can be different for one person over time. Anaphylaxis is a sudden and severe allergic reaction that may cause death. Not all allergic reactions will develop into anaphylaxis. Allergic reactions to food may include an upset stomach, runny nose, itchy skin rash such as hives, or trouble breathing. People at risk for serious allergic reactions have to be very careful and need a plan for handling emergencies when they might need to get special medicine to stop these symptoms from getting worse. (1.e)
* Strategies for schools to assist those with food allergies may include:
	+ No nuts/peanuts in any food brought into a classroom.
	+ Designate an “allergen-free” table in the cafeteria.
	+ Hold foodless classroom celebrations.
	+ Offer gluten-free (wheat-free) options for class parties.
	+ Keep surfaces clean in classrooms and cafeterias where food is eaten.
	+ Wash hands before and after eating.
	+ Do not share food.
	+ Know how to get help from an adult if someone is having a food allergy problem. (2.e)
 | In order to meet these standards, it is expected that students will* create messaging to promote nutrient-dense food choices (what and why they are important) for a variety of audiences (peers, parents) and situations (home, school, restaurants) (1.b, 2.b, 3.b);
* research/describe the importance of iron, calcium, potassium, vitamin D, and dietary fiber on body function (1.c);
* develop a presentation to be used at school or at home that supports and explains the importance of consuming a healthy breakfast and also highlights menu items for breakfast that includes healthy breakfast foods that can be easily made when in a hurry (2.c, 3.c);
* use a decision-making process to evaluate and reflect on daily food and beverage intake and nutritional requirements (1.d, 2.d);
* explore opportunities to engage with the local school wellness committee to advocate for healthy nutrition and beverage choices at all school-sponsored activities (including before, after, and during school activities such as classroom celebrations) (3.d);
* share allergen-free strategies with others that includes knowledge of how allergens cause reactions (1.e, 2.e, 3.e).

Additional resources:[Health Smart Virginia](http://www.healthsmartva.org)[EVERFI](https://everfi.com/) |

**Strand:** **Physical Health**

**Standards:**

7.1.f Explain the concept of active transportation (e.g., walking, biking).

7.2.f Analyze the physical and mental health benefits of active transportation.

7.3.f Design and promote safe walking and bike routes to and from school or another location in the community.

| **Essential Understandings** | **Essential Knowledge and Skills** |
| --- | --- |
| Active transportation is any mode of nonmotorized transportation, such as walking or jogging, biking, and any other human-powered transportation (i.e., rolling, wheelchair users).* Active transportation includes safe walking and biking to school, work, or services that has the benefits of increasing physical activity and reducing congestion and air pollution. Public transportation can also increase physical activity as people walk or bike to and from public transportation. (1.f, 2.f)
* Physical activity can reduce rates of obesity, diabetes, heart disease, stroke, and other chronic health conditions. (2.f)
* Physical activity affects mental health positively by building confidence, managing anxiety and depression, and increasing self-esteem and cognitive skills. Exercise also releases endorphins, which correlates to happiness. (2.f)
 | In order to meet these standards, it is expected that students will* explain active transportation and the benefits (1.f, 2.f);
* design a walking and biking route to school or other neighborhood/community destinations, including safety tips and maps (3.f);
* Discuss how you can get involved locally to make your community safer to actively transport (city council, city planning, streetlights, are there bike lanes, crosswalks, etc.) (3.f);
* create an illustration of a safe walking/biking path to a favorite recreational site (3.f).

Additional resources:[Health Smart Virginia](http://www.healthsmartva.org)[EVERFI](https://everfi.com/) |

**Strand:** **Disease Prevention/Health Promotion**

**Standards:**

7.1.g Evaluate the impact of sleep and rest on physical, social, and emotional health and on cognitive performance.

7.2.g Compare current personal sleep and rest habits with recommended guidelines for teenagers.

7.3.g Engage family to create a personal plan to meet recommended guidelines for sleep and rest.

7.1.h Explain the impact of weather- or climate-related physical conditions on individuals, including allergies, asthma, sunburn, dehydration, heatstroke, heat exhaustion, and hypothermia.

7.2.h Describe ways to prevent weather- or climate-related physical environmental conditions, such as allergies, asthma, sunburn, dehydration, heatstroke, heat exhaustion, and hypothermia.

7.3.h Determine strategies to protect against the harmful effects of the sun, heat, and cold.

7.1.i Describe how the school and the community can impact personal health practices and behaviors, including the availability of physical, emotional, and social health services; emergency response systems; healthcare products; and recreational and leisure opportunities.

7.2.i Identify resources in the community that are dedicated to promoting health.

7.3.i Define public health and describe the associated health and medical careers and the training required for these occupations.

7.1.j Identify government agencies that provide consumer protections for health products and services.

7.2.j Identify state and federal laws that provide consumer protections.

7.3.j Evaluate and promote a health care product or service for students, families, schools, or communities that will help others to make positive health choices.

| **Essential Understandings** | **Essential Knowledge and Skills** |
| --- | --- |
| Getting enough sleep is as important as eating the right foods and exercising daily. * Sleep helps your brain, mood, and dealing with stress. Lack of sleep can affect mood, energy, attention, and academic performance. The ability to stay focused and concentrate can be affected by a lack of sleep and may lead to behavior problems. Insufficient sleep has been linked to increased risk for poor mental health, injuries, and the development and management of a number of chronic diseases and conditions, including type 2 diabetes, cardiovascular disease, obesity, and depression. (1.g)
* Different age groups need different amounts of sleep. Centers for Disease Control and Prevention (CDC) guidelines for ages 6-12 is 9-12 hours and teens ages 13-18 is 8-10 hours. ([How Much Sleep Do I Need](https://www.cdc.gov/sleep/about_sleep/how_much_sleep.html)) (2.g)
* Good sleep habits (sleep hygiene) ([Tips for Better Sleep](https://www.cdc.gov/sleep/about_sleep/sleep_hygiene.html)) (3.g):
	+ Be consistent. Go to bed at the same time each night and get up at the same time each morning, including on the weekends.
	+ Make sure your bedroom is quiet, dark, relaxing, and at a comfortable temperature.
	+ Remove electronic devices, such as TVs, computers, and smartphones, from the bedroom.
	+ Avoid large meals and caffeine before bedtime.
	+ Get some exercise. Being physically active during the day can help you fall asleep more easily at night.

Weather and climate can trigger illnesses (e.g., allergies and asthma) and cause cold- and heat-related illnesses including hypothermia, heat exhaustion, heat stroke, dehydration, and sunburn.* Weather is a common allergy trigger. Dry, windy days blow pollen into the air, causing hay fever. On rainy or humid days, moisture makes mold indoors and outside along with dust mites that also thrive in humid air. Seasonal allergies include tree pollen in spring; grass pollen, ragweed, and other weeds in summer; ragweed in fall; and indoor allergies in winter. (1.h)
* Asthma ([Asthma](https://www.cdc.gov/asthma/)): A disease that affects the lungs, causes wheezing, breathlessness, chest tightness, and nighttime or early morning coughing; can be controlled but not cured; medication may be needed and staying away from possible weather-related triggers such as bad weather—thunderstorms, high humidity, or freezing temperatures (asthma may also be triggered by strenuous physical activity, some medicines, foods and food additives, dust mites, tobacco smoke, and strong emotional states) (1.h)
* Sunburn ([Sun Exposure – Sunburn](https://www.cdc.gov/niosh/topics/sunexposure/sunburn.html); [Skin Cancer Awareness](https://www.cdc.gov/cancer/dcpc/resources/features/skincancer/)): Sunburn is an often painful sign of skin damage from spending too much time outdoors without wearing a protective sunscreen or ultraviolet (UV) protective clothing. Years of overexposure to the sun lead to premature wrinkling, aging of the skin, age spots, and an increased risk of skin cancer. Eyes can also get burned from sun exposure. UV rays, not the temperature, do the damage. Anyone can get skin cancer. Sunburns get better on their own, but they still affect your health. Each time you get a blistering sunburn, it damages skin cells and increases your chance of developing skin cancer. That’s especially true if you get sunburns as a kid or teen. Symptoms usually start about four hours after sun exposure, worsen in 24-36 hours, and resolve in three to five days. Symptoms may include red, warm, and tender skin, swollen skin, blistering, headache, fever, nausea, and fatigue. The pain from sunburn is worse six to 48 hours after sun exposure. Skin peeling usually begins three to eight days after exposure. (1.h)
* Dehydration: Exercising at an intensity that causes sweating and hot weather and humidity can cause the body to sweat leading to water loss. Dehydration is a result of the amount of water lost through perspiration, fever, vomiting, and diarrhea, and results in the body not having enough water for normal body function. Not replacing the fluid can make a person feel ill. Even mild dehydration can affect physical and mental performance. Signs of dehydration include thirst, muscle fatigue, reduced cognitive processing, dizziness, confused or dazed states of awareness, infrequent urination and dark-colored urine, and dry mouth. Plain water is the best option to replace the fluid loss. (1.h)
* Heat-related illness ([Frequently Asked Questions about Extreme Heat](https://www.cdc.gov/disasters/extremeheat/faq.html)): People suffer heat-related illness when the body’s temperature control system is overloaded. The body normally cools itself by sweating. But under some conditions, sweating just isn’t enough. In such cases, a person’s body temperature rises rapidly. Very high body temperatures may damage the brain or other vital organs. Several factors affect the body’s ability to cool itself during extremely hot weather. When the humidity is high, sweat will not evaporate as quickly, preventing the body from releasing heat quickly. Other conditions that can limit the ability to regulate temperature include old age, youth (newborn to age four), obesity, fever, dehydration, heart disease, mental illness, poor circulation, sunburn, and prescription drug use and alcohol use. (1.h)
	+ Heat exhaustion: A milder form of heat-related illness that can develop after several days of exposure to high temperatures and inadequate or unbalanced replacement of fluids. Those most prone to heat exhaustion are adults over 65, those with high blood pressure, and those working or exercising in a hot environment. A person with heat exhaustion often might have cool and moist skin, indicating that the body’s ability to cool itself is still present, but the person’s pulse rate is fast and weak, and breathing is rapid and shallow. If untreated, heat exhaustion may progress to heat stroke.
	+ Heat stroke: The most serious heat-related illness. It occurs when the body becomes unable to control its temperature: The body’s temperature rises rapidly, the sweating mechanism fails, and the body is unable to cool down. Body temperature may rise to 106°F or higher within 10 to 15 minutes. Heat stroke can cause death or permanent disability if emergency treatment is not provided. It is characterized by the following symptoms: a body temperature greater than 103°F (39.4°C); red, hot, and dry skin (no sweating); rapid, strong pulse; throbbing headache; dizziness; nausea; confusion; and unconsciousness.

Cold-related Illness (1.h)* Hypothermia ([Prevent Hypothermia & Frostbite](https://www.cdc.gov/disasters/winter/staysafe/hypothermia.html)): Caused by prolonged exposure to very cold temperatures. When exposed to cold temperatures, the body begins to lose heat faster than it is produced. Lengthy exposures will eventually use up the body’s stored energy, which leads to lower body temperature. Body temperature that is too low affects the brain, making the victim unable to think clearly or move well. This makes hypothermia especially dangerous because a person may not know that it’s happening and won’t be able to do anything about it. While hypothermia is most likely at very cold temperatures, it can occur even at cool temperatures (above 40°F) if a person becomes chilled from rain, sweat, or submersion in cold water. Symptoms/warning signs include shivering, exhaustion or feeling very tired, confusion, fumbling hands, memory loss, slurred speech, and drowsiness.
* Prevention/protection:
	+ Heat-related protection/prevention includes wearing appropriate clothing (lightweight, light-colored, loose fitting); staying cool indoors (home, shopping malls, public library); cutting down on exercise in high heat; wearing sunscreen (SPF 30 or higher UVA/UVB broad spectrum), wearing a hat and sunglasses (that block UVA and UVB rays), avoiding hot and heavy meals, staying hydrated, and staying away from drinks high in sugar. If feeling parched/thirsty or dizzy outdoors, take a break and sit in the shade or someplace cool and drink water.
	+ To prevent dehydration: The easiest way to avoid dehydration is to drink lots of fluids, especially water, especially on hot days. Drinking water does not add calories to your diet and is great for your health. The amount that people need to drink will depend on age, size, level of physical activity, and the weather. Wear appropriate clothing, layers, and limit prolonged exposure to very cold temperatures to prevent hypothermia. (2.h)

Access to health care services affects one’s overall physical, social, and mental health status and quality of life. * School resources to support physical, emotional, and social health include access to the school nurse or a public health nurse, school counselors, school psychologists, school social workers, health and physical education instruction, and facilities and programs for physical activity, social gatherings, sports, and athletics. (1.i)
* Community resources vary by area. Resources that support physical, emotional, and social health services may include emergency response systems (e.g., fire, rescue, police); hospitals, county health departments, health care providers (e.g., physicians, nurses, dentists, eye doctors), local stores that have health care products, and safe space and facilities for recreational and leisure opportunities (e.g., recreation centers, public fields, recreation sport leagues). (2.i)
* Public health is the art and science of dealing with the protection and improvement of community health by organized community effort and including preventive medicine and sanitary and social science. Public health promotes and protects the health of people and the communities where they live, learn, work and play. (3.i)
	+ Work focuses on prevention and protection to include wellness activities and promoting healthy behaviors. In addition, public health professionals:
		- Work in labs to determine what causes certain diseases and to develop vaccines to protect us from them (i.e., scientists, lab technicians, researchers, epidemiologists, and public health doctors).
		- Educate people how to eat more nutritious foods, protect their children from toxic substances, and avoid safety hazards (i.e., health educators, public health nurses, nutritionists, dieticians, and environmental health professionals).
		- Analyze data to better understand how infectious diseases are spread (i.e., scientists, statisticians, and analysts).
		- Manage health care clinics and nursing homes (i.e., health care administrators, nurses, and therapists).
		- Work for government agencies that monitor the quality of the air we breathe and the water we drink (i.e., air pollution specialist, solid waste specialist, hazardous waste specialist, surface water specialists, drinking and ground water specialists, environmental science, science and engineering, and air quality technician.)
		- Study soil and food samples to uncover health hazards (i.e., food safety specialist, disease control, and food and restaurant quality control and inspections).
		- Work with firefighters, police, hospitals, and emergency specialists to develop plans and strategies to prevent and mitigate manmade and natural disasters (i.e., built environment specialist, occupational safety expert, emergency response specialist, and emergency management specialist).
		- Develop policies that affect how we access health care services (i.e., environmental health advocate).
		- First responders and health care providers.
* Federal laws govern the agencies that provide consumer protections for health products and services.
	+ Food and Drug Administration (FDA): The FDA protects public health by ensuring the safety, efficacy, and security of human and veterinary drugs, biological products, and medical devices; by ensuring the safety of the nation’s food supply, cosmetics, and products that emit radiation; regulating the manufacturing, marketing, and distribution of tobacco products; working to reduce tobacco use by minors; helping to speed innovations that make medical products more effective, safer, and more affordable; and by helping the public get the accurate, science-based information they need to use medical products and foods to maintain and improve their health. (1.j)
	+ Federal Trade Commission (FTC) Bureau of Consumer Protection: The Bureau of Consumer Protection stops unfair, deceptive, and fraudulent business practices by collecting complaints and conducting investigations, suing companies and people that break the law, developing rules to maintain a fair marketplace, and educating consumers and businesses about their rights and responsibilities. It provides consumer tips for health and fitness products and services. (1.j)
	+ U.S. Consumer Product Safety Commission: Protects the public against unreasonable risks of injury or death from consumer products through education, safety standards activities, regulation, and enforcement. Protects consumers and families from products that pose a fire, electrical, chemical, or mechanical hazard. Ensures the safety of consumer products, such as toys, cribs, power tools, cigarette lighters, and household chemicals. (1.j)
* Virginia state law that provides consumer protections (2.j):
	+ [Virginia Consumer Protection Act of 1977 – *§59.1-197*](https://law.lis.virginia.gov/vacode/59.1-197/)*.* Promotes fair and ethical standards of dealings between suppliers and the consuming public.
		- Advertising or sale of goods or services for personal or household uses.
		- Advertising or sale of business opportunities requiring a person’s money or property and personal services.
		- Can file complaints for:
			* Misrepresenting the goods or services as those of another.
			* Misrepresenting the geographic origin of goods or services (such as a label that says “Made in the USA”).
			* Misrepresenting that the goods or services have certain quantities, uses, ingredients, or benefits.
			* Advertising secondhand or used goods without clearly indicating that the goods are not brand new.
			* Advertising goods with the intent not to sell them as advertised or with the intent not to sell at the advertised price.
* Federal laws that provide consumer protections (3.j):
	+ The Federal Food, Drug, and Cosmetic Act of 1938: Authorized the FDA to demand evidence of safety for new drugs, issue standards for food, and conduct factory inspections.
	+ The Kefauver-Harris Amendments of 1962: Strengthened the rules for drug safety and required manufacturers to prove their drugs’ effectiveness.
	+ The Medical Device Amendments of 1976: Applied safety and effectiveness safeguards to new devices.
	+ Consumer Product Safety Act 1972: Authorized the U.S. Consumer Product Safety Commission to develop standards and bans. It also gives CPSC the authority to pursue recalls and to ban products under certain circumstances.
 | In order to meet these standards, it is expected that students will* explain the importance of sleep and keep a sleep log for three to five school nights; compare log with recommended guidelines (1.g, 2.g);
* create a personal goal and plan with family/caregivers to meet/continue to meet recommended sleep guidelines (3.g);
* describe how climate/weather affects allergies, asthma, sunburn, dehydration, heat stroke, heat exhaustion, and hypothermia and identify prevention strategies (1.h, 2.h, 3.h);
* conduct an evaluation of the community for available health services (physical, emotional, and social health services; emergency response systems; health care products; and recreational and leisure opportunities) (1.i, 2.i);
* explain what public health professionals do and select one career/position and describe the training to be in that career (3.i);
* identify state/federal consumer protection agencies and use information from a state or federal consumer protection agency to evaluate a health care product or service (1.j, 2.j, 3.j);
* create an advertisement to promote a health care product or service for good health (3.j).

Additional resources:[Health Smart Virginia](http://www.healthsmartva.org)[EVERFI](https://everfi.com/) |

**Strand: Substance Use/Misuse Prevention**

**Standards:**

7.1.k Explain the link between addiction to alcohol, tobacco, and other drugs; chronic disease; and engaging in risky behaviors.

7.2.k Understand that addiction is a compulsive physiological need for and use of a habit-forming substance.

7.3.k Identify ways to participate in school and community efforts to promote a drug-free lifestyle.

7.1.l Define prescriptions, controlled substances, nicotine vaping products, hemp, and marijuana-derived cannabidiol (CBD) products, and explain their uses.

7.2.l Explain the purpose of the Food and Drug Administration (FDA) and differentiate between FDA-approved and non-FDA-approved substances.

7.3.l Create strategies to identify types of advertising techniques used in a variety of media, including social media, that may influence adolescents’ decisions concerning alcohol, tobacco and nicotine products, and other drugs.

7.1.m Identify the types of behavior associated with drug use and abuse that reflect positive norms (e.g., drug use is not cool, drunken driving is stupid, most teens do not use drugs).

7.2.m Identify short-term, social and negative consequences of engaging in risky behaviors, including the use of alcohol, tobacco, nicotine products, marijuana, and other drugs.

7.3.m Identify and demonstrate strategies and skills for avoiding alcohol, tobacco, inhalants, and other harmful substances (e.g., effective refusal skills).

| **Essential Understandings** | **Essential Knowledge and Skills** |
| --- | --- |
| Drug addiction is a chronic disease. Drug use is linked to risky behaviors such as needle sharing and can also weaken the immune system. This combination greatly increases the likelihood of contracting human immunodeficiency virus (HIV), hepatitis, and other infectious diseases ([Health Consequences of Drug Use](https://www.drugabuse.gov/drug-topics/health-consequences-drug-misuse/hiv-hepatitis-other-infectious-diseases)). * Drugs that may cause cancer include alcohol, marijuana/cannabis, tobacco, and steroids. (Young adult males who use marijuana/cannabis and began their use during adolescence are at risk for an aggressive form of testicular cancer.) Most drugs can have adverse cardiovascular effects, ranging from abnormal heart rate to heart attack. Drug use can lead to respiratory problems. Smoking cigarettes, marijuana/cannabis, and crack cocaine can cause bronchitis, emphysema, lung damage, and lung cancer. The use of some drugs, such as opioids, may cause breathing to slow, block air from entering the lungs, or make asthma symptoms worse. ([Health Consequences of Drug Use](https://www.drugabuse.gov/drug-topics/health-consequences-drug-misuse/hiv-hepatitis-other-infectious-diseases)) Alcohol can cause stroke, high blood pressure, cirrhosis (scarring of the liver), and cancer ([Alcohol’s Effect on the Body](https://www.niaaa.nih.gov/alcohols-effects-health/alcohols-effects-body)). (1.k)
* Addiction is a compulsive physiological need for and use of a habit-forming substance. The preferred term for drug addiction is substance use disorder (SUD) or substance abuse disorder. Drug addiction/SUD is defined as a chronic, relapsing disorder characterized by compulsive drug seeking and use despite adverse consequences. ([Understanding Drug Use](https://www.drugabuse.gov/publications/drugfacts/understanding-drug-use-addiction)) (2.k)
* Drug addiction/SUD is considered a brain disorder because it involves functional changes to brain circuits involved in reward, stress, and self-control, and those changes may last a long time after a person has stopped taking drugs. These changes to the brain affect how a person thinks (impairs judgment) and acts, which can lead to risky behaviors that may cause chronic disease, viral infections, and injury to self and others (e.g., driving under the influence, engaging in violent/aggressive behaviors, or engaging in illegal behaviors to obtain money for or to obtain the drug). Compassion and understanding about SUD are important for people to obtain the treatment needed for the disorder. (2.k)

All drugs (i.e., medicines, medications, and illicit drugs) will affect the body and how it functions. Some effects are helpful, but some are harmful if used incorrectly or at all.* Prescription medications require a doctor’s order to obtain. They are used to treat a specific illness or condition. (1.l)
* Controlled substances are drugs that require permission from a doctor to use In legal terms, controlled substances are regulated under federal law with legal consequences for illegal use and distribution ([The Controlled Substances Act DEA](https://www.dea.gov/drug-information/csa)). (1.l)
* Nicotine vaping products: Vapes, vaporizers, vape pens, hookah pens, vape pods, electronic cigarettes (e-cigarettes or e-cigs), and e-pipes are some of the many terms used to describe electronic nicotine delivery systems (ENDS). These products use an “e-liquid” that may contain nicotine, as well as varying compositions of flavorings, propylene glycol, vegetable glycerin, and other ingredients. The liquid is heated to create an aerosol that the user inhales. ENDS may be manufactured to look like conventional cigarettes, cigars, or pipes. Some resemble pens or USB flash drives. ([Vaporizers, E-cigarettes, and other Electronic Nicotine Delivery Systems](https://www.fda.gov/tobacco-products/products-ingredients-components/vaporizers-e-cigarettes-and-other-electronic-nicotine-delivery-systems-ends)) There is no medical use for nicotine products. Note: There are nicotine products such as patches and gum that are designed for smoking cessation. (1.l)
* Hemp ([What is Hemp?](https://archives.drugabuse.gov/blog/post/what-is-hemp)): Another name for the Cannabis sativa plant and its products. This same species of plant is also called marijuana. Hemp and marijuana are both names for the Cannabis sativa plant, but people usually use these terms to talk about two different varieties of the plant. Varieties grown to make hemp rope and other products you might see on store shelves (e.g., hats, shampoo) have a lot less of the chemical that makes marijuana users feel high. Those varieties are sometimes called “industrial hemp.” Varieties grown for use as a drug have been specifically bred to have lots of delta-9-tetrahydrocannabinol (THC), which is the chemical that makes users feel high. (1.l)
* Marijuana-derived cannabidiol (CBD) products ([Say What? “Cannabidiol [CBD]”](https://teens.drugabuse.gov/blog/post/say-what-cannabidiol-cbd)): CBD stands for cannabidiol (pronounced ca-nuh-bi-DYE-ol). CBD is a “non-psychoactive” ingredient in marijuana and hemp. This means it does not make a person high. CBD is typically found in very small amounts in the marijuana/cannabis plant. Unlike THC, the chemical in marijuana that causes the high, there are no known harms of taking CBD on its own. So far, scientific research has found that CBD can help to treat two types of seizure disorders in children when it’s in a medication (called Epidiolex) that’s been approved by the FDA. Scientists are studying whether CBD might be effective in treating other conditions including anxiety, sleep, pain, and drug and alcohol use disorders. CBD products—like lotion, bath oil, or honey—have not been proven to be effective medical treatments for any conditions. (1.l)
	+ Note: The FDA has seen only limited data about CBD safety, and these data point to real risks that need to be considered before taking CBD for any reason. Some CBD products are being marketed with unproven medical claims and are of unknown quality. The FDA will continue to update the public as it learns more about CBD.
* FDA ([Food and Drug Administration](https://www.fda.gov/about-fda/what-we-do)): Protects public health by ensuring the safety, efficacy, and security of human and veterinary drugs, biological products, and medical devices, and by ensuring the safety of the nation’s food supply, cosmetics, and products that emit radiation. FDA also has responsibility for regulating the manufacturing, marketing, and distribution of tobacco products to protect public health and to reduce tobacco use by minors. (2.l)
	+ To get a drug approved, drug manufacturers must conduct lab, animal, and human clinical testing and submit their data to FDA. FDA’s Center for Drug Evaluation and Research (CDER) is comprised of a team of physicians, statisticians, chemists, pharmacologists, and other scientists who review the company’s data and proposed labeling. FDA approval of a drug means that data on the drug’s effects have been reviewed by CDER and the drug is determined to provide benefits that outweigh its known and potential risks for the intended population. (All drugs/medications have side effects.) All medications must receive FDA approval; however, there are some over-the-counter drugs and dietary supplements that do not require FDA approval to be sold. This includes but is not limited to vitamins and certain weight-loss supplements. ([FDA Dietary Supplements](https://www.fda.gov/consumers/consumer-updates/fda-101-dietary-supplements))
* Advertising techniques: The goal of advertisements is to sell and influence buyers by promoting a product, service, or company. Advertisement techniques may include: (3.l)
	+ Bandwagon (everyone else is doing it).
	+ Fear (scare people into buying/believing something).
	+ Conflict (uses an unresolved problem or situation).
	+ Shock (uses controversy to gain attention.)
	+ Problem/Benefit (convince someone they have a problem and the product is the solution).
	+ Testimonial/Celebrity/Endorsements (provide credibility; believe a personal story).
	+ Anti-Ad (tells the audience they are smart enough to see through the tricks played by advertisers).
	+ Association (linking the product to certain values, groups, or people).
	+ Additional advertising tactics include recognizable logos, repetition, bribery (deals/sales), emotional appeal, and slogans.

Social norms are the behaviors, attitudes and/or standards that the majority of people in a group think are acceptable or unacceptable, the norm. * What people do is influenced by what they think their peers are doing. If people think a certain behavior is typical or the norm, they are more likely to participate in it because they believe most are doing it and they want to belong. However, sometimes a norm or behavior is misread or misperceived and people think that their peers engage in risky behavior much more than they really do. Example misconceptions: All cool teens use drugs, everyone drinks and drives, and drugs will not harm you if you do it just once. Correcting misconception and establishing drug-free social norms may include messaging and facts: Drug use is not cool, drunken driving is foolish and may lead to injury and death, most teens do not use drugs, and the consequences of first-time/one-time drug use. (1.m)
* Short-term effects of substance use can range from changes in appetite, wakefulness, heart rate, blood pressure, and/or mood, to heart attack, stroke, psychosis, overdose, and even death. These health effects may occur after just one use. These effects often depend on the specific drug or drugs used, how they are taken, how much is taken, the person’s health, and other factors. Between March 2019 and March 2021, the United States saw an increase in drug overdose deaths by 29.6 percent, while Virginia saw a 39 percent increase. ([National Center for Health Statistics](https://www.cdc.gov/nchs/nvss/vsrr/drug-overdose-data.htm))
* Drug use can also have indirect effects on the people who are taking drugs and on those around them. This can include affecting a person’s nutrition; sleep; decision-making and impulsivity; and risk for trauma, violence, injury, and communicable diseases. ([Health Consequences of Drug Misuse](https://www.drugabuse.gov/drug-topics/health-consequences-drug-misuse/introduction)) (2.m)
* Strategies and skills for avoiding alcohol, tobacco, inhalants, and other harmful substances: having personal goals for current and future pursuits; engaging in family, school, and/or community activities; having trusted adults to talk with; having the confidence, skill, and positive self-image/self-esteem to say “No”; and engaging with peers/friends that are supportive of a drug-free lifestyle. Parents and children can talk with physicians about non-opioid pain options for surgical procedures or other medical needs. (3.m)
* Refusal Skills (3.m)
	+ Verbal
		- Say “no.” There is no substitute for the word “no.” It makes any refusal stronger.
		- Repeat the refusal.
		- Suggest an alternative (suggest something to do instead).
		- Build the friendship (say something to let the person know you are his/her friend and want to spend time with him/her.) This is especially important because a major reason for ineffective refusals is not wanting to hurt the other person’s feelings or make him/her mad.
		- Use a firm tone of voice. Be strong and business-like.
	+ Nonverbal
		- Direct eye contact (look the person in the face).
		- Serious expression (use your best “I mean it” face).
		- Hands-off hands (put your hands up in front of you when you refuse). This is especially useful in situations involving physical pressure.
		- Leave (get out of the situation).
		- Avoid situations where there may be pressure.
 | In order to meet these standards, it is expected that students will* define/describe addiction and substance use disorder (1.k);
* explain the risks of use and addiction to alcohol, tobacco, and other drugs, including health effects and risk for trauma, violence, injury, and communicable and chronic diseases (1.k, 2.k)
* describe ways to promote a drug-free lifestyle (3.k);
* explain the use and concerns with prescriptions, controlled substances, nicotine vaping products, hemp, and marijuana-derived cannabidiol (CBD) products (1.l);
* research and compare the harmful effects of vaping versus smoking cigarettes (1.l);
* explain the role of the FDA and the approval process (2.l);
* critique media (social media, print, television, movies, gaming, music) representations and advertising techniques for alcohol, tobacco, nicotine products, marijuana/cannabis, and/or other drugs (3.l);
* explain positive social norms for a drug-free lifestyle (1.m);
* role-play situations in which refusal skills should be used (2.m);
* explain the negative consequences of engaging in risky behaviors (2.m);
* promote a drug-free lifestyle that includes positive social norms about drug use and family, school, and community activities to engage in (3.m).

Additional resources:[Health Smart Virginia](http://www.healthsmartva.org)[EVERFI](https://everfi.com/) |

**Strand: Safety/Injury Prevention**

**Standards:**

7.1.n Identify potential safety issues related to babysitting, caring for younger siblings, being alone at home, in the neighborhood (e.g., water sports, recreation areas, shopping areas), and being online.

7.2.n Explain the importance of recognizing harmful and risky behaviors related to personal safety.

7.3.n Describe ways to maintain a safe and healthy environment at school, in the community, at home, and online.

| **Essential Understandings** | **Essential Knowledge and Skills** |
| --- | --- |
| Prevention is the act or practice of preventing; to keep from happening or existing. While all safety issues cannot be prevented, knowing the safety issues, and having the knowledge and skills to take precautions, recognize, and address issues if they occur, can help lessen the effects on self and others.* Babysitting and caring for younger siblings: Children need constant attention/supervision. Safety concerns include accidental poisoning (drinking, eating), injuries (falls, cuts), choking on objects, food or other allergens, and the hazards that are associated with baths and pools (other bodies of water). It is important to have a list of emergency phone numbers and contact information in case of an emergency. Trainings and certifications for babysitting and CPR are available (e.g., Red Cross, community centers, some hospitals, and online). (1.n, 2.n)
* Being alone at home: Safety concerns include preventing injury or illness, use of kitchen items (e.g., appliances, utensils), strangers coming to the door (e.g., keeping doors and windows locked), plumbing or electrical issues (e.g., toilet overflows), fires, and online safety concerns. (1.n, 2.n)
* Safety in the neighborhood: Safety concerns include injury, strangers with ill intentions, and dangerous situations. Safety tips include (1.n, 2.n):
	+ Ensure that parents/guardians know where you are/where you are going and the route(s) you will take.
	+ Be aware of your surroundings.
	+ Do not talk to or go places with people you do not know.
	+ Know neighbors and places you can go (police, community centers, open school buildings) to get adult help if needed.
* Recreational activities can improve health and well-being but also can cause injuries. (1.n, 2.n)
	+ Biking: Wear a helmet; wear bright color clothing; only bike on roads or trails you are comfortable on; ride on a sidewalk, trail, or the right side of the road; use hand/arm signals to let others know you are turning; stop at stop signs; walk your bike across roads; look for cars before crossing the road.
	+ Recreational equipment (scooter, skateboard, inline skates/rollerblading): Wear a helmet, elbow and knee pads, wrist guards, and sneakers; be aware of others when using a skate park; only ride in appropriate areas; be aware of others on sidewalks.
	+ Water: Learn to float and swim; wear a personal flotation device (life jacket) when boating or when swimming if not comfortable in the water; do not swim alone; follow the lifeguard’s directions; walk around the pool; and don’t push or jump on others.
* Online safety: People are not always who they say they are, and this could be dangerous. Kids and adults have been tricked by online strangers. If you feel uncomfortable or do not know a person trying to contact you, tell a trusted adult. Do not give personal information on websites or gaming applications, including name, age, where you live, your phone number or what school you attend. Only visit sites approved by a parent/guardian, teacher, or another trusted adult. (1.n, 2.n)
 | In order to meet these standards, it is expected that students will* list safety hazards that teens may experience at home, school, and in the neighborhood/community, to include babysitting, caring for younger siblings, being alone at home, in the neighborhood (e.g., water sports, recreation areas, shopping areas), and being online (1.n);
* select one safety hazard and further explain associated harmful and risky behaviors and ways to stay safe and healthy (2.n, 3.n);
* identify locations where swim lessons are provided in your community.

Additional resources:[Health Smart Virginia](http://www.healthsmartva.org)[EVERFI](https://everfi.com/)  |

**Strand: Mental Wellness/Social and Emotional Skills**

**Standards:**

7.1.o Identify the body’s physical and psychological responses to stress.

7.2.o Analyze and explain the benefits of emotional flexibility, stress management, and stress-reduction techniques for physical and emotional health.

7.3.o Develop achievable goals for handling stressors in healthy ways.

7.1.p Identify the characteristics of healthy interpersonal relationships.

7.2.p Explain how empathy, compassion, and acceptance of others support healthy relationships.

7.3.p Design ways to demonstrate empathy, compassion, and acceptance for others to support healthy relationships.

7.1.q Recognize the impact of disappointment or adversity on physical, social, and emotional health and how to cope effectively and change one’s feelings.

7.2.q Develop strategies for coping with disappointment, stress, anxiety, anger, and adversity.

7.3.q Promote strategies for coping with disappointment and adversity.

7.1.r Describe situations that can cause a range of emotions and feelings, and describe how to recognize these feelings and emotions and predict how long they may last.

7.2.r Develop healthy ways to identify, express, and respond to emotions and identify resources for help and support.

7.3.r Promote help-seeking for mental health concerns.

7.1.s Identify healthy verbal, nonverbal, written, and visual communication.

7.2.s Describe the relationship between healthy communication skills and healthy relationships.

7.3.s Demonstrate healthy verbal, nonverbal, written, and visual communication skills.

7.1.t Define disordered eating and describe types of eating disorders.

7.2.t Describe the warning signs, risk factors, and protective factors for eating disorders.

7.3.t Identify school and community resources for help and support with eating disorders.

7.1.u Define depression and describe the warning signs, risk factors, and protective factors for anxiety and depression.

7.2.u Explain when mental illnesses and mental challenges require support or assistance (e.g., when they affect one’s relationships, responsibilities, and involvement in activities).

7.3.u Identify personal, family, school, community, and healthcare professional resources that can help oneself and others with mental illnesses and challenges.

| **Essential Understandings** | **Essential Knowledge and Skills** |
| --- | --- |
| Stress can affect your health. It is important to pay attention to how you deal with minor and major stressors, so you know when to seek help. ([5 Things You Should Know About Stress](https://www.nimh.nih.gov/health/publications/stress/)).* Stress is how the brain and body respond to any demand. Stress may cause (1.o):
	+ Breathing or heartbeat to increase.
	+ Fear and worry, anger, irritability.
	+ Changes in sleep or eating patterns.
	+ Difficulty sleeping or concentrating.
	+ Worsening of chronic health problems.
	+ Worsening of mental health conditions.
	+ Increased use of tobacco, and/or alcohol, and other substances.
* Emotional flexibility: The ability to respond in a context-appropriate emotional manner and recover from one’s initial emotional responses when the context changes. Emotional flexibility has been associated with psychological health. (2.o)
* Stress management: A range of strategies to help people better deal with stress and difficulty (adversity) in life. Taking practical steps to manage stress may reduce the risk of negative health effects. (2.o)
* Stress-reduction techniques (such as slowing heart rate, lowering blood pressure, slowing breathing rate, improving digestion, reduce muscle tension, and reducing anger and frustration) can be used before or during stress to lessen the possible responses. While there are strategies to manage stress, sometimes, people need help to deal with difficult situations that lead to intense or lasting stress. (2.o)

Research has shown that people with social supports are happier, have fewer health problems, and live longer.* Benefits of healthy relationships include boosting happiness, increased sense of belonging and purpose, reduces stress, helps to cope with challenges, and improves self-confidence, self-image, and self-worth. Components of healthy relationships include mutual respect, trust, honesty, support, fairness, separate identities, good communication, and kindness. (1.p)
* Social skills that promote healthy relationships include empathy, compassion, and acceptance. (2.p, 3.p)
	+ Empathy: The action of understanding, being aware of, being sensitive to, and vicariously experiencing the feelings, thoughts, and experience of another and allowing people to understand and relate to others; can be shown by active listening, thinking about how you might feel in the same situation, being sensitive of other people’s feelings.
	+ Compassion: A feeling of wanting to help someone who is sick, injured, in trouble, needs help, needs a friend, and is an important part of good communication; can be shown by offering help to someone, advocating for others.
	+ Acceptance: The act of accepting someone as they are. Appreciating differences helps to understand how people are unique and special, can be shown by offering friendship to others, not judging others, showing interest and appreciation for other people’s cultures and backgrounds, learning about others.

Everyone experiences disappointment, adversity, stress, and anxiety. There are ways to cope.* Disappointment: An emotion that happens when something was not as good as expected or something that was hoped for or expected did not happen (e.g., rain caused a game to not happen), causing sadness or feelings of hopelessness. (1.q)
* Adversity is a state or instance of serious or continued difficulty or misfortune.. Adversity can help develop persistence, self-control, conscientiousness, self-confidence, and curiosity. Overwhelming (strong, frequent, or prolonged) adversity can lead to feelings of helplessness and hopelessness. (1.q)
* Strategies for coping with (2.q)
	+ Disappointment: Accept that disappointment happens to everyone. Learn from the experience—disappointments can teach you about yourself and what you really want. Make a plan to move forward; start with small steps.
	+ Stress: Review information provided in this content section.
	+ Anxiety (body’s natural response to stress): Challenge negative thoughts; practice focused, deep breathing; go for a walk or other physical activity; write down your thoughts; and/or consult with a health care provider if needed.
	+ Anger is a normal emotion. Name the anger as an emotion when it occurs and think about positive ways to respond before acting.
		- Strategies for dealing with adversity and challenges may include factors that appear to make a person more resilient, such as a positive attitude, optimism, the ability to regulate emotions, and the ability to see failure as a form of helpful feedback ([Resilience](https://www.psychologytoday.com/us/basics/resilience)). Healthy habits—getting enough sleep, eating well, and exercising—can reduce stress, which may, in turn, boost resilience. Looking to loved ones for help and emotional support, increasing self-care, and focusing on the aspects of the situation that are under your control. Learning to be OK with making mistakes, big or small, is a critical skill. Talk about feelings with a parent or other adult you trust.

**Being aware of our emotions can help us talk about feelings more clearly, avoid or resolve conflicts better, and move past difficult feelings more easily.*** Emotions come and go. Most of us feel many different emotions throughout the day. Some last just a few seconds. Others might linger to become a mood. (1.r)
* Knowing what we are feeling and why it is a skill called **emotional awareness.** To build emotional awareness (1.r):
	+ Make a habit of tuning in to how you feel in different situations throughout the day. Simply notice whatever emotion you feel, then name that emotion in your mind. Notice that each emotion passes and makes room for the next experience.
	+ Rate how strong the feeling is. After you notice and name an emotion, rate how strongly you feel the emotion on a scale of 1–10, with 1 being the mildest feeling and 10 the most intense.
	+ Share your feelings with the people closest to you. This is the best way to practice putting emotions into words.
* Expressing/learning to cope with emotions in a healthy way is a skill. (2.r)
	+ Name and accept emotion.
	+ Consider ways to express the emotion that does not harm self or others.
		- Write about it.
		- Express through art.
		- Physical activity.
		- Crying.
		- Talk with someone.
	+ Get help, if needed (if feelings of sadness or worry or other difficult emotions last more than a couple of weeks).
* For help and support with feelings and emotions, talk with parents/guardians, school counselor, school psychologist, school social worker, health care provider (therapist), or another adult you trust. (3.r)

Communication is an important part of any relationship. Positive relationships require communication, compromise, and understanding. (1.s)* Positive and respectful ways to communicate include talking in an appropriate tone, waiting for a turn to speak, allowing others to provide feedback, and body language (eye contact, gestures).
* Effective communication gives the best chance of successfully delivering a message.
* Verbal communication: The term usually associated with oral communication, it is the use of words to send an oral or written message (e.g., conversation, text messages, phone calls, social media posts). Verbal communication skills may include:
	+ Be friendly.
	+ Think before you speak.
	+ Be clear.
	+ Focus on your body language (nonverbal communication).
	+ Be an active listener.
		- Active listening: Focus on what the other person is saying, make sure you understand what they are saying (ask questions), and show respect.
* Nonverbal communication includes facial expressions, body language, gestures, tone, and voice volume. Nonverbal communication skills may include:
	+ Eye contact.
	+ Facial expressions (smile, frown).
	+ Gestures (nodding).
	+ Posture (face the person you are speaking with).
	+ Tone of voice.
	+ Volume of voice.
* Written communication skills are those necessary to get your point across in writing—grammar, punctuation, and word choice. Written communication does not always convey feelings, emotions, and intent of the words.
* Visual communication does not always convey the context of a situation or the reality of a situation.
* Photos, videos, and comments made online usually can’t be taken back once they’re posted. Even when a person thinks something has been deleted, it can be impossible to completely erase it from the Internet.
* Healthy communication skills allow people in a relationship to talk about successes, failures, everyday life, stresses, and anything else. Communication is two-way, making it just as important to listen as to speak. Healthy relationships include trust, respect, and honesty which can be expressed through all forms of communication. (2.s)

Eating disorders are serious illnesses. Complete recovery is possible with treatment and time. (1.t, 2.t)* Disordered eating is different from the term “eating disorder.” The term “disordered eating” is a descriptive phrase, not a diagnosis. Disordered eating is used to describe irregular eating behaviors that may or may not warrant a diagnosis of a specific eating disorder. Eating concerns falling short of a diagnosis deserve attention and treatment because they may turn into more problematic eating disorders and put individuals at risk of serious health problems.
* Eating disorders are serious and often fatal medical illnesses that are associated with severe disturbances in people’s eating behaviors and related thoughts and emotions. Eating disorders are caused by a combination of genetic, biological, behavioral, psychological, and social factors. An eating disorder is not a trend or a choice. They affect people of all ages, races and ethnicities, and genders. People with eating disorders can be underweight, normal weight, or overweight. Complete recovery is possible with treatment and time. Common eating disorders include anorexia nervosa, bulimia nervosa, and binge-eating disorder. ([Eating Disorders](https://www.nimh.nih.gov/health/topics/eating-disorders/))
	+ Anorexia nervosa: People with anorexia nervosa see themselves as overweight, even when they are dangerously underweight, typically weigh themselves repeatedly, severely restrict the amount of food they eat, often exercise excessively, and/or may force themselves to vomit or use laxatives to lose weight. Symptoms include:
		- Extremely restricted eating.
		- Extreme thinness.
		- A relentless pursuit of thinness and unwillingness to maintain a normal or healthy weight.
		- Intense fear of gaining weight.
		- Distorted body image, a self-esteem that is heavily influenced by perceptions of body weight and shape, or a denial of the seriousness of low body weight.
	+ Bulimia nervosa: Recurrent and frequent episodes of eating unusually large amounts of food and feeling a lack of control over these episodes. This binge eating is followed by behavior that compensates for the overeating, such as forced vomiting, excessive use of laxatives or diuretics, fasting, excessive exercise, or a combination of these behaviors. People with bulimia nervosa may be slightly underweight, normal weight, or overweight. Symptoms include:
		- Chronically inflamed and sore throat.
		- Swollen salivary glands in the neck and jaw area.
		- Worn tooth enamel and increasingly sensitive and decaying teeth as a result of exposure to stomach acid.
		- Acid reflux disorder and other gastrointestinal problems.
		- Intestinal distress and irritation from laxative abuse.
		- Severe dehydration from purging of fluids.
		- Electrolyte imbalance (too low or too high levels of sodium, calcium, potassium, and other minerals), which can lead to stroke or heart attack.
	+ Binge-eating disorder: Loss of control over food intake. Unlike bulimia nervosa, periods of binge-eating are not followed by purging, excessive exercise, or fasting. As a result, people with binge-eating disorder often are overweight or obese. Binge-eating disorder is the most common eating disorder in the United States. Symptoms include:
		- Eating unusually large amounts of food in a specific amount of time, such as a two-hour period.
		- Eating even when you’re full or not hungry.
		- Eating fast during binge episodes.
		- Eating until you’re uncomfortably full.
		- Eating alone or in secret to avoid embarrassment.
		- Feeling distressed, ashamed, or guilty about your eating.
		- Frequently dieting, possibly without weight loss.
* Risk Factors (2.t)
	+ Eating disorders can affect people of all ages, racial/ethnic backgrounds, body weights, and genders. Eating disorders frequently appear during the teen years or young adulthood but may also develop during childhood or later in life. These disorders affect both genders, although rates among women are higher than among men. Like women who have eating disorders, men also have a distorted sense of body image.
	+ Researchers are finding that eating disorders are caused by a complex interaction of genetic, biological, behavioral, psychological, and social factors. Eating disorders run in families. Researchers are working to identify DNA variations that are linked to the increased risk of developing eating disorders.
	+ Individuals who suffer from body dysmorphia are more likely to develop an eating disorder. Body dysmorphic disorder is more serious than having poor self-image. It is a mental health disorder in which a person cannot stop thinking about one or more perceived defects or flaws in their appearance, such as body weight.
* Protective factors for eating disorders ([Risk and Protective Factors](https://nedc.com.au/eating-disorders/eating-disorders-explained/risk-and-protective-factors/)) (2.t):
	+ Individual: Positive body image, high self-esteem, media literacy (including social media), emotional well-being, school achievement, being self-directed and assertive, social skills, problem solving, and coping skills.
	+ Social: Peer or other social support structures and relationships where weight and physical appearance are not of high concern.
* Resources for help and support with eating disorders (3.t):
	+ Talk with a parent/guardian.
	+ School (counselor, psychologist, social worker; public health nurse).
	+ Community
		- Health care providers (specialized therapists)
		- Local Community Services Board
		- Substance Abuse and Mental Health Services Administration (SAMHSA) Treatment Referral Helpline at 1-800-662-HELP (4357). SAMHSA also has a [Behavioral Health Treatment Locator](https://findtreatment.samhsa.gov/) that can be searched by location.

Depression is a serious medical illness with many symptoms, including physical ones, and is treatable. ([Depression](https://www.nimh.nih.gov/health/topics/depression/)) (1.u)* Depression (major depressive disorder or clinical depression) is a common but serious mood disorder. It causes severe symptoms that affect how you feel, think, and handle daily activities, such as sleeping, eating, or working. To be diagnosed with depression, the symptoms must be present for at least two weeks. Research suggests that depression is caused by a combination of genetic, biological, environmental, and psychological factors. Not everyone who is depressed experiences every symptom. Some people experience only a few symptoms while others may experience many.
* Signs and symptoms of depression (lasting at least two weeks and for most of or all day):
	+ Persistent sad, anxious, or “empty” mood.
	+ Feelings of hopelessness, or pessimism.
	+ Irritability.
	+ Feelings of guilt, worthlessness, or helplessness.
	+ Loss of interest or pleasure in hobbies and activities.
	+ Decreased energy or fatigue.
	+ Moving or talking more slowly.
	+ Feeling restless or having trouble sitting still.
	+ Difficulty concentrating, remembering, or making decisions.
	+ Difficulty sleeping, early morning awakening, or oversleeping.
	+ Appetite and/or weight changes.
	+ Thoughts of death or suicide, or suicide attempts.
	+ Aches or pains, headaches, cramps, or digestive problems without a clear physical cause and/or that do not ease even with treatment.
* Risk factors for depression include:
	+ Personal or family history of depression.
	+ Major life changes, trauma, or stress.
	+ Certain physical illnesses and medications.
* Anxiety ([Anxiety Disorders](https://www.nimh.nih.gov/health/topics/anxiety-disorders/)): Occasional anxiety is an expected part of life. For a person with an anxiety disorder, the anxiety does not go away and can get worse over time. The symptoms can interfere with daily activities such as job performance, schoolwork, and relationships. People with anxiety disorders respond to certain objects or situations with fear and dread. They have physical reactions to those objects, such as a rapid heartbeat and sweating. People with generalized anxiety disorder display excessive anxiety or worry most days for at least six months. Generalized anxiety disorder symptoms include:
	+ Feeling restless, wound up, or on edge.
	+ Being easily fatigued.
	+ Having difficulty concentrating; mind going blank.
	+ Being irritable.
	+ Having muscle tension.
	+ Difficulty controlling feelings of worry.
	+ Having sleep problems, such as difficulty falling or staying asleep, restlessness, or unsatisfying sleep.
	+ There are several types of anxiety disorders, including generalized anxiety disorder, panic disorder, and various phobia-related disorders.

([National Institute of Mental Health](https://www.nimh.nih.gov/health))* Mental illnesses and mental challenges require support or assistance when they affect one’s relationships, responsibilities, and involvement in activities. Talk to parents/guardians or a trusted adult if any of these things are experienced. (2.u)
	+ Can’t eat or sleep.
	+ Can’t perform daily tasks, like going to school.
	+ Don’t want to hang out with your friends or family.
	+ Don’t want to do things you usually enjoy.
	+ Fight a lot with family and friends.
	+ Feel like you can’t control your emotions and it’s affecting your relationships with your family and friends.
	+ Have low or no energy.
	+ Feel hopeless.
	+ Feel numb or like nothing matters.
	+ Can’t stop thinking about certain things or memories.
	+ Feel confused, forgetful, edgy, angry, upset, worried, or scared.
	+ Want to harm yourself or others.
	+ Have random aches and pains.
	+ Smoke, drink, or use drugs.
	+ Hear voices.
* Resources that can help oneself and others with mental illnesses and challenges (3.u):
	+ Parent/guardian or other trusted adult.
	+ School resources (counselor, psychologist, social worker; public health nurse).
	+ Health care providers (specialized therapists).
	+ Local Community Services Board.
	+ Substance Abuse and Mental Health Services Administration (SAMHSA) Treatment Referral Helpline at 1-800-662-HELP (4357). SAMHSA also has a Behavioral Health Treatment Locator on its website ([SAMHSA FindTreatment](https://findtreatment.samhsa.gov)) that can be searched by location.

Teacher note: Reminder that all school personnel are mandated reporters. Child abuse and recognition training is required for initial licensure and renewals; training and resources are available at the [Virginia Department of Education](http://www.doe.virginia.gov/teaching/licensure/child_abuse_training.shtml). | In order to meet these standards, it is expected that students will * identify responses to stress (1.o.);
* explain stress management and reduction techniques (including emotional flexibility) (2.o);
* develop personal goals and strategies to manage stress (3.o);
* identify characteristics of healthy relationships and the importance of empathy, compassion, and acceptance (1.p, 2.p);
* create ways to show empathy, compassion, and acceptance of others to support healthy relationships at home and/or school (3.p);
* identify effects on health and strategies for coping with disappointment, stress, anxiety, anger, and adversity (2.q);
* select, apply, and reflect on one or more coping strategies for disappointment, stress, anxiety, anger, and adversity to share with others (3.q);
* list different emotions and feelings and situations that may cause the emotions and feelings(1.r);
* practice identifying emotions and healthy ways to respond (written or role-plays) (2.r);
* list and promote resources that can help peers with mental health concerns (3.r);
* describe healthy communication skills (verbal, nonverbal, written, and visual communication) and how they can affect relationships in a positive way (1.s, 2.s);
* apply healthy communication skills (verbal, nonverbal, written, and visual communication) to a variety of situations (3.s);
* apply knowledge of eating disorders to share awareness with others including school and community resources for help and support (1.t, 2.t, 3.t);
* define and describe anxiety and depression (1.u);
* explain when mental illnesses and challenges require support or assistance and the health care professionals who can help (2.u, 3.u);
* promote help-seeking for mental health illnesses and challenges, sharing information and resources for help and assistance including school and community resources (3.u).

Additional resources:[Health Smart Virginia](http://www.healthsmartva.org)[EVERFI](https://everfi.com/) |

**Strand: Violence Prevention**

**Standards:**

7.1.v List the characteristics of and how to contribute to a positive (i.e., emotionally safe) school climate.

7.2.v Explain how violence, bullying, and harassment affect personal health and school safety.

7.3.v Assess your school’s safety protocols (e.g., reporting processes, support provided for a positive climate) and recommend suggestions for improvement.

7.1.w Describe the role of empathy in preventing bullying and cyberbullying.

7.2.w Explain why it is important to be able to identify bullying behavior to prevent bullying and cyberbullying.

7.3.w Create a campaign to prevent/stop bullying or cyberbullying.

7.1.x Explain the myths and facts about gangs and gang-related behaviors.

7.2.x Explain why people may join gangs, including the relationship between self-image and gang-related behaviors.

7.3.x Create strategies to promote awareness of consequences associated with gang involvement and healthy alternatives to gang involvement.

| **Essential Understandings** | **Essential Knowledge and Skills** |
| --- | --- |
| A positive school climate is critically related to school success. According to research, a positive school climate can improve attendance, achievement, retention, and rates of graduation. ([School Climate Improvement](https://safesupportivelearning.ed.gov/school-climate-improvement)) * Characteristics of a positive (i.e., emotionally safe) school climate include (1.v):
	+ Engagement: Strong relationships between students, teachers, families, and schools and strong connections between schools and the broader community. Relationships, respect for diversity, and school participation.
	+ Safety: Schools and school-related activities where students are safe from violence, bullying, harassment, and controlled-substance use. Physical safety, emotional safety, and safety from substance use.
	+ Environment: Appropriate facilities, well-managed classrooms, available school-based health supports, and a clear, fair disciplinary policy. Physical safety, academic safety, and wellness.
* Students can contribute to a positive school climate by being involved on a school climate team; looking at data for their school; working with teachers, administrators, and parents to implement activities and programs to promote student engagement, safety, and environmental changes; design and implement programs to prevent violence, bullying, and harassment. (1.v)
* Research shows that bullying, cyberbullying, and harassment are significantly associated with decreases in perceptions of school safety, connection, and equity. (2.v)
* A negative school climate facilitates opportunities for bullying and violence. ([Impact of School Climate](https://youth.gov/youth-topics/school-climate/impact-of-school-climate)) (2.v)
* Effects of bullying/cyberbullying include depression and anxiety, increased feelings of sadness and loneliness, changes in sleep and eating patterns, loss of interest in activities, physical health complaints, decreased academic achievement (missing, skipping, or dropping out of school), and substance use. (2.v)
* Harassment means to annoy or bother someone in a constant or repeated way. Harassment may include annoying someone, making threats or using intimidation, or putting a person in fear of their safety. Harassment is unwanted, unwelcome, and uninvited behavior that demeans, threatens, or offends the victim and results in a hostile environment for the victim. (2.v)

Bullying/cyberbullying is a public health concern because it can have significant mental, developmental, and social effects. Caring, inclusive school climates and changing social norms about bullying and cyberbullying can help with prevention.* Empathy is the feeling that you understand and share another person’s experience and emotions/the ability to share another’s feelings. One of the reasons that bystanders intervene in bullying situations is because they have empathy—they can see things from the perspective of the person being bullied and understand how they might be feeling. (1.w)
* Being able to identify bullying behavior can help people prevent, intervene, or take other actions to stop bullying and cyberbullying. Bystanders can take positive actions to prevent bullying and to address it while it is happening or after it occurs. (2.w)
	+ Prevention steps include:
		- Being inclusive by welcoming or inviting others to join their activities and groups.
		- Walking or sitting with or near vulnerable kids who may be targets of bullying.
		- Being a role model for pro‐social behavior by showing kindness, respect, and empathy for others.
		- Getting involved with bullying prevention efforts at school or in the community.
	+ Bystander interventions during a bullying incident may include:
		- Defending the target of the bullying.
		- Using humor to lighten up a serious situation.
		- Intervening as a group.
		- Openly stating an objection to bullying.
		- Changing the subject.
		- Questioning the bullying behavior.
	+ Bystanders can address bullying after it happens by:
		- Reaching out privately to the target of bullying to express support or concern.
		- Reaching out privately to the person doing the bullying to express concern, if they feel safe to do so.
		- Reporting the bullying to a trusted adult, parent, teacher, or school administrator.

All gangs use threat, intimidation, and violence to control neighborhoods and boost their illegal money-making activities, which include robbery, drug and gun trafficking, prostitution and human trafficking, and fraud ([Gangs](https://www.fbi.gov/investigate/violent-crime/gangs)). * A gang is a group of two or more persons, whether formal or informal, and which individually or collectively engage in activities that are illegal, destructive, disruptive, or intimidating. Crimes among gangs can include drug dealing, theft, assault, rape, prostitution, and murder. Gang members generally range in age from 13 to 24 years old but can be as young as nine. Gangs can include all ethnic groups. Many gang members are boys, but ten percent of all gang members are girls and that number is growing.
* Young people are recruited into gangs, or find them appealing, based on many things that are not true. ([Fairfax County Gang Prevention Guide](https://www.fairfaxcounty.gov/gangprevention/)) (1.x)
	+ MYTH: A gang will keep me safe.

FACT: You will be more at risk of imprisonment, violence from rival gangs, or even fighting in your own gang over money and power. Many people get attacked over what seems like a small thing, like saying something that is taken as an insult.* + MYTH: A gang will give me a better life because I will get money and nice things.

FACT: Any money you get won’t last long. You’ll live in constant fear of getting caught, be more likely to end up in prison, and reduce your chances of getting future jobs.* + MYTH: In a gang, someone will always have my back.

FACT: Gang members are all about money, not loyalty. You are a friend only as long as you are useful to them. They will pin the blame on you to avoid getting in trouble themselves because they can just recruit someone new to replace you.* + MYTH: Gang life is exciting.

FACT: You will always be looking over your shoulder out of fear of being caught, injured, or killed.* Among the leading reasons given by kids involved with gangs, either as members or gang associates, is a desire to be loved, accepted, or to be part of a group. That is what gang members commonly promise when they are recruiting. Additional reasons that kids join gangs (2.x)
	+ Fun and excitement: Gang members, recruiters, and the media glamorize the gang lifestyle.
	+ Identity and a sense of belonging: Gangs may offer a sense of identity to their members and a way to gain attention or status. Kids who do not have strong ties to their families, communities, schools, or places of worship may turn to gangs for companionship and as a substitute family.
	+ Peer pressure: If friends or family members are in a gang, kids may be pressured to join a gang.
	+ Financial gain: Being in a gang is often seen as a way to obtain money or possessions.
	+ Failure to realize what being in a gang means: Kids often do not fully understand the dangers, risks, and legal problems associated with being in a gang.
	+ Protection: In neighborhoods and areas where gangs are present, kids sometimes feel, or are told, that belonging to a gang will provide protection from other gangs.
* Healthy alternatives to gang involvement: Being involved in and having friends who are involved in school, community, and/or faith-based activities; and respecting and accepting one another help provide a sense of belonging and support that can help prevent someone from joining a gang. (3.x)
 | In order to meet these standards, it is expected that students will* apply knowledge of a positive school climate to explain the effects of violence, bullying, and harassment on students (1.v, 2.v);
* apply knowledge of a positive school climate to evaluate school climate data (safety, reporting processes, and supports for students) and recommend improvements (3.v);
* apply knowledge of bullying, cyberbullying, empathy, bystander intervention, and positive school climate to create and implement a school campaign to prevent bullying and cyberbullying (1.w, 2.w, 3.w);
* apply knowledge of the myths and facts of gang involvement to bring awareness to peers (1.x);
* apply knowledge of why students may join gangs and positive school climate to promote healthy alternatives to gang involvement (1.v, 2.x, 3.x).

Additional resources:[Health Smart Virginia](http://www.healthsmartva.org)[EVERFI](https://everfi.com/) |

**Strand: Community/Environmental Health**

**Standards:**

7.1.y Describe human behaviors that contribute to air, water, soil, and noise pollution.

7.2.y Explain how environmental health is essential to personal and community health.

7.3.y Demonstrate ways to conserve and promote the conservation of natural resources.

| **Essential Understandings** | **Essential Knowledge and Skills** |
| --- | --- |
| Caring for the environment is everyone’s responsibility.Human behaviors that contribute to: * Air pollution: Outdoor air pollution involves exposures that take place outside the built environment. Examples include (1.y):
	+ Fine particles produced by the burning of fossil fuels (i.e., the coal and petroleum used in energy production)
	+ Noxious gases (sulfur dioxide, nitrogen oxides, carbon monoxide, chemical vapors, etc.), such as from vehicle emissions.
	+ Ground-level ozone (a reactive form of oxygen and a primary component of urban smog).
	+ Tobacco smoke.
* Indoor air pollution involves exposures to particulates, carbon oxides, and other pollutants carried by indoor air or dust. Examples include (1.y):
	+ Gases (i.e., carbon monoxide, radon).
	+ Household products and chemicals.
	+ Building materials (i.e., asbestos, formaldehyde, lead).
	+ Tobacco smoke.
	+ Mold and pollen.
	+ Outdoor air pollution can make its way indoors by way of open windows, doors, and ventilation.
* Water pollution: People can reduce water pollution by recycling plastics, throwing garbage away in proper containers, and not littering, including when on boats. Litter can be washed into lakes, rivers, streams, oceans, and water systems. Only flush toilet paper in toilets (no paper towels, tissues, plastics, or medications). (1.y)
* Soil pollution: Soil pollution is defined as the presence of toxic chemicals (pollutants or contaminants) in soil, in high enough concentrations to pose a risk to human health and/or the ecosystem. Human activities that cause soil pollution range from agricultural practices that infest crops with pesticide chemicals to urban or industrial wastes or radioactive emissions that contaminate the soil with various toxic substances. (1.y)
* Noise pollution: Primary sources of noise in the United States include road and rail traffic, air transportation, and occupational and industrial activities. Additional individual-level exposures include amplified music, recreational activities (including concerts and sporting events), and firearms. Personal music player use appears to be common among adolescents and may involve potentially harmful sound levels. Exposures from recreational activities and music are not “noise” in the sense of being unwanted sound, but adverse health effects are possible even from desirable sounds. (1.y)
* Environmental health is the branch of public health that: focuses on the relationships between people and their environment; promotes human health and well-being; and fosters healthy and safe communities. (2.y)
* Ways to conserve (3.y):
	+ Taking shorter showers, turn off water when brushing teeth, and keep a gallon of drinking (tap) water in the refrigerator rather than running the tap for cold water.
	+ Reduce, reuse, and recycle.
	+ Dispose of trash properly.
	+ Use active transportation or public transportation.
	+ Do not dispose of gasoline, oil, or weed killers and other lawn and garden pesticides down the drain, into surface water, onto the ground, or in the trash.
 | In order to meet these standards, it is expected that students will* describe human activities that contribute to air, water, soil, and noise pollution (1.y);
* list ways that human behaviors can affect the environment and the impacts on health (1.y, 2.y);
* research, explain, and present ways to conserve natural resources (3.y).

Additional resources:[Health Smart Virginia](http://www.healthsmartva.org)[EVERFI](https://everfi.com/) |