Sixth Grade

Comprehensive Health Strands:
- Community/Environmental Health (C)
- Personal Health (PH)
- Human Growth and Development (H)
- Disease Prevention and Control (D)
- Drug Abuse Prevention (DA)
- Nutrition (N)
- Consumer Health (CH)
- Mental Health (M)
- Safety and First Aid (S)
- Family Life (F)

Competencies and Suggested Objectives:

1. Comprehend concepts related to health promotion and disease prevention. (C, PH, CH, H)
   a. Analyze how health education and promotion benefits individuals (i.e., reduces number of doctor visits, premature deaths, and chronic diseases).
   b. Theorize ways health promotion reduces healthcare costs.
   c. Describe the benefits and threats of technological advances to healthy living.
   d. Discuss how body hygiene, posture and one’s self image affect overall health.

2. Demonstrate the ability to obtain valid health information and health-promoting products and services. (C, CH, PH, N)
   a. Identify ways natural resources can impact human health.
   b. Research current health promoting products and services.

3. Demonstrate the ability to practice health-enhancing behaviors and reduce health risks. (CH, PH, F, D)
   a. Express personal feelings associated with making good or poor health related decisions.
   b. Explain and give examples of the use, misuse and abuse of substances.
   c. Discuss the responsibilities of the community that are necessary to obtain and maintain good health.

4. Analyze the influence of culture, media, technology, and other factors on health. (H, CH, C, PH, M)
   a. Explain how advances in communication services have improved healthcare.
   b. Analyze how collaboration among different entities is necessary for individuals to receive proper healthcare.
   c. Relate how information presented in the news media affects the attitude of our population toward health related issues.
5. Demonstrate the ability to use interpersonal communication skills to enhance health. (M, PH, D, S, D)
   a. Demonstrate strategies to manage conflict in healthy ways.
   b. Differentiate between healthy and unhealthy ways of expressing emotions.
   c. Examine how to handle difficult interpersonal situations through effective communication.

6. Demonstrate the ability to use goal-setting and decision-making skills to enhance health. (PH, N, H, F, D)
   a. Understand positive and negative reinforcement and how they relate to decision-making.
   b. Compare and contrast various diet plans and how they relate to personal health.

7. Demonstrate the ability to advocate personal, family, and community health. (C, PH, F, H, S)
   a. Analyze various communication methods that accurately express health opinions and issues.
   b. Evaluate the services your school and community provide for individuals with special needs.
   c. Employ the ability to encourage and support others in making healthy choices.
Seventh Grade

Comprehensive Health Strands:
- Community/Environmental Health (C)
- Personal Health (PH)
- Human Growth and Development (H)
- Disease Prevention and Control (D)
- Drug Abuse Prevention (DA)
- Nutrition (N)
- Consumer Health (CH)
- Mental Health (M)
- Safety and First Aid (S)
- Family Life (F)

Competencies and Suggested Objectives:

1. Comprehend concepts related to health promotion and disease prevention. (M, PH, D, H, DA, C)
   a. Identify behaviors for effectively handling negative peer pressure and stress.
   b. Analyze how body hygiene, posture, and self-image affect overall health.
   c. Give examples of communicable diseases and discuss transmission and methods of prevention.
   d. Describe the effects of puberty on social and emotional behavior.
   e. Propose ways in which improving the environment (i.e., pollution, landscape) can enhance physical, mental, and social health.
   f. Describe the relationship between tobacco and alcohol use and how it affects the development of serious health problems.

2. Demonstrate the ability to obtain valid health information. (CH, PH, C)
   a. Critique sources of information regarding health products and services to determine if they are reliable/unreliable.
   b. Distinguish between advertisements and medical information.

3. Demonstrate the ability to practice health-enhancing behaviors and reduce health risks. (S, D, PH, N, M, DA)
   a. Demonstrate practices of making safe choices.
   b. Distinguish among use, misuse, and abuse of substances.
   c. Identify how a properly balanced diet and exercise influence healthy body weight.
   d. List health professionals that provide education, counseling services, and treatment to prevent communicable disease.
4. Analyze the influence of culture, media, technology, and other factors on health. (C, CH, PH)
   a. Describe the influence of culture on the use of health behaviors.
   b. Analyze how the media and other sources influence health behavior.
   c. Evaluate the influence of technology and other resources on personal and family health.
   d. Examine how information from peers influences health.

5. Demonstrate the ability to use interpersonal communication skills to enhance health. (F, H, M)
   a. Identify and differentiate roles and relationships within the family.
   b. Demonstrate various forms of effective communication.
   c. Demonstrate refusal and negotiation skills to enhance health.

6. Demonstrate the ability to use goal-setting and decision-making skills to enhance health. (N, PH, D, F, M, H, S, DA)
   a. Apply strategies and skills needed to attain goals that will contribute to a healthy lifestyle.
   b. Describe how personal health goals are influenced by changing information, abilities, priorities, and responsibilities.
   c. Demonstrate the ability to apply decision-making models to health issues and problems.
   d. Develop a plan that addresses personal strengths, values, needs, and health risks.

7. Demonstrate the ability to advocate for personal, family, and community health. (C, CH, F, S, D)
   a. Propose ways to enhance community health.
   b. Demonstrate the ability to work cooperatively.
Eighth Grade

Comprehensive Health Strands:
Community/Environmental Health (C)  Nutrition (N)
Personal Health (PH)  Consumer Health (CH)
Human Growth and Development (H)  Mental Health (M)
Disease Prevention and Control (D)  Safety and First Aid (S)
Drug Abuse Prevention (DA)  Family Life (F)

Competencies and Suggested Objectives:

1. Comprehend concepts related to health promotion and disease prevention. (M, PH, D, H, DA, C)
   a. Describe some of the causes and effects of stress.
   b. Identify healthy ways to manage stress.
   c. Discuss the unique traits of adolescents.
   d. Identify ways individuals can reduce risk factors related to communicable and chronic diseases.
   e. Identify the various components of the human life cycle.
   f. Explain factors involved in use and misuse of drugs/medicines.

2. Demonstrate the ability to obtain valid health information. (CH, PH, C)
   a. Distinguish differences among various health care professionals.
   b. Explain an individual's responsibility in choosing health products and services.
   c. Explain the reasons for public health laws and regulations.

3. Demonstrate the ability to practice health-enhancing behaviors and reduce health risks. (S, D, PH, N, M, DA)
   a. Demonstrate common first aid procedures and identify ways to obtain various sources of help.
   b. Discuss laws and regulations for the protection against drug abuse.
   c. Practice realistic personal goal-setting in the areas of family, school, extracurricular activities and life-time experiences.
   d. Identify essential nutrients needed by the body and the nutrient sources.
   e. List local, state, and federal agencies involved in regulating the production, possession, and use of drugs.
4. Analyze the influence of culture, media, technology, and other factors on health. (C, CH, PH)
   a. Analyze the positive and negative influences of technology and media on personal and family health.
   b. Describe the influence of cultural beliefs on health behaviors.
   c. Understand the relationship between peer association and health decisions.

5. Demonstrate the ability to use interpersonal communication skills to enhance health. (F, H, M)
   a. Demonstrate ways to cope with interpersonal conflicts.
   b. Practice refusal skills for risk taking behaviors.
   c. Examine ways to promote positive behavior when dealing with individual differences.

6. Demonstrate the ability to use goal-setting and decision-making skills to enhance health. (N, PH, DA, F, M, H, S, D)
   a. Analyze how nutrition affects physical, mental, and emotional development.
   b. Identify factors that influence individual decisions during adolescence.
   c. Develop a plan that addresses commitment and self-control.
   d. Analyze how health related decisions are influenced by individuals, family, and community values.
   e. Predict how decisions regarding health behaviors have consequences for self and others.
   f. Create a personal health plan that encourages an active lifestyle.

7. Demonstrate the ability to advocate personal, family, and community health. (C, CH, F, S, D)
   a. Explain ways to improve community health and techniques for conserving natural resources.
   b. Identify services for people who abuse drugs.
   c. Advocate to local, state, and federal agencies for increased regulations on drug use and possession of drugs.
   d. Explain ways students can help friends who may exhibit signs of suicide.
Sixth Grade - Eighth Grade

Competencies:

1. Comprehend concepts related to health promotion and disease prevention. (C, PH, CH, H)

3. Demonstrate the ability to practice health enhancing behaviors and reduce health risks. (CH, PH, F, D)

6. Demonstrate the ability to use goal setting and decision making skills to enhance health (PH, N, H, F, D)

<table>
<thead>
<tr>
<th>Integrated Instruction (with strands)</th>
<th>Grade/Competency /Objective</th>
<th>Suggested Teaching Strategies</th>
<th>Suggested Assessment Methods</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health</td>
<td>6 1a.</td>
<td>Teacher will begin class by discussing birth defects.</td>
<td>Teacher</td>
</tr>
<tr>
<td></td>
<td>6b.</td>
<td>PowerPoint is available at website</td>
<td>Observation</td>
</tr>
<tr>
<td></td>
<td>7a.</td>
<td>address detailing how folic acid can have a positive effect on pregnant women.</td>
<td>Graded based on rubric. See appendix.</td>
</tr>
<tr>
<td>Language Arts: Reading, Writing,</td>
<td>7 1c.</td>
<td>www2.state.tn.us/health/MCH/Fol icAcid/script.htm. (Website) provides an excellent script for the opening discussion on birth defects.</td>
<td></td>
</tr>
<tr>
<td>Speaking, Listening</td>
<td>3c.</td>
<td></td>
<td>Charades Game</td>
</tr>
<tr>
<td>Science: Life Science</td>
<td>8 1d.</td>
<td>Students will participate in a game of charades that will help to identify foods that contain folic acid.</td>
<td>Written Report</td>
</tr>
<tr>
<td></td>
<td>1e.</td>
<td>www2.state.tn.us/health/MCH/Fol icAcid/lessonplan.htm. (website) that provides instructions for the game and suggestions for items to have students to create.</td>
<td>Graded based on rubric. See appendix.</td>
</tr>
<tr>
<td></td>
<td>3d.</td>
<td>Students will write a paper or give an oral speech detailing the importance of folic acid in the diet of an expectant mother.</td>
<td></td>
</tr>
</tbody>
</table>
**Enrichment/Acceleration:**
Students will research long term effects of having too little folic acid during pregnancy. Students may interview a parent of a child with a birth defect linked to a lack of folic acid during pregnancy of possibly conduct a case study if appropriate permission is obtained.

**Remediation:** Students will use a teacher approved website or materials from the library to determine the causes and effects of too little folic acid during pregnancy.
Sixth Grade - Eighth Grade

Competencies:
1. Comprehend concepts related to health promotion and disease prevention. (M, PH, D)

2. Demonstrate the ability to obtain valid health information. (CH, PH, C)

3. Demonstrate the ability to practice health enhancing behaviors and reduce health risks. (CH, PH, F, D)

6. Demonstrate the ability to advocate personal, family, and community health. (C, PH, F, H, S)

7. Demonstrate the ability to advocate for personal, family, and community health. (C, CH, F, S, D)

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<td>Health</td>
<td>6 1a.</td>
<td>Teacher will discuss with student birth defects and some of their causes.</td>
<td>Teacher Observation</td>
</tr>
<tr>
<td></td>
<td>1b.</td>
<td>Teacher will discuss &quot;A Mystery in Texas&quot; found at: <a href="http://www.cdc.gov/ncbddd/folicacid/excite/defaul.htm">www.cdc.gov/ncbddd/folicacid/excite/defaul.htm</a></td>
<td></td>
</tr>
<tr>
<td>Language</td>
<td>2b.</td>
<td>Students will plot on the map the occurrences of the birth defects in the mystery in TX and will identify possible risk factors for these birth defects.</td>
<td>Map</td>
</tr>
<tr>
<td>Arts:</td>
<td>7c.</td>
<td>Students will research to identify actions that may cause birth defects and what expectant mothers can do to prevent birth defects.</td>
<td>Teacher Observation. Graded based on rubric. See appendix.</td>
</tr>
<tr>
<td>Reading,</td>
<td>7 1c.</td>
<td>A summary quiz is available at <a href="http://www.cdc.gov/ncbddd/folicacid/excite/defaul_quiz.htm">www.cdc.gov/ncbddd/folicacid/excite/defaul_quiz.htm</a></td>
<td>Quiz on PowerPoint</td>
</tr>
<tr>
<td>Speaking,</td>
<td>3a.</td>
<td>Students will create a poster or brochure informing expectant mothers of the benefits of including folic acid in their diet or through a multivitamin during their pregnancy.</td>
<td>Poster/Brochure Graded by rubric. See appendix.</td>
</tr>
<tr>
<td>Listening</td>
<td>7a.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Science:</td>
<td>8 1d.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Life</td>
<td>2b.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Science</td>
<td>6a.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Geography</td>
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<td></td>
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Remediation: Students will use a teacher approved website or materials from the library to determine the causes and effects of too little folic acid during pregnancy.
Sixth Grade - Eighth Grade

Competencies:

1. Comprehend concepts related to health promotion and disease prevention. (C, PH, CH, H)

3. Demonstrate the ability to practice health enhancing behaviors and reduce health risks. (CH, PH, F, D)

6. Demonstrate the ability to use goal setting and decision making skills to enhance health (PH, N, H, F, D)

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<td>Health Science</td>
<td>6  6b.</td>
<td>Students will discuss the role that calcium has in the body.</td>
<td>Teacher Observation Grade based on rubric. See appendix.</td>
</tr>
<tr>
<td>Art</td>
<td>7  3c.</td>
<td>Students will research to determine diseases that are a result due to a calcium deficiency.</td>
<td>Flour presentation</td>
</tr>
<tr>
<td>Language Arts</td>
<td>8  1d.  3d.  6a.  6c.</td>
<td>Teacher will do presentation with flour to demonstrate the amount of calcium in the body. See attachment for flour activity. <a href="http://www.strongbones.org/lessons.html">http://www.strongbones.org/lessons.html</a></td>
<td>Report on Calcium. Graded by rubric. See attachment.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Students will compose a report on the importance of consuming adequate amounts of calcium or a disease that is caused from a calcium deficiency.</td>
<td></td>
</tr>
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</table>
Lesson Plans

The following Flour Demonstration can be used in classrooms for ages 10 and older, or as a great visual tool during osteoporosis presentations. It is one of the most effective and simple ways to teach children the importance of consuming adequate amounts of calcium. All you need is a sack of flour, several large zip-lock bags, and a permanent marking pen.

Here’s how it works:

Explain to the children that calcium in our bodies would look like flour if we could remove it. Then, show a series of zip-lock bags containing quantities of flour representing the amounts of calcium in our bones provided we eat enough calcium-rich foods and get enough physical activity.

- A newborn has only 27 grams of calcium in its body, which would be 1/4 cup of flour.
- By age 10, the amount of calcium is equal to approximately 3 1/2 cups of flour. Ask why the amount has gone up? Because bones are growing.
- By age 15, your body has grown and will grow even more. At this age, bones become longer and wider. Your body has twice as much calcium at age 10, so it would be equivalent to about 7 cups of flour.
- By adulthood your bones will grow even more. As an adult you have 44 times more calcium than you had when you were born. The amount of calcium in an adult’s bones would be equivalent to about 11 cups of flour.
- Osteoporosis can’t be detected until 30-40% of the bone is lost. You can see how significant this calcium loss is by comparing the calcium in the healthy adult bones to the calcium in the bones of an adult with osteoporosis. The latter would be equal to about 6 1/2 cups of flour.

This is fun to do. If you are working with children you can offer small cups of low fat milk or yogurt as a snack.

http://www.strongerbones.org/lessonplans.html
Dairy Crossword Puzzle

Across
3. Day of the week most ice cream is sold
6. Cheese produced most often in the U S
6. A milk slogan
10. The food with the most calcium per serving
11. Cows eat
14. Number of hours a cow chews its cud
15. Most ice cream is made in the state of
17. Piercing a cow’s ears is for
18. Type of dairy cow that is a color
21. Bones that protect your heart and lungs
22. Week of the year most pizza is consumed

23. Symbol that tells you a dairy product is made of the real thing
26. Most people skip this meal
27. Noises a cow makes
29. Provides 90% of the world’s milk supply
34. Milk makes ___ bones
35. Goes with milk
36. Causes holes found in Swiss cheese
37. Milk left in a cereal bowl is usually
38. A one year old female calf
39. Number of times cows eat a day
40. Can you freeze cheese?

Down
1. Number of stomachs a cow has
2. Your bones are made mostly of ___
4. Top ice cream flavor
5. Makes blue cheese blue
7. Type of cow
9. A baby cow is a ___
12. Cows eat this and so do humans
13. Nutrient in milk that helps healthy eyes and skin
15. Flavor of milk
16. This fat in milk helps develop your ___
19. Milk is a good and ___ for you
20. Causes cheese to mold
24. Who should drink milk
25. A milk that is nonfat
28. Ice cream capitol of the world
30. Number of dairy products kids 9-18 years need a day
31. A cow has to be to before she gives milk
32. Number of glasses of milk a cow produces a day
33. Cows live on ___
34. A cold milk drink

13
**Dairy Crossword Puzzle**

**Across**
3. Best source for calcium
8. Day of the week most ice cream is sold
13. It does a body good
14. Number 1 cheese used on pizza
16. The first cheese made in America
19. A one year old, female calf

**Down**
1. Process of heating milk to kill germs
2. Causes holes found in Swiss cheese
4. Strong bones are made mostly of ___
6. Most popular dessert
7. Ice cream capital of the world
8. Season most milk is consumed
9. Milk Slogan
10. National ice cream month
11. First president to serve ice cream
12. Cheese known for its strong aroma
15. Servings of dairy needed for strong bones
17. The most important meal of the day
19. Who should drink milk?
20. Popular milk flavor
22. Noise a cow makes
23. Cows live on a ___
27. A milk that is nonfat
Across
3. Best source for calcium
6. Day of the week most ice cream is sold
13. It does a body good
14. Number 1 cheese used on pizza
16. The first cheese made in America
18. A one year old female calf
24. Number of stomachs cow has
25. How many times a day do cows eat?
26. Bone loss disease
28. Cow with black and white spots
29. How many food groups are there?
30. Makes blue cheese blue
31. Cheese created by monks in medieval monasteries

Down
1. Process of heating milk to kill germs
2. Causes holes found in Swiss cheese
3. Strong bones are made mostly of ___
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27. A milk that is nonfat
Level: Difficult
In order to print this image, click on file, then print on your browsers menu, or click print button on top of your screen.

Moo-Valous Milk Word Search

milk
strong
vitamin D
Bailey
mustache
chocolate
yummy
calcium
dairy

bones
power
grow
Sponge Bob Square Pants
protein
play
got milk
cow

View Solution

Mmm...Milk | Better Bones | Kids in the Kitchen | Trivia & Games | Fun Stuff | Write to us

http://www.got-milk.com/trivia/word/wordsearch_diff1.html

17
Bone Health is Important

Our bones give us the freedom to do the things we want to do. They help us stand up straight, to run, to jump, and to play. That's why it is important for our bones to stay strong and healthy our whole lives long.

Unfortunately, many older people have bones that are weak and break easily. Osteoporosis is a condition in which bones are fragile, making them fracture or break much easier. Osteoporosis usually doesn't show up in our bones until we are adults, but can start when we are young.

Between the ages 15 to 18 is when you make the bone that must last a lifetime – this bone is known as peak bone mass. To reach the best possible peak bone mass means getting enough exercise and calcium. Bones are like a bank account – if you deposit lots of exercise and calcium now, when you are young, you will have strong bones for later in life.

How Exercise Helps Bones

One important way to help keep your bones healthy for your entire life is through exercise. Exercise is the way you tell bones they need to be strong. Just like exercising your muscles can make them grow bigger, exercising your bones makes them work harder, which helps them to build up bone mass. And building bone mass as a child or teenager is especially important because this is when our bones are growing the most.

Good Exercises for Healthy Bones

Weight-bearing exercises, or the most important thing you can do right now to build bone mass and reduce the risk of osteoporosis later. Weight-bearing exercises make your bones and muscles work together like playing tug of war. When you are carrying your body weight, regular weight-bearing exercise can help people reach the best possible peak bone mass when they are young and help keep that bone strength throughout life.

However, some activities like swimming don’t involve weight-bearing benefits, but they still强 bones which also help to build bone density.

In fact, the 1996 Surgeon General’s report on Physical Activity and Health recommends that everyone over age 3 should participate in at least 30 minutes of moderate physical activity on most preferably, each day of the week. To keep our bones strong, you should do a variety of exercise with different intensity and duration for the benefits.
Other Important Things for Healthy Bones

Our bodies continually remove and replace small amounts of calcium from our bones. If your body removes more calcium than it replaces, your bones will become weaker and have a greater chance of breaking.

In addition to proper exercise, other things like calcium are important for building strong and healthy bones. When we get enough calcium from the foods we eat and drink, our bodies don't have to take the calcium from our bones. Kids should start now to store plenty of calcium in their bones for later in life.

Milk and other dairy foods, such as cheese and yogurt, are excellent sources of calcium. One 8-ounce glass of milk has about 300 milligrams (mg) of calcium. Children and teens need about 1300 mg of calcium a day. Kids also can get calcium from alternative sources such as foods rich in calcium or supplements. Check the nutrition label on foods you buy to choose foods high in calcium and low in fat and calories.

### How Much Calcium Do Kids Need Each Day?

<table>
<thead>
<tr>
<th>Age</th>
<th>Milligrams</th>
</tr>
</thead>
<tbody>
<tr>
<td>1-3 years</td>
<td>500 mg</td>
</tr>
<tr>
<td>4-8 years</td>
<td>800 mg</td>
</tr>
<tr>
<td>9-18 years</td>
<td>1,300 mg</td>
</tr>
</tbody>
</table>

### Some Foods High in Calcium

- Cheddar cheese, 1 1/2 ounces - 300 mg
- Milk, 1 cup - 300 mg
- Orange juice with added calcium, 1 cup - 300 mg
- Yogurt made with calcium, 1/2 cup - 260 mg
- Broccoli, 1 cup - 118 mg
- Roasted almonds, 1/4 cup - 100 mg
- Corn tortillas, 3 tortillas - 80 mg

Calcium is also important for bone health because it helps our body to absorb more calcium. Milk and some other foods have vitamin D added. Also, sunlight is important for activating vitamin D.

### Make a Commitment to Last a Lifetime

Healthy bones are important for a healthy body. Getting enough physical activity is the way to make your bones grow strong. Whether it's as part of a gym class, an after school sport, or just playing with friends, being active is a key to strong bones. And getting enough calcium when you are younger helps your bones to stay strong and healthy. Don't forget, what you do for your bones now can have a big impact on what your bones do for you later in life.
They Just Don’t Get It

Most children do not get the recommended amount of calcium in their daily diets which is essential for building strong bones and teeth and protecting against osteoporosis. The preferred source of calcium is through calcium-rich foods such as dairy products.* The NICHD believes lowfat milk or milk products are the best dietary sources of calcium. Studies show that the intake of milk and other calcium-rich foods during childhood and adolescence is an important determinant of peak bone mass later in life.

Milk for Strong Bones & Teeth

For more information, contact the NICHD/Milk Matters Clearinghouse at 800-370-2943.

*Milk Consensus Development Conference on Optimal Calcium Intake, 1994
Milk Matters...

No Bones About It.
Kids Can't Do Without It.
Milk for Strong Bones & Teeth.

Milk Matters...

Never Stop Drinking Milk.

How Much Calcium Do You Need Each Day?

<table>
<thead>
<tr>
<th>AGES</th>
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<tbody>
<tr>
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</tr>
<tr>
<td>9-18</td>
<td>1,300</td>
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</tbody>
</table>

One 8 oz glass of milk has about 300 mg of calcium.

For more information, contact the NICHD/Milk Matters Clearinghouse at 800-370-2943.
Milk Matters...

No Bones About It, Kids Can't Do Without It. Milk for Strong Bones & Teeth

MILK...never stop drinking milk...

More than 6 out of 10 teen boys and 8 out of 10 teen girls don't get enough calcium.

HOW MUCH CALCIUM DO YOU NEED EACH DAY?

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<tr>
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</tbody>
</table>

One 8 oz glass of milk has about 300 mg of calcium.

For more information, contact the NICHD/Milk Matters Clearinghouse at 800 • 370 • 2943.
Sixth Grade - Eighth Grade

Competencies:


3. Demonstrate the ability to practice health enhancing behaviors and reduce health risks. (CH, PH, F, D)

6. Demonstrate the ability to use goal setting and decision making skills to enhance health. (PH, N, H, F, D)

<table>
<thead>
<tr>
<th>Integrated Instruction</th>
<th>Grade/Competency/Objective</th>
<th>Suggested Teaching Strategies</th>
<th>Suggested Assessment Methods</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health</td>
<td>6 1a.</td>
<td>Teacher will do an activity with toilet paper and paper clips to get students thinking about amounts. See attachment.</td>
<td>Teacher Observation graded based on rubric. See appendix.</td>
</tr>
<tr>
<td></td>
<td>3a.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>6b.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Language Arts</td>
<td>7 3c.</td>
<td>Teacher will discuss how we see things in different ways because of different needs.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>6a.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Computer Art</td>
<td>8 3d.</td>
<td>Students will engage in serving size activity and then compare their snack portions. Student volunteer will read the nutritional label and students will compare their serving size with the nutritional label. Teacher will stress how the serving size on the label is normally smaller than their actual serving size. Teacher will discuss what happens to the calories and nutrients when their caloric intake is greater than what is needed. Teacher will stress that amount makes a difference.</td>
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<td>6a.</td>
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<tr>
<td></td>
<td>6f.</td>
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<td></td>
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<tr>
<td>Students will create a poster or write a report to stress the importance of being aware of serving sizes to decrease the total number of calories consumed.</td>
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<tr>
<td>Enrichment Activity: Students will compare in a written report how low fat snacks can add up to a lot of calories just as regular snacks.</td>
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</tr>
<tr>
<td>Poster or written report. Graded by rubric. See appendix.</td>
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<tr>
<td>Written report Graded by rubric. See appendix.</td>
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</tr>
</tbody>
</table>
What happens if you consume fewer or more calories (food energy) than your body uses? You need to know how much you eat compared to the Pyramid servings.

- If you don’t eat enough, you may not get all the nutrients you need for energy and for growing strong and healthy. When you eat less food (calories) than your body needs, you lose weight.
- If you eat too much, you may get more food energy (calories) than you need to grow and move. Then you gain weight. If you move more, your body uses up more food energy. Then you won’t need to be as concerned about how much you eat.

### Tips for Leaders:

Preteens may want to eat smaller amounts of foods if they are watching their weight. Preteens concerned about weight loss should talk to a doctor or health provider about their weight. Eating right—not dieting—can help them reach the right weight, while supporting growth.

### What Counts As a Serving?

**Milk Group** ...........2 to 3 Servings each day

<table>
<thead>
<tr>
<th>size of:</th>
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</tr>
</thead>
<tbody>
<tr>
<td>small milk carton (8 oz)</td>
<td>1 cup milk</td>
</tr>
<tr>
<td>2 batteries (9-volt)</td>
<td>1½ ounce natural cheese</td>
</tr>
<tr>
<td>baseball</td>
<td>1 cup yogurt (8 oz)</td>
</tr>
</tbody>
</table>

**Beans Group** .............2 to 3 Servings each day

<table>
<thead>
<tr>
<th>size of: (for a total of 5 to 7 oz each day)</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>deck of cards</td>
<td>2 to 3 ounces meat</td>
</tr>
<tr>
<td>baseball</td>
<td>1 cup cooked beans (≈ 2 ounces)</td>
</tr>
<tr>
<td>roll of film (35 mm)</td>
<td>2 tablespoons peanut butter (≈ 1 ounce of meat)</td>
</tr>
</tbody>
</table>

**Vegetable Group** .......3 to 5 Servings each day

<table>
<thead>
<tr>
<th>size of:</th>
<th></th>
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</thead>
<tbody>
<tr>
<td>deck of cards</td>
<td>10 french fries</td>
</tr>
<tr>
<td>small computer mouse</td>
<td>½ cup vegetables</td>
</tr>
<tr>
<td>baseball</td>
<td>1 cup raw, leafy vegetables</td>
</tr>
</tbody>
</table>

**Fruit Group** .............2 to 4 Servings each day

<table>
<thead>
<tr>
<th>size of:</th>
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</thead>
<tbody>
<tr>
<td>baseball</td>
<td>1 medium apple, orange, pear</td>
</tr>
<tr>
<td>6 oz can</td>
<td>½ cup fruit juice</td>
</tr>
<tr>
<td>small computer mouse</td>
<td>½ cup chopped or canned fruit</td>
</tr>
</tbody>
</table>

**Grains Group** ...........6 to 11 Servings each day

<table>
<thead>
<tr>
<th>size of:</th>
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</thead>
<tbody>
<tr>
<td>computer disk</td>
<td>1 slice bread</td>
</tr>
<tr>
<td>baseball</td>
<td>about 1 cup ready-to-eat cereal</td>
</tr>
<tr>
<td>small computer mouse</td>
<td>½ cup cooked rice, pasta or cereal</td>
</tr>
</tbody>
</table>

Rev. by combining Nibbles for Health and Power of Choice
How big are food-group servings? These are serving sizes from the five major food groups in the Pyramid:

**Bread, Cereal, Pasta, and Rice Group**
- 1 slice bread, tortilla, waffle, or pancake
- about 1 cup ready-to-eat cereal
- ½ cup cooked rice, pasta, or cereal
- ½ bagel, hamburger bun, or English muffin

**Fruit Group**
- 1 medium apple, banana, or orange
- ½ cup fruit (canned, cooked, or raw)
- ¾ cup fruit juice
- ¼ cup dried fruit

**Vegetable Group**
- 1 cup raw, leafy vegetables
- ½ cup vegetables (cooked or raw)
- ¾ cup vegetable juice

**Milk, Yogurt, and Cheese Group**
- 1 cup milk or yogurt
- 1½ ounces natural cheese
- 2 ounces process cheese

**Meat, Poultry, Fish, Dry Beans, Eggs, Nuts Group**
- ½ cup cooked dry beans, 1 egg, or 2 tablespoons peanut butter count as 1 ounce meat
- 2 to 3 ounces cooked lean meat, poultry, or fish count as one serving

**How can you stick to one serving? Try this:**
- Skip the urge to eat from the bag. Measure out a serving; put the rest away.
- Buy single serving packages or containers instead of big bags or containers. If you buy several small containers—perhaps chips, sodas, candies, or cookies—eat one, and put the rest away.
- If you buy large containers, measure out several single serving amounts; put them in separate bags or small containers. Hungry? Eat just the amount in one small bag/container.

**Tip for Leaders:**
Check the chart entitled *How many Pyramid Servings do YOU need each day?* in the Computer Disk Supplement, page D-16. Avoid counting calories or fat grams.
Getting Started: Size "Squared"

Start with an icebreaker to get preteens thinking about amounts, and review what they learned last time you met.

Start focusing their thinking and talking on choices as preteens take a simple prop—a roll of toilet paper (or a bowl of paper clips)!! Now...

- Pass around the roll of toilet paper or bowl of paper clips. Ask everyone to take some; avoid telling why.
- Talk about last week's session as preteens take their toilet paper squares or paper clips. Perhaps from Topic 2, what did it take to get you to move more and sit less?
- Continue talking until the toilet paper roll or paper clip bowl has gone around the group. By nature, some preteens will take more squares than others.
- Have them count their toilet paper squares/paper clips. For each square/clip preteens have, they can tell one thing they already learned about themselves and about staying healthy since they started The Power of Choice. Encourage them not to repeat. Any personal observations count as something they've learned.

When everyone has shared, continue talking. Keep the discussion open-ended so preteens talk freely, and everyone gets a chance to share his or her thoughts.

- Would you have taken a different number of squares/clips if you had known what we would use them for? More? Less? Why?
- Why didn't everyone take the same amount of squares/clips?
  **(POINT OUT):** We see things in different ways because our needs are different.
Activity 1: Some or the Whole Thing?

By measuring their snack, preteens see that they may eat more than they think! Use a large bag of dry snacks (pretzel bag, for example) to make this activity more successful; they'll probably take more from a bigger bag.

Involving preteens in the measuring demonstration with the bag of snacks, several bowls, and measuring equipment.

- Get several volunteer preteens to fill a bowl with the amount they usually serve themselves. Then have them measure the amount. Try to give everyone a chance.
- Have them compare their "servings." (POINT OUT) that everyone had a different idea of a serving.
- Have someone volunteer to check the serving size on the package. (ASK)
  - How does that label serving compare to yours? Talk about the serving size, the number of servings in the whole bag, the number of calories in a serving, and the number of calories in the whole bag.
  - How many of you have read a food label? What did you look at? (POINT OUT) Even if people read the label, they usually don't pay attention to the serving size that's written at the top.

Challenge their thinking:

- How much of this snack do you usually eat?
- What happens to the calories and other nutrients when you eat that much? What if you eat the whole bag?
- Why pay attention to serving size? (POINT OUT) When you eat more than the serving size on the label, it changes the amount of calories and nutrients in what you eat.
- How does this activity connect with what we just learned with our toilet paper squares? (POINT OUT) Amount makes a difference.
- How can you stick to one serving if you eat this or any other snack?
- Why do you think amount makes a difference? (POINT OUT) If you eat more food (calories) than you need, the extra calories get stored as body fat. If you don't eat enough, you might not get enough energy to move and grow or enough nutrients to grow and stay healthy.

If time permits, repeat the activity with a lowfat snack. Let them see that a large amount of a lowfat snack can still add up to a lot of calories!
Activity 2: Snacks—How Much in a Package?

Small, medium, or large? Preteens compare calories and fat in different-sized packages of common snack foods.

Distribute a set of Nutrition Facts Cards to the preteens. Also, put out several compact packages of candy, pretzels, and chips to talk about.

❖ **ASK:**
  - Would you eat the whole snack at one time if you had picked these snacks, or would you save some?
  - How many servings does each package have? (Guess without looking at the label.)
  - Where does the label tell you how many servings in a package?
❖ Have them check each label to find out how many servings the package has and how many calories and how much fat one serving of each snack has.

Challenge their thinking:

❖ Now that you’ve checked the label, what do you think about eating the whole thing at one time? **POINT OUT:** Although small packages look like one serving, they may be more.
❖ How can you decide whether or not to eat the whole thing? **Encourage them:** Look at how many servings a package has before deciding to eat the whole thing.
❖ What can you say to a friend if he or she asks for your advice about eating the whole package or deciding to eat just part of it?
❖ How can you stick to one serving?
Sixth Grade - Eighth Grade

Competencies:

1. Comprehend concepts related to health promotion and disease prevention. (M, PH, D)

3. Demonstrate the ability to practice health enhancing behaviors and reduce health risks. (CH, PH, F, D)

6. Demonstrate the ability to use goal setting and decision making skills to enhance health. (C, PH, H, D, N, CH)

7. Demonstrate the ability to advocate personal, family, and community health. (C, CH, F, S, D)

<table>
<thead>
<tr>
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<th>Suggested Teaching Strategies</th>
<th>Suggested Assessment Methods</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health Science</td>
<td>6 1a. 6b. 7c.</td>
<td>Teacher will discuss with students the recommended consumption of salt each day and what role it plays in the body. Students will determine the amount of salt in various foods. Teacher will display approximately five different snack food packages. The teacher will then ask for volunteers to read each label to determine the sodium content. Teacher will explain that 1500 mg of sodium equals one teaspoon of salt. The volunteers will convert the sodium content to teaspoons of salt. The students will measure out that much salt and display it by snack package. Students will create a poster to express the importance of being aware of their salt intake and the amount of salt in foods that are consumed each day.</td>
<td>Teacher Observation Graded based on rubric. See appendix.</td>
</tr>
<tr>
<td>Art</td>
<td>7 3c. 8 3d. 6d.</td>
<td></td>
<td>Poster Graded by rubric. See appendix.</td>
</tr>
<tr>
<td>Language Arts</td>
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</tbody>
</table>

30
| Students will research to determine diseases that are directly related to a high salt diet. Students will write a report detailing their research and the consequences of consuming too much salt. | Written Report Graded by Rubric. See appendix. |
|---------------------------------------------------------------|
| This exercise could also be used to express the amount of sugar in snacks. On nutritional labels, five grams of sugar is equal to one teaspoon of sugar. | |
Sixth Grade - Eighth Grade

Competencies:

3. Demonstrate the ability to practice health enhancing behaviors and reduce health risks. (CH, PH, F, D)

6. Demonstrate the ability to use goal setting and decision making skills to enhance health. (PH, N, H, F, D)

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<td>Health English Math Computer</td>
<td>6 6b. 7 3c. 6a. 8 3d. 6a. 6f.</td>
<td>The student will access the following websites: <a href="http://www.nhlbi.nih.gov/health/public/heart/other/sp_fat.htm">http://www.nhlbi.nih.gov/health/public/heart/other/sp_fat.htm</a></td>
<td>Rubric for written product</td>
</tr>
<tr>
<td></td>
<td></td>
<td>The student will compose an essay from research found on how to cut down on fat and not on taste. The student will analyze when he/she consumes most of the fat in his/her diet. The student will include healthy ways of preparing foods.</td>
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<tr>
<td></td>
<td></td>
<td>The student will access the following website: <a href="http://kidshealth.org/teen/food_fitness/nutrition/fat_calories.html">http://kidshealth.org/teen/food_fitness/nutrition/fat_calories.html</a></td>
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<tr>
<td></td>
<td></td>
<td>The student will create additional information in his/her essay on the amount of fat needed in a teen's daily caloric allowance and why fat is important.</td>
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<td></td>
<td>The students will present essays in class. After all essays are presented, the class will have a discussion session on important facts presented in the essays.</td>
<td>Class discussion after presentation of essay. Discussion rubric</td>
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33
¡Reduce la grasa — no el sabor!
Proteja la salud de su corazón y el de su familia sirviendo alimentos bajos en grasa y grasa saturada.

Las comidas latinas, tales como los frijoles (habichuelas), los vegetales, las frutas, el arroz y las tortillas de maíz, son parte de una alimentación saludable. Prepárelas de manera saludable para su corazón y el de su familia. Ayude a su familia a comer menos grasa y grasa saturada.

Compre alimentos bajos en grasa.

- Leche descremada o con 1% de grasa.
- Quesos, crema agria, aderezos para ensalada y mayonesa bajos en grasa o sin grasa.
- Pescado y pollo o pavo sin pellejo. Cortes de carne bajos en grasa en vez de carnes con alto contenido de grasa.
- Frutas, vegetales y granos como frijoles, arroz, tortillas de maíz y pastas.
Protect your family’s heart health by serving foods low in fat and saturated fat.

Latino foods such as beans, vegetables, fruits, rice, and corn tortillas are all part of a healthy diet. Prepare them in a heart-healthy way for you and your family. Help your family to eat less fat and saturated fat.

Buy lower fat foods.

› Skim or 1% milk.

› Low fat or fat free cheeses, sour cream, salad dressing, and mayonnaise.

› Fish and chicken or turkey without the skin. Lean cuts of meat instead of fatty meats.

› Fruits, vegetables, and grains like beans, rice, corn tortillas, and pasta.
Cocine con menos grasa.

- Hornee, asé o hierva en vez de freír.
- Use un sartén, que no pegue, humedecido con aceite en aerosol.
- Use sólo poca cantidad de aceite vegetal o margarina, en vez de manteca o mantequilla.
- Cocine los frijoles y el arroz sin manteca, tocino ni otras carnes con alto contenido de grasa. Déle sabor a los frijoles con chile verde, cebolla, ajo, orégano o cilantro.

Elimine la grasa.

- Antes de cocinar la carne de res y de cerdo, córtelas la grasa.
- Antes de comer pollo y pavo, quítelos el pellejo.
- Escurre la grasa que sueltan las carnes al cocinarlas.
- Enfríe las sopas y los caldos, y quite la capa de grasa antes de recalentar.
Cook with less fat.

- Bake, broil, or boil instead of frying.
- Use a nonstick pan with cooking oil spray.
- Use only a little bit of vegetable oil or margarine instead of lard, shortening, or butter.
- Cook beans and rice without lard, bacon, or other fatty meats. Season the beans with green pepper, onion, garlic, oregano, or cilantro.

Throw the fat away.

- Cut the fat off beef and pork before you cook.
- Remove the skin from the chicken and turkey before you eat.
- Drain the fat from meats after you cook.
- Cool soups and gravies and skim the fat off with a spoon before you reheat them.
Usted puede hacer cambios poco a poco.

Marque los consejos que pondrá en práctica para comer menos grasa.

☐ Comer frutas en vez de postres altos en grasa como flan, helado de leche, pan dulce o bizcochos.

☐ Tomar leche descremada o con 1% de grasa.

☐ Comprar quesos bajos en grasa o sin grasa.

☐ Hornear, asar o guisar el pollo en vez de freírlo.

☐ Quitar el pellejo al pollo.
You can make changes little by little.

Check how you will try to eat less fat.

☐ Eat fruit instead of fatty desserts such as flan, ice cream, or cakes.

☐ Drink skim or 1% milk.

☐ Buy cheeses marked "low fat" or "fat free."

☐ Bake, broil, or boil chicken instead of frying it.

☐ Remove the skin from chicken.
¡Coma alimentos bajos en grasa y grasa saturada!
Más vale prevenir que lamentar.

Eat foods low in fat and saturated fat!
An ounce of prevention is worth a pound of cure.
Sixth Grade - Eighth Grade

Competencies:

2. Demonstrate the ability to obtain valid health information. (CH, PH, C)

3. Demonstrate the ability to practice health enhancing behaviors and reduce health risks. (CH, PH, F, D)

4. Analyze the influence of culture, media, technology, and other factors on health. (H, CH, F, M)

6. Demonstrate the ability to use goal setting and decision making skills to enhance health. (Ph, M, D, F, D)

7. Demonstrate the ability to advocate personal, family, and community health. (C, CH, F, S, D)

<table>
<thead>
<tr>
<th>Integrated Instruction (with strands)</th>
<th>Grade/Competency/Objective</th>
<th>Suggested Teaching Strategies</th>
<th>Suggested Assessment Methods</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health</td>
<td>6 1a.</td>
<td>Teacher will place the following writing prompt on the board. “What do you think that healthy eating looks like?” Students will respond in their journal. Teacher and student will discuss the importance of eating healthy.</td>
<td>Teacher Observation graded based on rubric. See appendix.</td>
</tr>
<tr>
<td>Language Arts:</td>
<td>1b.</td>
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<tr>
<td>Writing, Speaking, Viewing</td>
<td>1c.</td>
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<td>3a.</td>
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<td>7 1c.</td>
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</table>

Students will list at least five commercials or advertisements that promote an unhealthy lifestyle. List of five commercials (Written product rubric). See Appendix.
<table>
<thead>
<tr>
<th></th>
<th>6a.</th>
<th>7a.</th>
<th>8 1d.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Teacher will have students list at least five commercials or advertisements that promote a healthy lifestyle.</td>
<td>List of five commercials using written product rubric. See appendix</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Acceleration/Enrichment: In groups, students will create a short skit designed to convince classmates why it is important to partake in a healthy lifestyle. OR</td>
<td>Group work or presentation rubric.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Students will create a bumper sticker promoting a healthy lifestyle designed to increase the awareness of a better quality of life.</td>
<td>Bumper Sticker graded based on rubric.</td>
<td></td>
</tr>
</tbody>
</table>
What does healthy eating look like?

If we were to believe advertising and commercials, we would think healthy, normal eating is either constant dieting or regular consumption of high-sugar, high-fat fast foods and snacks. Neither is true. Long-term caloric restriction can lead to an eating disorder, and a steady diet of sugary and fatty foods, especially in the absence of physical activity, can produce overweight, obesity, and the health problems associated with those conditions.

Some people have eaten in a disordered way for so long that they have forgotten what normal, healthy eating is. Basically, it is respecting your body so that you eat when you are hungry, and you eat what you are hungry for, and you stop eating when you are satisfied. This means that you do not use food to try to meet needs other than nourishment; for example, eating a box of donuts because you are lonely (or anxious, or angry, or bored, or sad). It also means never refusing to eat something your body is really hungry for just to make a statement of your strength, or will power or "goodness" or specialness. If you do, you make that forbidden food an object of obsession, and chances are you will binge on it later — one chocolate truffle now, or a whole box later.

And lastly, eating normally means paying attention to your body so you will recognize when it is hungry for simple things like green beans and whole wheat bread, not just the sweet and fatty foods you routinely deny it.

But it's a big step from chronic restriction or frequent diet-binge-purge cycles to rule-free spontaneous eating. Most people need a few guidelines to provide reassurance when they begin the transition. The following suggestions are based on current recommendations made by scientists at the U.S. Department of Agriculture. Best wishes as you begin to incorporate them into your life, one or two at a time so you don't feel overwhelmed and panicky.

Food choices and calories

- Sufficient food and calories to achieve and maintain a medically healthy weight, neither overweight nor underweight. A sedentary woman might maintain healthy weight on 1800 calories per day while a very active woman might require 2800 calories per day. Male caloric requirements are correspondingly higher. (Note: Some people with anorexia nervosa think they...

http://www.anred.com/hltheat.html
can be healthy eating as little as 800-900 calories per day or even less. That is simply not true. Children age one to two years require on average about 950 calories per day. Older, bigger people require far more as outlined above.)

- **Fruits and vegetables.** The goal is nine servings a day (2 cups of fruit and 2-1/2 cups of veggies). Choose dark green and orange items often, plus beans, other starchy vegetables and root vegetables for a wide selection of vitamins, minerals, anti-oxidants, and micro nutrients. Choose whole fruits over juice. It contains healthy fiber and micro nutrients not found in juice, which can be high in sugar. Don't panic. Serving sizes for fruits and veggies are small, just half a cup.

- **Whole grains.** The goal is three or more servings of whole wheat, brown rice, or other unprocessed grains such as old-fashioned oatmeal. Serving size is only 1 ounce, which is a single slice of bread or 1/2 cup of cooked cereal.

- **Dairy foods.** The goal is three cups of fat-free or low-fat milk per day or equivalent amounts of yoghurt, cheese, etc. Dairy foods provide calcium and protein, both of which are needed for healthy muscles and bones. Avoid whole-fat dairy selections. Low-fat items are nutritious without the saturated fat. Recommended daily allowances: at least 1200 mg. per day of calcium for women who menstruate and 1500 mg. per day for those who don't. Men also need calcium for strong bones. If you are afraid of the calories in dairy products, research (American Journal of Clinical Nutrition, 2003) suggests that calcium also helps control blood pressure and may aid in the breakdown of body fat and cause fat cells to make less fat.

- **Keep cholesterol consumption down.** That means eating fewer animal foods and more fruits, vegetables, and whole grains (cereals, bread, pasta, etc.)

- **Meat, fish, poultry, and other protein.** The goal is only 6-7 ounces per day, or about two servings, each the size of the palm of your hand. Choose low fat items such as chicken breast over fatty red meat. One exception: fatty fish such as salmon and tuna contain Omega-3 fatty acids that protect the heart and cardiovascular system against damage. The goal is two servings of fish a week.

- **Limit intake of sugar, salt, and alcohol,** which carry health risks if consumed in excess. Watch out for "high-fructose corn syrup" in processed foods and soft drinks. It is another type of sugar. Soft drinks are notoriously high in sugar. So is alcohol in addition to being an intoxicant. If you drink, do so in moderation, which is defined as no more than one five-ounce glass of wine, OR one 12-ounce can of beer, OR one ounce of distilled spirits per day for women. Because of differences in physiology, moderate alcohol usage for men is defined as two servings per day.

- **Healthy fat.** Don't eliminate all fat from your diet. Some is necessary for life and health. Just make sure that most of it is unsaturated or mono saturated,

http://www.anred.com/hltheat.html
such as that found in fish, nuts, and vegetable oils. Olive and canola oils are particularly healthful.

- **Unhealthy fat.** The saturated fat found in regular ice cream, red meat, whole-fat dairy foods (4% milk, cream, butter), and processed foods should be limited to 10 percent or less of your daily fat intake. Some saturated fat is necessary, but very little. Especially unhealthy are trans fats, which increase heart disease risk. Check labels and avoid anything with cocoa oil, palm oil and "hydrogenated vegetable oil." The foods most often containing trans fats are snack foods, packaged baked goods (cookies, dam it!), and stick margarine.

- **Salt and potassium.** For the sake of your heart, especially in later life, it's a good idea to limit salt intake to 1500-2000 milligrams per day. Read labels and don't add extra salt at table. Canned soup, frozen dinners, and snack foods such as chips are big sources of excess salt. Everyone needs potassium, and purgers must be especially careful to get enough. Good sources are bananas, oranges, raisins, apricots, avocados, dates, and cantaloupe.

- **What about a vitamin pill?** There is no scientific evidence at this point that justifies taking mega doses of any vitamin or mineral. In fact, you can hurt yourself by overdoing supplements. That having been said, one multi vitamin and mineral pill per day may be a good idea, especially if your diet is lacking in some areas. Please check with your physician to make sure it's appropriate for you. Everyone is different.

- **Note: After age 50,** calorie requirements go down, about 10-20% lower than the values in the chart below. During childhood and adolescence, however, more calories and more protein are required to add muscle mass to the developing body. Pregnant women and nursing moms need more healthy calories as well.

### Additional recommendations

- **Eat a variety** of nutrient-rich food and beverages from the basic food groups (proteins, fats, and carbohydrates). Eating only a few "safe" foods day after day will deprive you of vitamins, minerals and micro nutrients contained in greater or lesser amounts in a wide range of foods.

- **To lose weight** (when appropriate), reduce portion sizes but still eat a variety of foods. To gain weight, increase portion sizes and enjoy a variety of different foods. If the idea of weight gain panics you, make the increases slowly, and if you get stuck, ask a dietitian (RD) to help you make a meal plan tailored for your specific needs.

- **Choose healthy carbohydrates** over refined carbs. For example, eat lots of whole grains, fruits, vegetables, beans, oatmeal, brown rice, etc. and stay away from white bread, white rice, snack-pack treats, regular soft drinks, processed starchy, sugary, and fatty foods, etc. Use refined carbs as

http://www.anred.com/hltheat.html
Counting calories

Don't obsess by counting every calorie, but be aware that your body's energy requirements are higher than what is provided by many diets. Use the following as a guideline. (From the University of California Wellness Letter. October 2002)

<table>
<thead>
<tr>
<th>Activity level</th>
<th>Women</th>
<th>Men</th>
</tr>
</thead>
<tbody>
<tr>
<td>Very light</td>
<td>1,910</td>
<td>2,465</td>
</tr>
<tr>
<td>Light</td>
<td>2,225</td>
<td>3,020</td>
</tr>
<tr>
<td>Moderate</td>
<td>2,350</td>
<td>3,260</td>
</tr>
<tr>
<td>Heavy</td>
<td>2,800</td>
<td>3,975</td>
</tr>
</tbody>
</table>

Healthy lifestyle choices

- At least eight hours of sleep every night, more if you need it. Sleep deprivation seems to impair the way the human body uses insulin, which can lead to overweight and possible problems with blood sugar.

- Thirty to sixty minutes of physical activity every day. It does not have to be done all at one time, and routine activities such as climbing stairs and yard maintenance count.

- No smoking, ever, and if you use alcohol, no more than two standard servings per day for males and one standard serving per day for females.

- A nutritious breakfast every morning. Ninety-six percent of everyone who loses weight and keeps it off eats breakfast every day, according to Ann Yelmokas McDermott, a nutrition scientist at Tufts University (USDA Nutrition Research Center)

- Plus all the things your mother probably has nagged you about: Wear your seat belt when in a car. No unprotected sex unless you are in a strictly monogamous relationship. Insist on counseling or leave relationships if you are physically, sexually, or emotionally abused. If you are dependent on alcohol or other drugs, get treatment and get clean. Many people with eating disorders are also chemically dependent.

In summary

- For long-term health, eat minimal amounts of animal fats, trans fats, sugar, and junk food.

- Choose lean protein and dairy: chicken breast, turkey breast (remove the skin), fish, and low- or non-fat dairy products over red meat and high-fat dairy foods.

http://www.anred.com/hltheat.html
• Choose lots of brightly colored fruits and veggies: broccoli, beets, cantaloupe, oranges, green peppers, red and yellow peppers, carrots, yams, and so forth. If it’s brightly colored and in the produce department, chances are it’s very good for you.

• Eat moderate portions. When eating out, mark a healthy-sized portion and put it on a separate plate. Leave the rest on the table or take it home for a second meal tomorrow.

• Stay active and exercise regularly. Sixty minutes a day is ideal, but everything (even climbing stairs and walking to school or work) counts.

• Above all, NEVER deny yourself a reasonable portion of something you really want. If you do, you set yourself up to binge on it later.

Postscript

• Some people, especially in the beginning of recovery, find a structured meal plan more useful than the general guidelines we give above. If you are one of these people, we recommend you consider the DASH Diet (Dietary Approaches to Stop Hypertension). This meal plan was designed to lower high blood pressure, but it contains the elements of healthy eating: low in total fat, saturated fat, and cholesterol, and rich in fruits, vegetables, whole grains, and low fat dairy products.

• Download or order the DASH Diet at the National Heart, Lung, and Blood Institute's Web site. Single copies are free. If you already have low blood pressure, please check with your physician before you begin this diet plan.

• The USDA has just (spring of 2005) updated its food pyramid. This much expanded version lets you customize a food plan for your age, sex, and activity level. To do that, and get more good information about nutrition, visit the USDA’s website.

Eating disorders are powerful foes. They can destroy something as basic as the ability to feed oneself, something babies to do learn in the first year of life. Getting back on track can be a struggle. If you can’t make the above information work for you, ask your physician for a referral to a registered dietitian (R.D.) who can help you design a healthy meal plan and then provide support you as you learn to implement that plan.

Please Note: ANRED information is not a substitute for medical or psychological evaluation and treatment. For help with the physical and emotional problems associated with eating disorders, talk to your physician and a mental health professional.

http://www.anred.com/hltheat.html
**Sixth Grade - Eighth Grade**

**Competencies:**

2. Demonstrate the ability to obtain valid health information. (CH, PH, C)

3. Demonstrate the ability to practice health enhancing behaviors and reduce health risks. (S, D, PH, B, M, DA)

4. Analyze the influence of culture, media, technology, and other factors on health. (C, CH, PH)

5. Demonstrate the ability to use interpersonal communication skills to enhance health. (F, H, M).

6. Demonstrate the ability to use goal setting and decision making skills to enhance health. (N, PH, DA, F, M, H, S, D)

7. Demonstrate the ability to advocate personal, family, and community health (C, CH, F, S, D)

<table>
<thead>
<tr>
<th>Integrated Instruction</th>
<th>Grade/Competency/Objective</th>
<th>Suggested Training Strategies</th>
<th>Suggested Assessment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Science</td>
<td>6 3a.</td>
<td>Students will discuss their personal health habits and their responsibility in achieving a better quality of life. Students will use the following website to determine the amount of calories that are needed to maintain their current body weight. <a href="http://www.MyPyramid.gov">www.MyPyramid.gov</a>.</td>
<td>Teacher Observation Graded based on rubric. See appendix.</td>
</tr>
<tr>
<td>Language</td>
<td>6b.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Arts</td>
<td>7c.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Health</td>
<td>7 3c.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Math</td>
<td>4c.</td>
<td></td>
<td>Teacher Observation</td>
</tr>
<tr>
<td>Technology</td>
<td>5a.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>8 2b.</td>
<td>Students will determine their body mass index (BMI) by using an online calculator to evaluate whether they currently possess a healthy amount of body fat.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>3d.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>4a.</td>
<td>Students will brainstorm ways in which they can maintain a healthy weight/BMI.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>6a.</td>
<td>Students will compare the information gained from the web site to the handout from the USDA and become familiar with the servings for each category.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>6b.</td>
<td>Students will compare fat and caloric content of various food items at eight to ten popular fast food restaurants. Students will use Microsoft Excel to display findings in a spreadsheet to compare the items.</td>
<td>Excel Spreadsheet</td>
</tr>
<tr>
<td></td>
<td>6c.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>6e.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>6f.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### MyPyramid Food Intake Pattern Calorie Levels

MyPyramid assigns individuals to a calorie level based on their sex, age, and activity level.

The chart below identifies the calorie levels for males and females by age and activity level. Calorie levels are provided for each year of childhood, from 2-18 years, and for adults in 5-year increments.

<table>
<thead>
<tr>
<th>AGE</th>
<th>MALES</th>
<th>FEMALES</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Sedentary*</td>
<td>Mod. active*</td>
</tr>
<tr>
<td>0</td>
<td>1000</td>
<td>1000</td>
</tr>
<tr>
<td>4</td>
<td>1200</td>
<td>1400</td>
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<td>6</td>
<td>1400</td>
<td>1600</td>
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<td>8</td>
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<td>12</td>
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<td>16</td>
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<td>18</td>
<td>2400</td>
<td>2800</td>
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<td>20</td>
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<td>22</td>
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<td>2800</td>
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<td>50</td>
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<td>52</td>
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<td>2600</td>
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<tr>
<td>54</td>
<td>2400</td>
<td>2600</td>
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<tr>
<td>56</td>
<td>2400</td>
<td>2600</td>
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<tr>
<td>58</td>
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<td>2600</td>
</tr>
<tr>
<td>60</td>
<td>2400</td>
<td>2600</td>
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<tr>
<td>62</td>
<td>2400</td>
<td>2600</td>
</tr>
<tr>
<td>64</td>
<td>2400</td>
<td>2600</td>
</tr>
<tr>
<td>66</td>
<td>2400</td>
<td>2600</td>
</tr>
<tr>
<td>68</td>
<td>2400</td>
<td>2600</td>
</tr>
<tr>
<td>70</td>
<td>2400</td>
<td>2600</td>
</tr>
<tr>
<td>72</td>
<td>2400</td>
<td>2600</td>
</tr>
<tr>
<td>74</td>
<td>2400</td>
<td>2600</td>
</tr>
<tr>
<td>76</td>
<td>2400</td>
<td>2600</td>
</tr>
</tbody>
</table>

*Calorie levels are based on the Estimated Energy Requirements (EER) and activity levels from the Institute of Medicine Dietary Reference Intakes Macronutrients Report, 2002.

SEDENTARY = less than 30 minutes a day of moderate physical activity in addition to daily activities.

MOD. ACTIVE = at least 30 minutes but not 60 minutes a day of moderate physical activity in addition to daily activities.

ACTIVE = 60 or more minutes a day of moderate physical activity in addition to daily activities.

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United States Department of Agriculture  
Center for Nutrition Policy and Promotion  
April 2005  
CNPP-XX
MyPyramid

Food Intake Patterns

The suggested amounts of food to consume from the basic food groups, subgroups, and oils to meet recommended nutrient intakes at 12 different calorie levels. Nutrient and energy contributions from each group are calculated according to the nutrient-dense forms of foods in each group (e.g., lean meats and fat-free milk). The table also shows the discretionary calorie allowance that can be accommodated within each calorie level, in addition to the suggested amounts of nutrient-dense forms of foods in each group.

<table>
<thead>
<tr>
<th>Daily Amount of Food From Each Group</th>
<th>1000</th>
<th>1200</th>
<th>1400</th>
<th>1600</th>
<th>1800</th>
<th>2000</th>
<th>2200</th>
<th>2400</th>
<th>2600</th>
<th>2800</th>
<th>3000</th>
<th>3200</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fruits</td>
<td>1 cup</td>
<td>1 cup</td>
<td>1.5 cups</td>
<td>1.5 cups</td>
<td>1.5 cups</td>
<td>2 cups</td>
<td>2 cups</td>
<td>2 cups</td>
<td>2 cups</td>
<td>2.5 cups</td>
<td>2.5 cups</td>
<td>2.5 cups</td>
</tr>
<tr>
<td>Vegetables</td>
<td>1 cup</td>
<td>1.5 cups</td>
<td>1.5 cups</td>
<td>2 cups</td>
<td>2.5 cups</td>
<td>2.5 cups</td>
<td>3 cups</td>
<td>3 cups</td>
<td>3 cups</td>
<td>3.5 cups</td>
<td>3.5 cups</td>
<td>4 cups</td>
</tr>
<tr>
<td>Grains</td>
<td>3 oz-eq</td>
<td>4 oz-eq</td>
<td>5 oz-eq</td>
<td>6 oz-eq</td>
<td>6 oz-eq</td>
<td>7 oz-eq</td>
<td>8 oz-eq</td>
<td>9 oz-eq</td>
<td>10 oz-eq</td>
<td>10 oz-eq</td>
<td>10 oz-eq</td>
<td>10 oz-eq</td>
</tr>
<tr>
<td>Meat and Beans</td>
<td>2 oz-eq</td>
<td>3 oz-eq</td>
<td>4 oz-eq</td>
<td>5 oz-eq</td>
<td>5 oz-eq</td>
<td>6 oz-eq</td>
<td>6.5 oz-eq</td>
<td>6.5 oz-eq</td>
<td>7 oz-eq</td>
<td>7 oz-eq</td>
<td>7 oz-eq</td>
<td>7 oz-eq</td>
</tr>
<tr>
<td>Milk</td>
<td>2 cups</td>
<td>2 cups</td>
<td>2 cups</td>
<td>3 cups</td>
<td>3 cups</td>
<td>3 cups</td>
<td>3 cups</td>
<td>3 cups</td>
<td>3 cups</td>
<td>3 cups</td>
<td>3 cups</td>
<td>3 cups</td>
</tr>
<tr>
<td>Oils</td>
<td>3 tsp</td>
<td>4 tsp</td>
<td>4 tsp</td>
<td>5 tsp</td>
<td>5 tsp</td>
<td>6 tsp</td>
<td>6 tsp</td>
<td>7 tsp</td>
<td>8 tsp</td>
<td>8 tsp</td>
<td>10 tsp</td>
<td>11 tsp</td>
</tr>
<tr>
<td>Discretionary</td>
<td>165</td>
<td>171</td>
<td>171</td>
<td>132</td>
<td>195</td>
<td>267</td>
<td>290</td>
<td>362</td>
<td>410</td>
<td>426</td>
<td>512</td>
<td>648</td>
</tr>
</tbody>
</table>

1 Calorie Levels are set across a wide range to accommodate the needs of different individuals. The attached table "Estimated Daily Calorie Needs" can be used to help assign individuals to the food intake pattern at a particular calorie level.

2 Fruit Group includes all fresh, frozen, canned, and dried fruits and fruit juices. In general, 1 cup of fruit or 100% fruit juice, or 1/2 cup of dried fruit can be considered as 1 cup from the fruit group.

3 Vegetable Group includes all fresh, frozen, canned, and dried vegetables and vegetable juices. In general, 1 cup of raw or cooked vegetables or vegetable juice, or 2 cups of raw leafy greens can be considered as 1 cup from the vegetable group.

<table>
<thead>
<tr>
<th>Vegetable Subgroup Amounts are Per Week</th>
<th>1000</th>
<th>1200</th>
<th>1400</th>
<th>1600</th>
<th>1800</th>
<th>2000</th>
<th>2200</th>
<th>2400</th>
<th>2600</th>
<th>2800</th>
<th>3000</th>
<th>3200</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dark green veg.</td>
<td>1 c/wk</td>
<td>1.5 c/wk</td>
<td>1.5 c/wk</td>
<td>2 c/wk</td>
<td>3 c/wk</td>
<td>3 c/wk</td>
<td>3 c/wk</td>
<td>3 c/wk</td>
<td>3 c/wk</td>
<td>3 c/wk</td>
<td>3 c/wk</td>
<td>3 c/wk</td>
</tr>
<tr>
<td>Orange veg.</td>
<td>.5 c/wk</td>
<td>1 c/wk</td>
<td>1 c/wk</td>
<td>1.5 c/wk</td>
<td>2 c/wk</td>
<td>2 c/wk</td>
<td>2 c/wk</td>
<td>2 c/wk</td>
<td>2.5 c/wk</td>
<td>2.5 c/wk</td>
<td>2.5 c/wk</td>
<td>2.5 c/wk</td>
</tr>
<tr>
<td>Legumes</td>
<td>.5 c/wk</td>
<td>1 c/wk</td>
<td>1 c/wk</td>
<td>1.5 c/wk</td>
<td>2.5 c/wk</td>
<td>3 c/wk</td>
<td>3 c/wk</td>
<td>3 c/wk</td>
<td>3.5 c/wk</td>
<td>3.5 c/wk</td>
<td>3.5 c/wk</td>
<td>3.5 c/wk</td>
</tr>
<tr>
<td>Starchy veg.</td>
<td>1.5 c/wk</td>
<td>2.5 c/wk</td>
<td>2.5 c/wk</td>
<td>2.5 c/wk</td>
<td>3 c/wk</td>
<td>3 c/wk</td>
<td>6 c/wk</td>
<td>6 c/wk</td>
<td>7 c/wk</td>
<td>7 c/wk</td>
<td>9 c/wk</td>
<td>9 c/wk</td>
</tr>
<tr>
<td>Other veg.</td>
<td>3.5 c/wk</td>
<td>4.5 c/wk</td>
<td>4.5 c/wk</td>
<td>5.5 c/wk</td>
<td>6.5 c/wk</td>
<td>6.5 c/wk</td>
<td>7 c/wk</td>
<td>7 c/wk</td>
<td>8.5 c/wk</td>
<td>8.5 c/wk</td>
<td>10 c/wk</td>
<td>10 c/wk</td>
</tr>
</tbody>
</table>

4 Grains Group includes all foods made from wheat, rice, oats, commeal, barley, such as bread, pasta, oatmeal, breakfast cereals, tortillas, and grits. In general, 1 slice of bread, 1 cup of ready-to-eat cereal, or 1/2 cup of cooked rice, pasta, or cooked cereal can be considered as 1 ounce equivalent from the grains group. At least half of all grains consumed should be whole grains.

5 Meat & Beans Group in general, 1 ounce of lean meat, poultry, or fish, 1 egg, 1 Tbsp. peanut butter, 1/4 cup cooked dry beans, or 1/2 ounce of nuts or seeds can be considered as 1 ounce equivalent from the meat and beans group.
6 Milk Group includes all fluid milk products and foods made from milk that retain their calcium content, such as yogurt and cheese. Foods made from milk that have little to no calcium, such as cream cheese, cream, and butter, are not part of the group. Most milk group choices should be fat-free or low-fat. In general, 1 cup of milk or yogurt, 1 1/2 ounces of natural cheese, or 2 ounces of processed cheese can be considered as 1 cup from the milk group.

7 Oils include fats from many different plants and from fish that are liquid at room temperature, such as canola, corn, olive, soybean, and sunflower oil. Some foods are naturally high in oils, like nuts, olives, some fish, and avocados. Foods that are mainly oil include mayonnaise, certain salad dressings, and soft margarine.

8 Discretionary Calorie Allowance is the remaining amount of calories in a food intake pattern after accounting for the calories needed for all food groups—using forms of foods that are fat-free or low-fat and with no added sugars.

**Estimated Daily Calorie Needs**

To determine which food intake pattern to use for an individual, the following chart gives an estimate of individual calorie needs. The calorie range for each age/sex group is based on physical activity level, from sedentary to active.

<table>
<thead>
<tr>
<th>Age/Group</th>
<th>Calorie Range</th>
<th>Sedentary</th>
<th>Active</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Children</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2–3 years</td>
<td></td>
<td>1,000</td>
<td>1,400</td>
</tr>
<tr>
<td><strong>Females</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4–8 years</td>
<td></td>
<td>1,200</td>
<td>1,800</td>
</tr>
<tr>
<td>9–13</td>
<td></td>
<td>1,600</td>
<td>2,200</td>
</tr>
<tr>
<td>14–18</td>
<td></td>
<td>1,800</td>
<td>2,400</td>
</tr>
<tr>
<td>19–30</td>
<td></td>
<td>2,000</td>
<td>2,400</td>
</tr>
<tr>
<td>31–50</td>
<td></td>
<td>1,800</td>
<td>2,200</td>
</tr>
<tr>
<td>51+</td>
<td></td>
<td>1,600</td>
<td>2,200</td>
</tr>
<tr>
<td><strong>Males</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4–8 years</td>
<td></td>
<td>1,400</td>
<td>2,000</td>
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</tr>
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<td>31–50</td>
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<td>2,200</td>
<td>3,000</td>
</tr>
<tr>
<td>51+</td>
<td></td>
<td>2,000</td>
<td>2,800</td>
</tr>
</tbody>
</table>

Sedentary means a lifestyle that includes only the light physical activity associated with typical day-to-day life.

Active means a lifestyle that includes physical activity equivalent to walking more than 3 miles per day at 3 to 4 miles per hour, in addition to the light physical activity associated with typical day-to-day life.

U.S. Department of Agriculture  
Center for Nutrition Policy and Promotion  
April 2005
Competencies:

3. Demonstrate the ability to practice health enhancing behaviors and reduce health risks. (S, D, PA, N, M, DA)

6. Demonstrate the ability to use goal setting and decision making skills to enhance health. (N, PH, DA, F, M, H, S, D)

7. Demonstrate the ability to advocate personal, family, and community health. (C, CH, F, S, D)

<table>
<thead>
<tr>
<th>Integrated Instruction</th>
<th>Grade/Competency/Objective</th>
<th>Suggested Teaching Strategies</th>
<th>Suggested Assessment Methods</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health</td>
<td>6 3a. 7c.</td>
<td>Students will brainstorm toppings that they put on baked potatoes as they are becoming more aware of fat in different foods.</td>
<td>Teacher Observation</td>
</tr>
<tr>
<td>Language Arts</td>
<td>7 3c. 6a. 7a.</td>
<td>Teacher will discuss what fat provides: flavor and food energy (calories) and allows the body to use some vitamins. Teacher will also discuss bad characteristics of fat: fat provides few nutrients, over one’s lifetime can lead to health problems, and can result in weight gain.</td>
<td></td>
</tr>
<tr>
<td>Science</td>
<td>8 3d. 6a.</td>
<td>Teacher will discuss the 5-20 guide that is 20% Daily Value or more for a nutrient is a lot and 5% daily value or less for a nutrient is a little. Teacher will use the paper clip/shortening activity to reinforce their understanding of grams of fat in foods. See attachment.</td>
<td>Paper Clip Activity</td>
</tr>
</tbody>
</table>
| | Students will write a paper on how healthy choices can be made concerning fats in foods without giving up foods you like. A poster representing healthy choices over fat choices can also be done. | Written Paper/Poster
Graded by rubric. See appendix. |
Do You Know...?

W ith today's snack and fast-food choices, most preteens eat too many high-fat foods, perhaps more than they think. At the same time, foods with less fat, especially fruits and vegetables, often come up short. Choose foods that are low in saturated fat and cholesterol.

Why make food choices for less fat? After all, fat is a nutrient that provides both flavor and food energy (calories), and it helps the body use some vitamins. Yet...

- Many very high-fat foods provide few other nutrients. Very high-fat foods may crowd out other foods from the Food Guide Pyramid that supply nutrients preteens need as their bodies grow and develop.
- Over time, a lifelong eating pattern that's high in saturated fat, total fat, and cholesterol can lead to health problems, such as heart disease.
- In the short run, eating too much fat and too many high-calorie foods can result in being overweight.

Which foods have more fat; which have less?
Pay attention to types and amounts of fats...

- Many foods in the Pyramid tip, such as salad dressing, butter and margarine, gravy, and some candies, are high in fat.
- Many desserts and snacks (cookies, cake, thick shakes, fast-food "pies," nachos with cheese sauce) are made with high-fat ingredients.
- Frying adds fat to vegetables (French fries, potato chips, onion rings) and to chicken and fish, as well as to some grain products (doughnuts, funnel cakes).
- Use the food label to choose foods lower in saturated fat.
- Fruits, most vegetables, low-fat and fat-free foods made from milk, lean meat and poultry, fish, and many grain foods are low in fat. They fill you up more, too, without adding a lot of calories.
- Cooking in a microwave oven, a steamer, or on a grill doesn’t add fat.
- Lowfat or fat-free foods, such as fat-free cookies, aren’t necessarily low in calories. To find out, you will need to check the calories per serving on the Nutrition Facts label.
How can you choose foods to cut back on fat? Use the "5-20" guide as you check Nutrition Facts on food labels to find foods with less fat and to compare the fat content in food choices. To get less of a particular nutrient in your eating pattern (such as total fat, saturated fat, cholesterol, and sodium), try to choose foods with a lower % Daily Value (DV). As a guide, foods with:

- 20% DV or more for a nutrient—that’s a lot
- 5% DV or less for a nutrient—that’s a little

How much is enough? That depends on a person’s energy needs. The DV on a food label is 65 grams for total fat; for saturated fat, it’s 20 grams. That’s based on a 2,000-calorie daily diet. For each individual, the % DVs for these fats may be higher or lower depending on your energy needs. Try to keep the amount of fat in your overall food choices to 100% DV or less per day.

How can you make choices about fats in foods without giving up foods you like? Counting fat grams or adding up % DVs isn’t appropriate for most people. You don’t have to cut out all high-fat foods. Instead, make changes one step at a time to eat less fat overall. Try these easy steps:

- Reduce the amount of food you eat. Eat smaller amounts of food favorites that have more fat.
- Choose moderate amounts of total fat and lower amounts of saturated fat.
- Substitute. Choose a similar food with less fat or no fat, such as fat-free salad dressing. Use Nutrition Facts on food labels to compare. Choose fats that come from plants instead of fats that come from animals.
- Find lower fat favorites. Check the food groups on the Feed Mel poster for foods with less fat, such as baked potato, skinless chicken, pretzels.
- Use lower fat ingredients: fat-free salad dressing, lean ham, frozen yogurt (in a shake).
Getting Started: What's on Your Spud!

Focus interest on exploring fat in preteens' food choices by talking about the toppers they put on baked potatoes.

Start by putting a whole, plain baked potato on the table. (ASK)
- Do you eat baked potatoes?
- What do you usually put on top? As preteens name a topper, put a Nutrition Facts Card for the topper by the potato, for example:
  - butter or margarine
  - sour cream
  - bacon
  - gravy
  - cheddar cheese shreds
  - salsa
  - vegetarian chili
- (ASK) Except for salsa and chili, what do the other potato toppers have in common? (They are full of flavor and high in both calories and fat. Most are high in saturated fat.)

Challenge their thinking. Keep the discussion open-ended so preteens talk freely, and everyone gets a chance to share his or her thoughts.
- Suppose you want a topping for your baked potato that tastes great and has less fat. How will you make your decision?
- How can you cut down on fat? (Use high-fat toppings less often or in smaller amounts.)
- Why does less fat matter to you?
- Will it be important to anyone in your family?
- How about your friends? Why?
- Where can you find the amounts of the different fats in foods?
Activity 1: What Do Food Labels Say About Fat?

Using the Read It Before You Eat It! poster, quickly review what preteens already know about food labels—including fat facts—from Topic 4.

Have them pair up and pick any food from a set of the Nutrition Facts Cards. Encourage them to tell each other at least three facts the Nutrition Facts label tells them about their favorite foods. For example:

- serving size
- servings in the container
- calories in one serving
- total and saturated fat in one serving

Label Lingo for the Nutrients to "Get LESS"

- Total Fat – all the fat, including saturated fat in foods
- Saturated Fat – fat that is solid (not oil) at room temperature; mostly in fatty foods from animals
- Cholesterol – a fat-like substance but not a fat itself

Continue focusing on the fat content of food.

- Discuss:
  - How much is 1 gram? Give a paper clip to each person. A paper clip weighs about 1 gram.
  - Does that feel like a lot?
  - For the food you picked, how many fat grams does one serving have? How many paper clips is that?

- Have preteens pick the food with the most fat per serving, then make a paper clip chain to show how much fat that food has. (ASK):
  - How many grams are shown for saturated fat?
  - Why is it important to pay attention to the amount of fat in food?
  - Does it matter if the fat is from a plant or animal? (POINT OUT):

  Fat from animal sources tends to be more saturated.
Activity 2: "Scoop" Fat Facts

This hands-on activity helps preteens see the amount of fat in their everyday food choices, and it's fun for preteens to do!

Start with a quick demonstration. Have them measure the fat in one serving of the food from a Nutrition Facts label.

- **POINT OUT:** 1 teaspoon of fat weighs 4 fat grams, the same as four paper clips. **ASK:** If you measure one serving of this food, how many teaspoons of fat will it have?

<table>
<thead>
<tr>
<th>1 paper clip = 1 fat gram</th>
</tr>
</thead>
<tbody>
<tr>
<td>4 fat grams in 1 serving of any food = 1 teaspoon fat (shortening)</td>
</tr>
<tr>
<td>12 fat grams in 1 serving of any food = 3 teaspoons fat (shortening)</td>
</tr>
</tbody>
</table>

Have preteens scoop and measure fat in different foods, perhaps their food favorites and/or potato toppers mentioned earlier. Here’s how:

- **Use the Nutrition Facts on the poster or Nutrition Facts Cards to find the fat grams in one serving.**
- **Measure shortening into a plastic bag to see how much fat it has.**
- **Identify the food:** Write the food name, serving size, and number of fat grams on the bag. Put the Nutrition Facts Card next to it.
- **Talk about the fat in all their foods.** For example:
  - Are you surprised by how much fat any of these foods has? Why?
  - How do they compare for total fat and types of fats? For calories and other nutrients?
  - What happens to fat and calories when the amount you eat gets bigger?
  - When you add fat to food—such as more gravy, salad dressing, or butter or margarine—what happens to calories? *(Calories go up)*
  - Why pay attention to the amounts and types of fats in food? Why will that information be important for someone in your family?
Activity 3: Check It Out: High or Low in Fat?

Now that they've "scooped and measured," preteens apply the "5-20" guide to food labeling as a practical, easy way to identify fat in their food favorites. Refer to Topic 4 for more about the "5-20" guide.

Have preteens sort Nutrition Facts Cards into three piles: foods they think have a little fat, foods they think have a lot of fat, and foods that fit somewhere in between.

Have them use the "5-20" guide to talk about the foods in each pile.
- Use the Read It Before You Eat It! poster to review the "5-20" guide to food labeling: for one serving, 5% Daily Value or less is low for fat, and 20% Daily Value or more is high for fat.
- Encourage them to practice using the "5-20" guide to see if they put all the Nutrition Facts Cards in the right pile. (POINT OUT:) You can find this same information about fat on food labels for foods you buy in stores or from vending machines.
- (Optional) For more practice, have preteens find their food favorites from the Nutrition Facts Cards and determine types of fats and whether each fat is a high amount, low amount, or in between amount.

Have them explore how they can choose foods using the label. (ASK):
- Which foods are the best choices for you? Why or why not? How can you use the "5-20" guide to pick snacks for the types and amounts of fats?
- How can you use the food label to pick foods from each food group? Encourage them to use the Feed Me! poster and the Nutrition Facts Cards.
- How can you show your family how to use the "5-20" guide to pick foods with less fat? Why?
- Why is it smart to eat mostly foods lower in saturated fat? (POINT OUT:) Many people eat more saturated fat than they need. Eating too much fat isn't good for you. To help stay healthy, choose lower fat foods often.
- Are foods with a little fat always low in calories? Use Nutrition Facts Cards for cookies and fat-free cookies, and compare. (POINT OUT:) "Low fat" and "fat free" don't necessarily mean "low calorie;" you need to read food labels to find out.
Do You Know...?

How can you use Nutrition Facts on food labels to eat healthfully?
Nutrition Facts on food labels tell the food energy (or calories) and nutrients in one serving of the food inside the package. You can use Nutrition Facts for different reasons, including:
- To know the nutrient content in one serving.
- To know what happens to calorie and nutrient amounts when you eat larger or smaller amounts of foods.
- To find foods with less or more of certain nutrients. That’s helpful in two ways: (1) if you want to cut back on some nutrients, such as total fat, saturated fat, cholesterol, sodium; (2) if you want to consume more of the nutrients that often come up short, such as fiber, vitamins A and C, calcium, iron.
- To compare calories (food energy) and nutrients in similar foods, such as two kinds of chips or cheeses.
- To help you make choices within the food groups.

What nutrition information can you find on a label?
- Serving size and number of servings in the package.
- Calories in one serving.
- Nutrients that need your attention.
- The % DV on the Nutrition Facts label is a number that allows you to know whether there’s a lot or a little of a nutrient in a serving of food.
- Footnote on the bottom, which shows how much or how little of some key nutrients you need each day. You may need more or less depending on your energy needs.*

How big is a serving of food? The serving size on food labels varies for different foods. It may be more or less than what you usually eat. You’ll find the serving size at the top of the Nutrition Facts label. The food label also tells how many servings the package contains.

* Show footnote on Read It Poster.
What do Nutrition Facts tell you about food energy? Calories are a measure of how much energy you get from food. Nutrition Facts tell how many calories you get from one serving. They also tell how many of those calories come from fat. If you eat two servings, you also get twice the calories. Pay attention to this information if you need to cut back on calories, perhaps to maintain a healthy weight.

What nutrients need your special attention? All nutrients are important to health. Some need special attention:

- **Nutrients to get less of:** fat, especially saturated fat, cholesterol, and sodium. Eating too much of these nutrients can lead to becoming overweight and getting certain diseases, such as heart disease.
- **Nutrients to get enough of:** fiber, vitamins A and C, calcium, and iron. Eating enough of these nutrients can improve your health and help reduce the chances of getting some diseases and conditions, such as osteoporosis (brittle bone disease) from limited calcium and tiredness or anemia from limited iron.

How can you use Nutrition Facts to get less of some nutrients and get enough of others?

Look at the % DVs, and use the "5-20" guide for comparing nutrients in similar foods and for judging a food's nutrient contribution to what you eat for a day.

- **5% DV or less is low:** For nutrients you want to get less of (such as saturated fat, cholesterol, and total fat), try to choose foods with a low % DV.
- **20% DV or more is high:** For nutrients you want to consume more of (such as calcium or fiber), try to choose foods with a high % DV.
Activity 1: What's on a Label?

Preteens explore a Nutrition Facts label on the Read It Before You Eat It! poster to see how much it tells them about the food inside the package.

Have preteens pair up to see how many things they can find out about the food (macaroni and cheese) on the Read It Before You Eat It! poster just by looking at its Nutrition Facts. (POINT OUT) The Nutrition Facts on the poster models what they'll see on almost any food package. For fun, let them guess what food it might be. (For example, the calcium amount suggests it might fit partly in the Milk Group.)

As a group, talk about what they found.

- Talk until their list includes the following:
  - serving size
  - servings in the package
  - calories in a serving
  - nutrient amounts in a serving
  - how much you need of some nutrients

- ASK:
  - What's HIGH and what's LOW in this food? How do you know?
  - Is it a good meal choice?
  - Where does this food fit in the food groups on the Feed Me! poster?
  - What other foods can also be this high in calcium?

Brainstorm to come up with ways they can use this information. Use their ideas to probe discussion and reinforce messages later in the session.
Activity 3: Nutrients—The "5-20" Guide

Move down the Nutrition Facts panel again. This time go to the nutrients, as preteens learn an easy way—the "5-20" guide—to spot nutrients to get less of and nutrients to get enough of.

Have preteens use the Read It Before You Eat It! poster to discover and discuss:

- What else do you see on the food label? (nutrients) **POINT OUT:** These nutrients need your special attention. Foods have other nutrients, too.
- Why do you think you need to pay attention to these nutrients? (to stay healthy, to prevent getting too many of some nutrients and not enough of others)
- Which nutrients do you need to get less of? (total fat, saturated fat, cholesterol, sodium) **POINT OUT:** Eating too much of these nutrients boosts your chances for some health problems as you get older, such as heart disease. Now is a good time for you to start eating less of these nutrients to help protect your health.
- Which nutrients do you need to get enough of? (fiber, vitamins A and C, calcium, iron) **POINT OUT:** Eating enough of these nutrients can improve your health and help reduce your chances for some health problems as you get older. Now is a good time for you to start eating enough of these nutrients to help protect your health.
- Which nutrients in macaroni and cheese are HIGH, and which ones are LOW?
- How do you know if a food is high or low in a nutrient? Probe until the discussion leads to the % Daily Values. **POINT OUT:** The "5-20" guide makes it easy to see if a food has a little or a lot of a nutrient.
  - LOW is when a nutrient for one serving has 5% Daily Value or less.
  - HIGH is when a nutrient for one serving has 20% Daily Value or more.
  - Daily Value is a number that allows you to know whether there's a lot or a little of a nutrient in a serving of food.
- How can you use the "5-20" guide to pick snacks, drinks, or other foods? (For nutrients you need to get less of, eat foods with plenty of LOWS. For nutrients you need to get enough of, eat plenty of HIGHS.)

Have preteens pair up. Have them each pick at least two foods they like from the Read It Before You Eat It! poster, then tell each other about them using the "5-20" guide.
Sixth Grade - Eighth Grade

Competencies:

1. Comprehend concepts related to health promotion and disease prevention. (M, PH, D)

3. Demonstrate the ability to practice health enhancing behaviors and reduce health risks. (CH, PH, F, D)

5. Demonstrate the ability to use interpersonal communication skills to enhance health. (F, H, M)

6. Demonstrate the ability to use goal setting and decision making skills to enhance health. (PH, N, H, F, D)

7. Demonstrate the ability to advocate personal, family, and community health. (C, PH, F, H, S)

<table>
<thead>
<tr>
<th>Integrated Instruction</th>
<th>Grade/Competency/Objective</th>
<th>Suggested Teaching Strategies</th>
<th>Suggested Assessment Methods</th>
</tr>
</thead>
<tbody>
<tr>
<td>Science Language Arts Health</td>
<td>6 6b. 7c. 7 3c. 6a. 6b. 7a. 8 6a. 6b. 6c. 6f.</td>
<td>Teacher will discuss the new Food Guide Pyramid that includes a rainbow of stripes representing the five food groups. Teacher will emphasize the importance of portion sizes and the amount needed based on age, gender and lifestyle (active or inactive). Students will complete the attachments (Favorite Food List and Food Diary) to encourage awareness of eating habits and encourage a more active lifestyle. Students will identify healthy and unhealthy choices. Students will demonstrate their ability to choose healthier food choices and encourage their family to make healthier choices. Enrichment/Acceleration: Students will bring various entrees and side dishes to class for a potluck. Students will use knowledge of the new standards to prepare healthy foods and serve the correct portions based on individual needs.</td>
<td>Favorite Food List Seven Day Food Journal Parental Involvement</td>
</tr>
</tbody>
</table>
Remediation: Students will use construction paper to create a food pyramid based on the new standards. Students will use magazine cutouts of food to depict which foods belong in each category.

*Note: If time allows, teacher may extend the discussion of healthy food choices to include other dimensions of wellness such as those listed below.

<table>
<thead>
<tr>
<th>Health</th>
<th>6 1d.</th>
<th>Teacher will discuss with students the dimensions of wellness through small group discussion. Students will analyze relationships that exist between health and wellness (social, physical, intellectual, emotional, and spiritual).</th>
<th>Teacher observation Graded based on rubric. See appendix.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Science</td>
<td>7 7a.</td>
<td></td>
<td></td>
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<tr>
<td>Language Arts</td>
<td>7b.</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>8 6a.</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>6e.</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Health</th>
<th>6 5a.</th>
<th>Students will define self esteem. Students will complete an exercise with beans (see attachment). Upon completion of the bean activity, students will complete a Barksdale Self Esteem Evaluation No.69 at <a href="http://www.barksdale.org/Evaluation/eval69.html">http://www.barksdale.org/Evaluation/eval69.html</a></th>
<th>Teacher Observation Barksdale Self Esteem Evaluation Results</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>7 1a.</td>
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<td>3a.</td>
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<td>6a.</td>
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<td>6b.</td>
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<td></td>
<td>8 6c.</td>
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The New Food Guide Pyramid

The food guide pyramid has been rebuilt! The biggest change is that the food groups are no longer horizontal blocks of the pyramid. Now, a rainbow of colored, vertical stripes represent the five food groups, as well as fats and oils. Here's what the colors stand for:

- orange - grains
- green - vegetables
- red - fruits
- blue - milk and dairy products
- purple - meat, beans, fish, and nuts
- yellow - oils

The U.S. Department of Agriculture (USDA) changed the pyramid because they wanted to do a better job of telling Americans how to be healthy. Notice the guy climbing the staircase up the side of the pyramid. That's a way of showing how important it is to exercise and be active. For a kid, that means playing a lot! The steps are also a way of saying that you can make changes little by little to be healthier. One step at a time, get it?

The Pyramid Speaks
Let's look at some of the other messages this new symbol is trying to send:

Eat a variety of foods. A balanced diet is one that includes all the food groups.

Eat less of some foods, and more of others. You can see that the bands for meat and protein (purple) and oils (yellow) are skinnier than the others. That's because you need less of those kinds of foods than you do of fruits, vegetables, grains, and dairy foods.

You also can see the bands start out wider and get thinner as they approach the top. That's designed to show you that not all foods are created equal, even within a healthy food group like fruit. For instance, apple pie might be in that thin part of the fruit band because it has a lot of added sugar and fat. A whole apple - crunch! - would be down in the wide part because you can eat more of those within a healthy diet.

Make it personal. Through the USDA's MyPyramid website, people can get personalized recommendations about the mix of foods they need to eat and how much they should be eating. The USDA has said that a kids' version of the pyramid will be available soon.

How Much Do I Need to Eat?
Everyone wants to know how much they should eat to stay healthy. It's a tricky question, though. It depends on your age, whether you're a girl or a boy, and how active you are. Kids who are more active burn more calories, so they need more calories. But we can give you some estimates for how much you need of each food group.

- Grains

http://kidshealth.org/PageManager.jsp?dn=KidsHealth&lic=1&ps=307&cat_id=119&article... 7/5/2005
Grains are measured out in ounce equivalents. What the heck are they? Ounce equivalents are just another way of showing a serving size.

Here are ounce equivalents for common grain foods. An ounce equivalent equals:

1 piece of bread
1/2 cup of cooked cereal, like oatmeal
1/2 cup or rice or pasta
1 cup of cold cereal

4- to 8-year-olds need 4 to 5 ounce equivalents each day.
9- to 13-year-old girls need 5 ounce equivalents each day.
9- to 13-year-old boys need 6 ounce equivalents each day.

And one last thing about grains: Try to eat a lot of whole grains, such as 100% wheat bread, brown rice, and oatmeal.

Vegetables
Of course, you need your vegetables, especially those dark green and orange ones. But how much is enough? Vegetable servings are measured in cups.

4- to 8-year-olds need 1 1/2 cups of veggies each day.
9- to 13-year-old girls need 2 cups of veggies each day.
9- to 13-year-old boys need 2 1/2 cups of veggies each day.

Fruits
Sweet, juicy fruit is definitely part of a healthy diet. Here's how much you need:

4- to 8-year-olds need 1 cup to 1 1/2 cups of fruit each day.
9- to 13-year-old girls need 1 1/2 cups of fruit each day.
9- to 13-year-old boys need 1 1/2 cups of fruit each day.

Milk and Other Calcium-Rich Foods
Calcium builds strong bones to last a lifetime, so you need these foods in your diet.

4- to 8-year-olds need 1 cup to 2 cups of milk (or another calcium-rich food) each day.
9- to 13-year-old girls need 3 cups of milk (or another calcium-rich food) each day.
9- to 13-year-old boys need 3 cups of milk (or another calcium-rich food) each day.

If you want something other than milk, you can substitute yogurt, cheese, or calcium-fortified orange juice - just to name a few.

Meats, Beans, Fish, and Nuts
These foods contain iron and lots of other important nutrients. Like grains, these foods are measured in ounce equivalents.

An ounce equivalent of this group would be:

1 ounce of meat, poultry, or fish
1/4 cup cooked dry beans
1 egg
1 tablespoon of peanut butter
a small handful of nuts or seeds
4- to 8-year-olds need 3 to 4 ounce equivalents each day.
9- to 13-year-old girls need 5 ounce equivalents each day.
9- to 13-year-old boys need 5 ounce equivalents each day.

Whoa! That's a lot to swallow. The good news is that your mom, dad, and the other grownups in your life will help you eat what you need to stay healthy. There's more good news - you don't have to become a perfect eater overnight. Just remember those stairs climbing up the side of the new pyramid and take it one step at a time.

Reviewed by: Barbara P. Homeier, MD
Date reviewed: April 2005
## Weekly Food Diary

<table>
<thead>
<tr>
<th>Breakfast</th>
<th>Lunch</th>
<th>Dinner/Supper</th>
<th>Snacks</th>
<th>Exercise &amp; Minutes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Day 1</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Day 2</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Day 3</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Day 4</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Go Back
<table>
<thead>
<tr>
<th>Breakfast</th>
<th>Lunch</th>
<th>Dinner/Supper</th>
<th>Snacks</th>
<th>Exercise &amp; Minutes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Day 5</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Day 6</td>
<td></td>
<td></td>
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<td></td>
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<tr>
<td>Day 7</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Go Back**
<table>
<thead>
<tr>
<th>Foods I Like and Consume Often</th>
</tr>
</thead>
<tbody>
<tr>
<td>Grains</td>
</tr>
<tr>
<td>Vegetables</td>
</tr>
<tr>
<td>Milk</td>
</tr>
<tr>
<td>Meat &amp; Beans</td>
</tr>
<tr>
<td>Fruit</td>
</tr>
<tr>
<td>Oils</td>
</tr>
<tr>
<td>Other (Discretionary Calories)</td>
</tr>
</tbody>
</table>

Go Back
Introduction

It isn't easy to eat healthy meals and snacks in today's world of fast-food restaurants, high calorie foods such as frozen prepared foods, confectionery and pre-packaged foods. Government studies show that more and more Americans are not eating healthy and are becoming overweight or obese. Even young children are weighing more than ever before. Children who put on excess weight often eat an unhealthy diet and do not participate in daily physical activity of 30 minutes or more. In fact, one in four American children are becoming overweight or obese. According to the American Obesity Association, about 28 percent of U.S. men, 34 percent of U.S. women, and 15 percent of children and adolescents are considered obese.

Most of you have probably heard about the Food Guide Pyramid designed in 1992. Your health classes have been based on that pyramid. The USDA has provided us with a new My Pyramid with a whole new look and interaction web site in 2005. The new pyramid is intended to help everyone understand how and why Americans today are not living healthy lifestyles.

Task

Your task is to evaluate your lifestyle using the new food pyramid prepared by the USDA. Before you begin this task, predict which you think your lifestyle will be — healthy or unhealthy? Let's see if you are right.

Process

1. You will keep a food diary for one week (7 days). Print this page. Write down everything you eat and drink throughout each day. Include all meals, snacks and the exercise you engage in each day.

2. At the end of the week (day 8), turn in your food diary to the teacher.

3. Read the Kids health site to help you understand the new pyramid.

4. Use the USDA pyramid to study the recommended foods and amounts to be consumed. Complete the My Pyramid Plan to see what is recommended for you. Print your completed My Pyramid Plan.

5. After completing your study, ask the teacher for your completed food diary. Print this page. Now use the knowledge you have gained about healthy eating and evaluate your food diary. Tell what you did right and what you did wrong.
6. **Print this page.** Make a list of the foods you like to eat in each section of the new food pyramid and the foods and drinks you like that are not on the pyramid.

7. Complete a new food diary using the "food you like" list, your original food diary, My Pyramid Plan and your evaluation page for reference. This time, make healthy choices of food you like and complete menus for meals and snacks you would like to eat or drink for 7 days.

8. Divide your class into groups of 4 or less. As a group, study the new menus. Use a different color of ink to make any corrections directly on each menu that the group decides is important in maintaining a healthy lifestyle and that you can live with. If your group has any questions or can not come to a reasonable compromise, ask your teacher for help.

**Conclusion**

GREAT! Now you know how to eat healthy and exercise right so you are more likely to have a healthy lifestyle. Get permission from your parents if you would like to try your new food diary. Make sure you have all the food you need on hand to help the success of completing a week of healthy eating and exercising.

**Evaluation**

**Rubric For Weekly Food Diary, Evaluation and Final Food Diary**

<table>
<thead>
<tr>
<th>Competency</th>
<th>7 pts.</th>
<th>5 pts.</th>
<th>2 pts.</th>
<th>0 pts.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Weekly Food Diary</td>
<td>Includes and/or answers all the areas of the Food Diary with reasonable answers.</td>
<td>Includes and/or answers most of the areas of the Food Diary with reasonable answers.</td>
<td>Includes and/or answers few areas of the Food Diary with reasonable answers.</td>
<td>No attempt at including answers in any areas of the Food Diary with reasonable answers.</td>
</tr>
<tr>
<td>Self Evaluation of Food Diary</td>
<td>Answers completely and with insight all areas of what is right and what is wrong.</td>
<td>Answers most areas and with insight what is right and what is wrong.</td>
<td>Answers few areas without insight of what is right and what is wrong.</td>
<td>Not attempt at answering what is right and what is wrong.</td>
</tr>
<tr>
<td>Group Response and Final Food Diary</td>
<td>Cooperative and offers a goodly amount of important information—all is timely and relevant.</td>
<td>Mostly cooperative and offers a moderate amount of important information—most is relevant.</td>
<td>Little cooperation and offers a fair amount of important information—little is relevant.</td>
<td>No attempt to cooperate or offer relevant information</td>
</tr>
</tbody>
</table>
Low-Calorie, Lower-Fat Alternative Foods

These low-calorie alternatives provide new ideas for old favorites. When making a food choice, remember to consider vitamins and minerals. Some foods provide most of their calories from sugar and fat but give you few, if any, vitamins and minerals.

This guide is not meant to be an exhaustive list. We stress reading labels to find out just how many calories are in the specific products you decide to buy.

<table>
<thead>
<tr>
<th>Higher-Fat Foods</th>
<th>Lower-Fat Foods</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Dairy Products</strong></td>
<td></td>
</tr>
<tr>
<td>Evaporated whole milk</td>
<td></td>
</tr>
<tr>
<td>Whole milk</td>
<td></td>
</tr>
<tr>
<td>Ice cream</td>
<td></td>
</tr>
<tr>
<td>Whipping cream</td>
<td></td>
</tr>
<tr>
<td>Sour cream</td>
<td></td>
</tr>
<tr>
<td>Cream cheese</td>
<td></td>
</tr>
<tr>
<td>Cheese (cheddar, Swiss, jack)</td>
<td></td>
</tr>
<tr>
<td>American cheese</td>
<td></td>
</tr>
<tr>
<td>Regular (4%) cottage cheese</td>
<td></td>
</tr>
<tr>
<td>Whole milk mozzarella cheese</td>
<td></td>
</tr>
<tr>
<td>Whole milk ricotta cheese</td>
<td></td>
</tr>
<tr>
<td>Coffee cream (1/2 and 1/2) or nondairy creamer (liquid, powder)</td>
<td></td>
</tr>
<tr>
<td>Evaporated fat-free (skim) or reduced-fat (2%) milk</td>
<td></td>
</tr>
<tr>
<td>Low-fat (1%), reduced-fat (2%), or fat-free (skim) milk</td>
<td></td>
</tr>
<tr>
<td>Sorbet, sherbet, low fat or fat-free frozen yogurt, or ice cream</td>
<td></td>
</tr>
<tr>
<td>Imitation whipped cream (made with fat-free [skim] milk)</td>
<td></td>
</tr>
<tr>
<td>Plain low-fat yogurt</td>
<td></td>
</tr>
<tr>
<td>Neufchatel or &quot;light&quot; cream cheese or fat-free cream cheese</td>
<td></td>
</tr>
<tr>
<td>Reduced-calorie cheese, low-calorie processed cheeses, etc.</td>
<td></td>
</tr>
<tr>
<td>Fat-free cheese</td>
<td></td>
</tr>
<tr>
<td>Fat-free American cheese or other types of fat-free cheeses</td>
<td></td>
</tr>
<tr>
<td>Low-fat (1%) or reduced-fat (2%) cottage cheese</td>
<td></td>
</tr>
<tr>
<td>Part-skim milk, low-moisture mozzarella cheese</td>
<td></td>
</tr>
<tr>
<td>Part-skim milk ricotta cheese</td>
<td></td>
</tr>
<tr>
<td>Low-fat (1%) or reduced-fat (2%) milk or non-fat dry milk powder</td>
<td></td>
</tr>
</tbody>
</table>

| **Cereals, Grains, and Pastas** |
| Rice or noodles (spaghetti, macaroni, etc.) |
| Pasta with red sauce (marinara) |
| Pasta with vegetables (primavera) |
| Bran flakes, crispy rice, etc. |
| Cooked grits or oatmeal |
| Reduced-fat granola |

| **Meat, Fish and Poultry** |
| Low-fat coldcuts (95 to 97% fat-free lunch meats, low-fat pressed meats) |
| Lower-fat hot dogs |
| Canadian bacon or lean ham |
| Extra lean ground beef such as ground round or ground turkey (read labels) |
| Chicken or turkey without skin (white meat) |
| Water-packed tuna (rinse to reduce sodium content) |


6/21/2005
Beef (chuck, rib, brisket)  
- Pork (spareribs, untrimmed loin)  
- Frozen breaded fish or fried fish (homemade or commercial)  
- Whole eggs  
- Frozen TV dinners (containing more than 13 grams of fat per serving)  
- Chorizo sausage

Beef (round, loin) (trimmed of external fat) (choose select)  
- Pork tenderloin or trimmed, lean smoked ham  
- Fish or shellfish, unbreaded (fresh, frozen, canned in water)  
- Egg whites or egg substitutes  
- Frozen TV dinners (containing less than 13 grams of fat per serving and lower in sodium)  
- Turkey sausage, drained well (read label)  
- Vegetarian sausage (made with tofu)

Baked Goods
- Hard french rolls or soft brown 'n serve rolls  
- English muffins, bagels, reduced-fat or fat-free muffins or scones  
- Low-fat crackers (choose lower in sodium)  
- Saltine or soda crackers (choose lower in sodium)  
- Cake (angel food, white, gingerbread)  
- Reduced-fat or fat-free cookies (graham crackers, ginger snaps, fig bars) (compare calorie level)

Snacks and Sweets
- Popcorn (air-popped or light microwave), fruits, vegetables  
- Frozen yogurt, frozen fruit or chocolate pudding bars  
- Puddings (made with skim milk)

Fats, Oils, and Salad Dressings
- Regular margarine or butter
- Regular mayonnaise  
- Regular salad dressings  
- Butter or margarine on toast or bread  
- Oils, shortening, or lard

- Light spread margarines, diet margarine, or whipped butter, tub or squeeze bottle  
- Light or diet mayonnaise or mustard  
- Reduced-calorie or fat-free salad dressings, lemon juice, or plain, herb flavored, or wine vinegar  
- Jelly, jam, or honey on bread or toast  
- Nonstick cooking spray for stir-frying or sautéing  
- As a substitute for oil or butter, use applesauce or prune puree in baked goods

Miscellaneous
- Canned cream soups  
- Canned beans and franks  
- Gravy (homemade with fat and/or milk)  
- Fudge sauce  
- Avocado on sandwiches  
- Guacamole dip or refried beans with lard

- Canned broth-based soups  
- Canned baked beans in tomato sauce  
- Gravy mixes made with water or homemade with the fat skimmed off and fat-free milk  
- Chocolate syrup  
- Cucumber slices or lettuce leaves  
- Salsa

Portion Distortion!

Do You Know How Food Portions Have Changed in 20 Years?

Anyone eating on the run or at restaurants has probably noticed that food portions have gotten larger. Some portions are called "super size," while others have simply grown in size and provide enough food for at least two people. With this growth have come increases in waistlines and body weight.

To see if you know how today’s portions compare to the portions available 20 years ago, quiz yourself on Portion Distortion I (2003) and Portion Distortion II (2004). You will also learn about the amount of physical activity required to burn off the extra calories provided by today’s portions.

We hope you find Portion Distortion insightful and fun. We also hope that next time you eat on the run, you will think twice about the food portions offered to you.

http://hin.nhlbi.nih.gov/portion/index.htm

6/21/2005
Sixth Grade - Eighth Grade

Competencies:

1. Comprehend concepts related to health promotion and disease prevention. (M, PH, D, H, DA, C)

3. Demonstrate the ability to practice health enhancing behaviors and reduce health risks. (CH, PH, F, D)

4. Analyze the influence of culture, media, technology, and other factors on health. (H, CH, C, PH, M)

6. Demonstrate the ability to use goal setting and decision making skills to enhance health (Ph, N, H, F, D)

<table>
<thead>
<tr>
<th>Integrated Instruction (with strands)</th>
<th>Grade/Competency/Objective</th>
<th>Suggested Teaching Strategies</th>
<th>Suggested Assessment Methods</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health</td>
<td>6 1b.</td>
<td>Teacher will discuss the habits of healthy individuals, such as learning how to read labels.</td>
<td>Teacher Observation Graded based on rubric for participation.</td>
</tr>
<tr>
<td></td>
<td>6c.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>6b.</td>
<td>Teacher will ask students to consider how correctly and frequently reading labels is conducive to making healthy food choices.</td>
<td></td>
</tr>
<tr>
<td>Reading,</td>
<td>4b.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Writing,</td>
<td>6a.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Listening,</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Viewing,</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Speaking</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Science: Life</td>
<td>8 3d.</td>
<td>Teacher will display or distribute a nutritional facts label in order to generate a greater understanding of serving sizes and servings per container. Based on products brought for lunch or snack, students will compare and contrast nutritional products and unhealthy products. Students will use the labels to determine the number of servings usually consumed during one meal (based on individual eating habits).</td>
<td></td>
</tr>
<tr>
<td></td>
<td>6a.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>6c.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>6e.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>6f.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Enrichment/Acceleration:</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>-------------------------</td>
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<td></td>
</tr>
<tr>
<td>In small groups, students will create a new food. Students will design a nutritional label for this product. Students will the labels from the lesson as a guide. Students will include information such as the serving size, number of servings per container, number of calories per serving, fat and calcium content, and number of carbohydrates per serving.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Remediation:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Students will complete an online nutritional quiz.</td>
</tr>
</tbody>
</table>

Exercise found at:
http://www.dairycouncilofca.org/activities/quiz/acti_calc.asp
This exercise includes the number of servings they consumed per meal, such as from one 8 ounce serving of chocolate milk, 1 cup of broccoli, etc. | Quiz |
Low-Calorie Shopping List

We live in a fast-moving world. To reduce the time you spend in the kitchen you can improve your organization by using a shopping list and keeping a well-stocked kitchen. Shop for quick, low-fat food items, and fill your kitchen cupboards with a supply of low-calorie basics.

Read labels as you shop. Pay attention to the serving size and the servings per container. All labels list total calories in a serving size of the product. **Compare the total calories in the product you choose with others like it; choose the one that is lowest in calories.** Below is a label that identifies important information.

<table>
<thead>
<tr>
<th>Nutrition Facts</th>
<th>Check for:</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Serving Size</strong></td>
<td>- Serving size</td>
</tr>
<tr>
<td>1 oz (28g)</td>
<td>- Number of servings</td>
</tr>
<tr>
<td><strong>Servings Per Container</strong></td>
<td>3</td>
</tr>
<tr>
<td><strong>Amount Per Serving</strong></td>
<td></td>
</tr>
<tr>
<td>Calories 250</td>
<td>- Calories</td>
</tr>
<tr>
<td>Calories from Fat 110</td>
<td>- Total fat in grams</td>
</tr>
<tr>
<td><strong>% Daily Value</strong></td>
<td>- Saturated fat in grams</td>
</tr>
<tr>
<td>Total Fat 12g</td>
<td>- Cholesterol in milligrams</td>
</tr>
<tr>
<td>Saturated Fat 3g</td>
<td>- Sodium in milligrams</td>
</tr>
<tr>
<td>Cholesterol 30mg</td>
<td>- Here, the label gives the amounts for the different nutrients in one serving. Use it to help you keep track of how many calories, fat, saturated fat, cholesterol, and sodium you are getting from different foods.</td>
</tr>
<tr>
<td>Sodium 470mg</td>
<td>- The &quot;% Daily Value&quot; shows you how much of the recommended amounts the food provides in one serving, if you eat 2,000 calories a day. For example, one serving of this food gives you 16 percent of your total fat recommendation.</td>
</tr>
<tr>
<td>Total Carbohydrate 31g</td>
<td>- Here you can see the recommended daily amount for each nutrient for two calorie levels. If you eat a 2,000 calorie diet, you should be eating less than 65 grams of fat and less than 20 grams of saturated fat. If you eat 2,500 calories a day, you should eat less than 80 grams of fat and 25 grams of saturated fat. Your daily amounts may vary higher or lower, depending on the calories you eat.</td>
</tr>
<tr>
<td>Dietary Fiber 9g</td>
<td></td>
</tr>
<tr>
<td>Sugars 5g</td>
<td></td>
</tr>
<tr>
<td>Protein 5g</td>
<td></td>
</tr>
<tr>
<td>Vitamin A 4%</td>
<td></td>
</tr>
<tr>
<td>Vitamin C 2%</td>
<td></td>
</tr>
<tr>
<td>Calcium 2%</td>
<td></td>
</tr>
<tr>
<td>Iron 4%</td>
<td></td>
</tr>
</tbody>
</table>

For more information, visit [http://www.nhlbi.nih.gov/health/public/heart/obesity/lose_wt/shop_lst.htm](http://www.nhlbi.nih.gov/health/public/heart/obesity/lose_wt/shop_lst.htm)
Think about what you ate yesterday at breakfast, lunch, dinner, and snacks. Click on each item that you ate in the List of Foods and enter the number of servings you had of that item. Please enter servings in decimals, e.g., 1 serving or 2.5 servings.

<table>
<thead>
<tr>
<th>Item</th>
<th>Serving Size</th>
<th>No. of Servings</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nonfat or low-fat Yogurt</td>
<td>1 cup (8 oz)</td>
<td></td>
</tr>
<tr>
<td>Milk (whole, low-fat or nonfat)</td>
<td>1 cup (8 oz)</td>
<td></td>
</tr>
<tr>
<td>Milkshake (any flavor)</td>
<td>1 cup (8 oz)</td>
<td></td>
</tr>
<tr>
<td>Chocolate milk (whole, low-fat or nonfat)</td>
<td>1 cup (8 oz)</td>
<td></td>
</tr>
<tr>
<td>Cheese (Cheddar/Monterey Jack types)</td>
<td>1-1/2 oz.</td>
<td></td>
</tr>
<tr>
<td>Ricotta Cheese</td>
<td>1/4 cup</td>
<td></td>
</tr>
<tr>
<td>Feta Cheese</td>
<td>1/8 cup</td>
<td></td>
</tr>
<tr>
<td>Parmesan Cheese</td>
<td>1/8 cup</td>
<td></td>
</tr>
<tr>
<td>Tofu processed with calcium</td>
<td>3/4 cup (4 oz)</td>
<td></td>
</tr>
<tr>
<td>Cream soup</td>
<td>1 cup (8 oz)</td>
<td></td>
</tr>
<tr>
<td>Custard or flan</td>
<td>1/2 cup (4 oz)</td>
<td></td>
</tr>
<tr>
<td>Pudding</td>
<td>3/4 cup (4 oz)</td>
<td></td>
</tr>
<tr>
<td>Frozen yogurt</td>
<td>3/4 cup (4 oz)</td>
<td></td>
</tr>
<tr>
<td>Item</td>
<td>Serving Size</td>
<td>No. of Servings</td>
</tr>
<tr>
<td>Cottage cheese</td>
<td>1 cup (8 oz)</td>
<td></td>
</tr>
<tr>
<td>Mustard greens</td>
<td>1 cup (8 oz)</td>
<td></td>
</tr>
<tr>
<td>Bok choy</td>
<td>3/4 cup (4 oz)</td>
<td></td>
</tr>
<tr>
<td>Canned fish with bones (salmon, mackerel)</td>
<td>1 cup (8 oz)</td>
<td></td>
</tr>
<tr>
<td>Turnip greens</td>
<td>3/4 cup (4 oz)</td>
<td></td>
</tr>
<tr>
<td>Kale</td>
<td>1 cup (8 oz)</td>
<td></td>
</tr>
<tr>
<td>Ice milk (full fat, low-fat)</td>
<td>3/4 cup (4 oz)</td>
<td></td>
</tr>
<tr>
<td>Ice cream</td>
<td>3/4 cup (4 oz)</td>
<td></td>
</tr>
<tr>
<td>Almonds</td>
<td>3/4 cup (4 oz)</td>
<td></td>
</tr>
<tr>
<td>Hot chocolate (made with milk)</td>
<td>1 cup (8 oz)</td>
<td></td>
</tr>
<tr>
<td>Broccoli</td>
<td>1 cup (8 oz)</td>
<td></td>
</tr>
<tr>
<td>Beans or peas</td>
<td>1 cup (8 oz)</td>
<td></td>
</tr>
<tr>
<td>Corn tortillas</td>
<td>one tortilla</td>
<td></td>
</tr>
<tr>
<td>Cream cheese</td>
<td>1 Tablespoon</td>
<td></td>
</tr>
<tr>
<td>Sardines</td>
<td>one 3-inch sardine</td>
<td></td>
</tr>
</tbody>
</table>

**Calcium Fortified Foods**

<table>
<thead>
<tr>
<th>Item</th>
<th>Serving Size</th>
<th>No. of Servings</th>
</tr>
</thead>
<tbody>
<tr>
<td>Calcium-fortified soy beverage</td>
<td>1 cup (8 oz)</td>
<td></td>
</tr>
<tr>
<td>Calcium-fortified orange juice</td>
<td>1 cup (8 oz)</td>
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</tr>
</tbody>
</table>

6/14/2005
Calcium-fortified frozen waffles
Calcium-fortified cereal
Calcium-fortified energy bars

Check my Calcium Intake  Reset

2 waffles
1 cup (8 oz)
1 bar
Sixth Grade - Eighth Grade

Competencies:
5. Demonstrate the ability to use interpersonal communication skills to enhance health. (F, H, M)

6. Demonstrate the ability to use goal setting and decision making skills to enhance health (Ph, N, H, F, D)

7. Demonstrate the ability to advocate personal, family, and community health. (C, CH, F, S, D)

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<tr>
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</tr>
</thead>
</table>
| Health                               | 6 5a.                      | Teacher will discuss relationships and problem solving with students. Students will analyze different means of problem solving. Teacher will ask students to define relationships and problem solving. Students will devise different problem solving strategies. | Teacher Observation
Graded based on rubric.                                                                                                           |
| Language Arts:                       | 5b.                        |                                                                                                           |                                                                                           |
| Listening, Speaking, Writing         | 6a.                        |                                                                                                           |                                                                                           |
| Social Studies:                      | 5c.                        |                                                                                                           |                                                                                           |
| Civics                               | 6a.                        |                                                                                                           |                                                                                           |
|                                      | 6b.                        |                                                                                                           |                                                                                           |
|                                      | 5a.                        |                                                                                                           |                                                                                           |
|                                      | 5b.                        |                                                                                                           |                                                                                           |
|                                      | 5c.                        |                                                                                                           |                                                                                           |
|                                      | 5d.                        |                                                                                                           |                                                                                           |

Enrichment/Acceleration:

http://www.learning-for-life.org/lfl/programs/samples/7th.pdf

Students will complete Problem Ownership Activity Sheet (See Attached) in order to distinguish who is responsible for the problem. In pairs, students will discuss results.
| Students will write a report or create a poster detailing how physical activity improves their lifestyle. | Written Report/Poster Campaign Graded by rubric. |
| Students will create a campaign to entice other students and family members to participate in physical activity. |
| Students will research diseases to determine how physical activity can reduce the risk factors of some diseases. Students will choose a disease and write a report detailing how physical activity reduces the risks of cardiovascular disease, high cholesterol, diabetes, etc. | Teacher Observation/ Written Report Graded by rubric. See appendix. |
Building Relationships Focus:
1. Developing knowledge and understanding of human relationships
2. Understanding skills involved in problem solving and the intricacies of relating to others through the problem-solving process
3. Examining the specific components of healthy human relationships

Related Standards: English/Language Arts, Social Studies

Lesson Objectives:
The students will:
1. Understand skills involved in problem solving and the intricacies of relating to others through the problem-solving process.
2. Distinguish the parties responsible for problems.
3. Recognize personal ownership of problems when appropriate.
4. Analyze techniques for solving various problems, including determining when it is not appropriate to interfere in others' or external problems.

Materials: Copies of “Problem Ownership” and “Problem Interference” handouts

Procedures
Tell students that a principal skill in problem solving is being able to recognize to whom or what a problem “belongs.” Many times we worry about something that is beyond our control, whether the problem is someone else's or caused by external factors. It's important to recognize who or what “owns” a problem, because then we know when we can and should do something to resolve the problem and when we have to let go of the problem and not worry about it. If we get involved in trying to solve problems that don't really concern us, we can cause interference and sometimes make the problem worse.

Activity 1: Give each student a copy of the “Problem Ownership” worksheet to be completed individually in class. When the students are finished, have them exchange papers and grade them in class. As you go over each problem, generate class discussion by asking the students what could be done to solve each problem and who is responsible for doing the solving.

Activity 2: Distribute a copy of the “Problem Interference” handout to each student. Have students choose a partner to work with on the handout, discussing each problem and the interference that took place. Students are permitted to create examples of problems and instances of interference if they experience difficulty remembering actual examples. When all students are finished with the worksheet, ask volunteers to share their answers with the class.
Reflection: Transitioning from the discussion generated from students volunteering personal problem-solving experiences, ask the class the following questions: What did we learn today about problem ownership and interference? How are these ideas related to problem solving in general? How does problem ownership and interference affect our relationships with others? What are some things we can remember to do so that we “own” the problems that are ours and avoid interfering in problems that are external or “belong” to other people?

Assessment: Collect the worksheets and record a grade for accuracy and completeness, as well as for class discussion participation.
# ACTIVITY 1

## Problem Ownership

For each of the following problems, decide whether the problem is yours, the other person's, or external.

<table>
<thead>
<tr>
<th>Mine</th>
<th>Other's</th>
<th>External</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

- Your best friend says he or she is bored with school.
- A friend has borrowed your favorite shirt and keeps forgetting to return it.
- Scientists are predicting a major earthquake in California in the next 50 years.
- A friend comes over to visit while you're trying to finish tomorrow's homework assignment.
- You didn't understand today's math lesson, and there's going to be a quiz tomorrow.
- Your friend's dog escapes his leash and runs away while you're walking him.
- The air conditioner in your house doesn't work, and tomorrow's temperature is predicted to be higher than 100 degrees.
- Your best friend has just been dumped by his/her girlfriend/boyfriend.
- Your brother is always getting mad and throwing things when he doesn't get his way.
- Your best friend accidentally broke his mother's favorite vase.
- You forgot to water the neighbor's plants while he was out of town, even though you'd agreed to do so.
ACTIVITY 2

Problem Interference

List three real-life problems: one should be yours, one should be someone else’s, and one should be an external problem. Describe how individuals who didn’t “own” the problem became involved, or “interfered,” and what the result was. If you can’t think of real-life situations, you may create examples.

My problem:


Interference:


Other’s problem:


Interference:


External problem:


Interference:
Sixth - Eighth Grade

Competencies:

1. Comprehend concepts related to health promotion and disease prevention. ((C, PH, CH, H)

3. Demonstrate the ability to practice health enhancing behaviors and reduce health risks. (CH, PH, F, D)

5. Demonstrate the ability to use interpersonal communication skills to enhance health. (F, H, M)

6. Demonstrate the ability to use goal setting and decision making skills to enhance health. (N, PH, DA, F, M, H, S, D)

7. Demonstrate the ability to advocate personal, family, and community health (C, CH, F, S, D)

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<td>Health</td>
<td>6 1d.</td>
<td>Teacher and students will investigate the concept of wellness through small group discussion. Using a collaborative activity, students will analyze the relationship between the following dimensions of health and wellness: social, physical, intellectual, emotional, and spiritual.</td>
<td>Teacher Observation and/or Presentation Rubric</td>
</tr>
<tr>
<td>Science: Life</td>
<td>7 7a. 7b.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Language Arts: Reading, Viewing, Listening</td>
<td>8 6a. 6e.</td>
<td>Extension Activity: In small groups, students will explore one assigned dimension of wellness. Students will create a self-selected product to present information to the class.</td>
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<tr>
<td>Health</td>
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<tr>
<td>6</td>
<td>5a.</td>
<td>Students will define self-esteem orally. Students will complete an exercise with beans (see attachment). After completion of the bean activity, students will then complete a Barksdale Self Esteem Evaluation No. 69 at <a href="http://www.barksdale.org/Evaluation/eval69.html">http://www.barksdale.org/Evaluation/eval69.html</a>.</td>
<td></td>
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<tr>
<td>7</td>
<td>1a.</td>
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<tr>
<td></td>
<td>3a.</td>
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<td></td>
<td>6a.</td>
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<td></td>
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<td></td>
<td>6b.</td>
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<tr>
<td>8</td>
<td>6c.</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>6e.</td>
<td></td>
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</tbody>
</table>

**Enrichment/Acceleration:** Students will reflect upon the dimension of health/wellness that is most important. Students will predict how a major change in this area would adversely affect their lives. Students will consider the relationship between having a positive self-esteem and the potential to cope with adversity.

**Remediation:** Students will interview the school counselor or nurse to discover the importance of having a positive self-esteem and balance in respect to the dimensions of health and wellness. Students will inquire about healthy ways to cope with adversity and maintain a healthy sense of self-efficacy.

**Teacher Observation**

Barksdale Self Esteem Evaluation Results
Sixth Grade – Eighth Grade

Competencies:

1. Comprehend concepts related to health promotion and disease prevention. (M, PH, D, H, DA C)

3. Demonstrate the ability to practice health enhancing behaviors and reduce health risks. (S, D, PA, N, M, DA)

6. Demonstrate the ability to use goal setting and decision making skills to enhance health. (N, PH, DA, F, M, H, S, D)

7. Demonstrate the ability to advocate personal, family, and community health. (C, CH, F, S, D)

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<tbody>
<tr>
<td>Health</td>
<td>6 1a.</td>
<td>Students will brainstorm “top moves” which are ways for students to move more.</td>
<td>Journaling</td>
</tr>
<tr>
<td>Physical Education</td>
<td>7c.</td>
<td></td>
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<tr>
<td>Language Arts</td>
<td>7 1c.</td>
<td>Teacher will discuss the benefits of an active lifestyle: Helps to make the most of your appearance, helps you to relax, reduces stress, and allows you to spend time with family.</td>
<td>Teacher Observation Graded by rubric. See appendix.</td>
</tr>
<tr>
<td>Science</td>
<td>7 3c.</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>6a.</td>
<td></td>
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<td></td>
<td>7a.</td>
<td></td>
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<td></td>
<td>8 1b.</td>
<td>Students will determine road blocks that prevent them from participating in regular physical activity.</td>
<td>Schedule</td>
</tr>
<tr>
<td></td>
<td>3c.</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>6c.</td>
<td></td>
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<tr>
<td></td>
<td>6f.</td>
<td>Students will design a “Top Moves” schedule where they will record any physical activity.</td>
<td></td>
</tr>
</tbody>
</table>
Do You Know...?

Why encourage preteens to keep moving? Active living promotes physical, social, and emotional health now and in the future. Regular physical activity can help them...

- Have fun with their friends and family
- Improve relations with their family
- Cope with stress
- Get over the “blues”
- Sleep better
- Make the most of their appearance
- Improve their weight
- Build strength and endurance
- Move with more ease and flexibility
- Feel good about themselves
- Promote overall health
- Develop skills in sports

Here's another reason. Most preteens care about their looks. They may worry that eating too much will make them fat. Doing "without" is no fun! The good news is: If they keep moving, they won't need to be as concerned about how much they eat. Anyway, being active matches other priorities. It's fun, good for them, and helps them look good.

How much physical activity is enough? Getting most preteens to sit less and move more is the most appropriate goal. The Dietary Guidelines for Americans recommend being physically active at least 60 minutes a day, most days of the week. Walking and riding a bike are easy ways to be active. Preteens can gain even more health benefits with increased amounts of time, as well as more intense activities such as running or one-on-one basketball. They can be active for 60 minutes at a time, or spread it out during everyday activities or in individual or team sports.

Do preteens need to join organized sports to get enough exercise? No. Anyone can be physically active without being an athlete. Organized sports, self-directed activities (such as Frisbee, yard games, skating, and biking, even doing your chores at home), and everyday activities can all have plenty of health benefits. In fact, preteens are more likely to stay active as they grow up if they don't rely just on organized sports to keep moving. Organized sports can be harder to schedule as people get older.

How can you encourage preteens to move more? Many preteens do not get enough physical activity. Starting at age 13 or so, activity levels often spiral down. Help them come up with ways to stay active as they get older. See the next page for some suggestions for overcoming inactivity.
**What can someone suggest?**
- "Consider this: Sitting around too much can give you flabby muscles and may result in weight gain."
- "All you need are everyday things: for example, grassy field, sidewalk, running track, basketball court...and bricks, milk jugs, cans. We have them all here!"
- "Make it part of your daily routine: for example, walk as you talk on the phone, use stairs, walk with a friend, do something while you watch TV, walk to the store."
- "Give it a chance. Try it for a while. Make an effort to enjoy it. Find an activity you like to do."
- "We'll try some things that might be fun for you."
- "Find a friend in our group to be your exercise buddy."
- "You aren't alone. Others may be thinking more about what they're doing than looking at you."
- "Many everyday activities won't make you sweat, mess up your hair, or break a nail. Even if they did, what's more important: how you look for just a little while or your health for life?"

**Why not move more?**
- "It's easier to sit around."
- "There's no equipment or place to do it."
- "There's no time."
- "I don't like to exercise."
- "I don't know what to do."
- "Friends and family aren't physically active."
- "I'm embarrassed."
- "I can't stay looking good."

**How can preteens put action in their lives and have fun, too?** Preteens don't need to be athletes or join a sports team to be active. Encourage them to spend less time sitting in front of the TV and playing computer games and to spend more time in active daily activities, such as walking, using stairs, and cutting grass. Developing habits for everyday activity is easier to sustain for a lifetime than going out for sports.

**How do you know if your body is getting a good workout?**
Use the "talk-sing test."
- "If you can talk while doing a physical activity, you're probably moving at a pace that's right for you."
- "If you're too breathless to talk, slow down."
- "If you can sing, you may not be working hard enough—so get moving!"
Ten Easy Ways to Get Physical

1. TAKE YOUR FEET.
   Forget about asking your folks for a ride or taking the bus. Put your feet to the ground and start walking. Your feet will thank you, your heart will thank you, and Mother Nature will thank you for cutting down on pollution.

2. TRY IN-LINE SKATING.
   Fun, fast, and easy to learn, skateboarding and in-line skating are great ways to spend a day outside with friends. Remember: wear the gear (helmet plus knee, wrist, and elbow pads).

3. TAKE THE STAIRS.
   Forget the elevator. Take the stairs every chance you can. You’ll get a workout without even thinking.

4. WALK THE DOG.
   Whether you volunteer or get paid, dog walking is a fun, furry way to be physically active.

5. EARN EXTRA CASH.
   That’s right, make money while helping your body. Try mowing lawns, weeding gardens, shoveling snow, cleaning garages, and washing the family car or your bike.

6. BE A GOOD NEIGHBOR!
   Help older people by walking their dog or volunteering to do household jobs.

7. TURN UP THE MUSIC.
   Shake, rattle, and roll to your favorite tunes. It doesn’t matter if you move to rap, hip hop, or salsa music, or do the twist—as long as you move as you groove.

8. GO OUT AND PLAY.
   Take a mountain of leaves; jump in it. Make a snowman. Fly a kite. Have a Hula-Hoop contest. Jump rope; try double Dutch with two ropes for more fun!

9. JOIN A CLASS.
   Make your moves with aerobics, kickboxing, karate, yoga, tae kwon do, or dancing.

10. BABY-SIT.
    Sounds silly, but if you’ve never kept up with a toddler, you’re in for a surprise. They move, and they move fast. Keeping your eye on a tot can challenge even the quickest.
Getting Started: Untie the Knot!

Start with an icebreaker. By “untying a human knot,” they’ll explore how to overcome obstacles, including roadblocks to physical activity.

Have preteens stand in a circle, cross their arms, and hold hands with the person on each side.

- Challenge them to unravel “the knot” without breaking the circle. They’ll need to turn, twist, and step over hands without letting go. If a hand slips, they must reconnect the circle just as it was.
- Encourage preteens to use problem-solving skills, as they decide how to move to work out a solution. Encourage them, but avoid offering hints unless time becomes limited. Be sure they succeed.

When they’ve succeeded, challenge their thinking. Keep the discussion open-ended to help preteens talk freely. Give everyone a chance to share his or her thoughts.

- When did you last move your body more than 30 minutes? How often do you do it?
- What is a roadblock? *(Something that keeps you from doing something or that separates you from a goal.)*
- What roadblock were you just trying to overcome? *(Being tangled up when we needed to form a circle.)* *(POINT OUT:)* Even if you thought it was impossible to untie the knot, you tried until you did it – and you reached your goal.

Continue the discussion, applying the icebreaker to active living. *(ASK:)*

- What keeps you from moving more? Brainstorm a list of roadblocks. Give everyone a chance to name some personal roadblocks, such as being active every day.
- If you got $500 to get rid of those roadblocks, how would you do it?
- What’s the difference between a roadblock and an excuse? Were any roadblocks to moving just excuses? *(POINT OUT:)* Some people make excuses for things they don’t want to do. Moving more may seem harder than it really is.
POINT OUT: If you would take $500 to move more, then you really don’t have reasons (no roadblocks) to sit a lot. You just have hurdles to get over. Some hurdles are higher or more challenging than others.

What do you think? Is “I don’t like it” or “I’m not good at it” a roadblock or an excuse? POINT OUT: You may feel this way if you’ve had a bad experience. That doesn’t mean you’d feel the same way about other fun ways to move more. There’s probably something you’d enjoy and be good at.
Activity 1: "Top 10" for Active Living

A simple brainstorming activity helps preteens come up with reasons why and ways to overcome roadblocks to active living.

Have preteens brainstorm for their "Top 10" reasons to move more and sit less. Encourage them to have fun with their list. Explore how moving more fits with their own values. **POINT OUT:** To overcome hurdles for moving more, you may need to change your routine, or try activities you haven't done before.

**Brainstorm and write ideas for "Top 10" reasons to move more...**
- Have fun with my friends
- Get along better with my family
- Deal with stress
- Get over the "blues"
- Feel more relaxed
- Look better
- Get stronger
- Have more energy
- Be more flexible
- Enjoy my snacks
- Relieve boredom
- Feel better about myself
Sixth Grade - Eighth Grade

Competencies:

1. Comprehend concepts related to health promotion and disease prevention. (M, PH, D, H, DA, C)

3. Demonstrate the ability to practice health enhancing behaviors and reduce health risks. (CH, PH, F, D)

4. Analyze the influence of culture, media, technology and other factors on health. (C, CH, PH)

5. Demonstrate the ability to use interpersonal communication skills to enhance health. (F, H, M)

6. Demonstrate the ability to use goal setting and decision making skills to enhance health (Ph, N, H, F, D)

7. Demonstrate the ability to advocate for personal, family, and community health. (C, CH, F, S, D)

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<tr>
<td>Health</td>
<td>6 1a.</td>
<td>Teacher will discuss with students the importance of making smart choices in regards to alcohol, tobacco, and drugs.</td>
<td>Teacher Observation Rubric to grade. See appendix.</td>
</tr>
<tr>
<td></td>
<td>1d.</td>
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<tr>
<td>Language Arts:</td>
<td>3a.</td>
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<tr>
<td>Speaking,</td>
<td>3b.</td>
<td></td>
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<tr>
<td>Listening,</td>
<td>5b.</td>
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<tr>
<td>Viewing</td>
<td>6a.</td>
<td></td>
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<tr>
<td>7a.</td>
<td></td>
<td>Students will analyze consequences of using alcohol, tobacco and drugs and describe positive alternatives to using alcohol, tobacco, and drugs.</td>
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<tr>
<td>Social Studies:</td>
<td>7c.</td>
<td>Teacher will invite a guest speaker from an organization such as Mothers Against Drunk Driving, narcotics agent, or parole officer, etc. to highlight the negative ramifications of engaging in illegal and/or risky behaviors.</td>
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<tr>
<td>Geography</td>
<td>7 1a.</td>
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<td></td>
<td>1f.</td>
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<td>4a.</td>
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<td>5c.</td>
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<td>Students will conduct research to determine long term consequences of using alcohol, tobacco, and drugs.</td>
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</tbody>
</table>
| 8 | **Enrichment/Acceleration:**  
(Choose one of the following activities)  
Students will chart approximate deaths related by category for alcohol, tobacco, and drugs for different age groups. Information available by state or national level at www.cdc.org. |
|   | **Presentation graded by rubric.**  
See Appendix. |
|   | Students will describe ways they can overcome peer pressure to resist using alcohol, tobacco, and drugs through self-selected product. |
|   | **Written product rubric.**  
See Appendix. |
|   | **Remediation:**  
Students will prepare a script for a commercial to help deter students from using alcohol, tobacco, and drugs. |
|   | Bar Chart or Graph graded by rubric.  
See Appendix. |
Competencies:

1. Comprehend concepts related to health promotion and disease prevention. (C, PH, CH, H)

3. Demonstrate the ability to practice health enhancing behaviors and reduce health risks. (CH, PH, F, D)

4. Analyze the influence of culture, media, technology and other factors on health. (C, CH, PH).

5. Demonstrate the ability to use interpersonal communication skills to enhance health. (F, H, M)

6. Demonstrate the ability to use goal setting and decision making skills to enhance health (PH, N, H, F, D)

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<th>Suggested Teaching Strategies</th>
<th>Suggested Assessment Methods</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health</td>
<td>6 3a.</td>
<td>Teacher will open discussion of AIDS by asking students to critically contemplate the following essential questions: 1) What is an epidemic? 2) Why has AIDS become an epidemic in the United States and third world countries? 3) Are behaviors known to cause AIDS worth the risk?</td>
<td>Teacher Observation Students grade based on participation rubric, see appendix.</td>
</tr>
<tr>
<td>Science: Life</td>
<td>7 1c.</td>
<td></td>
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<tr>
<td>Social Studies:</td>
<td>3a.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Geography</td>
<td>8 1d.</td>
<td></td>
<td></td>
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<tr>
<td>Language Arts:</td>
<td>4c.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Reading, Writing, Listening</td>
<td>5b.</td>
<td></td>
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<tr>
<td></td>
<td>6e.</td>
<td></td>
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<tr>
<td>After completing the game, the groups will create an advertisement campaign that may include posters, flyers, public service announcements or articles for the school newspaper that will help to persuade young people to take precautions against infection.</td>
<td>Advertisement Campaign graded based on rubric, see appendix.</td>
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<tr>
<td>Enrichment/Acceleration: Students will contact the local health department to request statistics related to the number of people under thirty with AIDS in the local area. Students will determine whether AIDS could become an epidemic locally based on statistical information.</td>
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<tr>
<td>Remediation: Students will discuss the causes of AIDS and major complications of AIDS in small groups.</td>
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</tbody>
</table>
Why is it so difficult to find a cure for the AIDS virus? How does the human immune system work? How is AIDS transmitted?

Teacher’s Guides Index
Show # 1007

AIDS

What is acquired immune deficiency syndrome?

David takes a journey into the human body to learn about the immune system.

Segment length: 9:35

Insights

The world has now entered the second decade of dealing with acquired immune deficiency syndrome (AIDS). According to the Centers for Disease Control, the AIDS virus was first named in 1982, and the human immunodeficiency virus (HIV) was identified in 1984. It is important to make the distinction between the two acronyms, AIDS and HIV: Once infected by the HIV virus, a person may not develop the disease AIDS for years. The incubation period for developing AIDS varies from one year to 10, though experts disagree on this.

The segment shows what happens in a normal immune system versus an immune system infected with HIV. Under normal conditions, disease-causing agents (pathogens) attempt to invade the body, inducing an immune response from T-cells, B-cells, and macrophages. T-cells process the foreign body so that it can be recognized by the B-cells, which in turn produce antibodies that grab the pathogens, pin them down, and mark them for destruction by the macrophages. More and more defenders descend upon the attacking virus until the invasion is neutralized.

HIV acts differently than most pathogens: It seeks out the T-cells and incorporates itself into them. Then HIV either reproduces so quickly that it destroys the host cell, or it causes the genetic machinery to reproduce copies of itself, so that it can send out more virus particles to attack other T-cells. HIV doesn't act quickly; it can hide out in the body and not reproduce immediately. But once in the body, HIV stays there forever, using the host cell as an HIV "factory."

Eventually, the body's supply of T-cells becomes depleted until the immune-defense system is severely weakened and susceptible to infection by "opportunistic" pathogens, such as Pneumocystis carinii, a serious respiratory infection, and malignant growths like Kaposi's sarcoma, a vascular-type cancer.

HIV is transmitted from an infected person to a healthy person in three basic ways: through sexual intercourse, through the blood system by sharing needles, and perinatally from mother to child. In the United States, the first decade of HIV infection occurred primarily among intravenous-drug abusers, people who had received blood transfusions, homosexual men, bisexual men, and all of their sexual partners. In this second decade, "heterosexual transmission will become the

http://www.tpt.org/newtons/10/aids.html

6/21/2005
predominant mode of HIV transmission throughout the world," according to the World Health Organization.

**Connections**

What do people fear most about AIDS? Why is there such confusion about AIDS? Does the AIDS epidemic resemble others in our past (e.g., Hansen's disease, tuberculosis, polio)? Have other diseases generated as much fear and loathing?

**Vocabulary**

- **B-cells**: a group of lymphocytes (white blood cells) that helps the body manufacture antibodies, or actually manufactures the antibodies themselves
- **macrophages**: "scavenger" cells in the immune system that engulf and destroy an invading virus
- **pathogens**: specific organisms (that may be cellular) with biological, chemical, or thermal agents that cause disease
- **T-cells**: a group of lymphocytes (white blood cells) that control and regulate the immune-defense system

**Resources**


**Additional sources of Information:**

- **American Red Cross**
  AIDS Education Office
  2025 E Street NW
  Washington, DC 20006
  (202) 728-6554 or 6531

- **Centers for Disease Control (CDC)**
  1600 Clifton Road NE
  Atlanta, GA 30333

  - **CDC National AIDS hotline**
    (800) 342-AIDS

  - **CDC Spanish hotline**
    (800) 344-SIDA

  - **CDC Hearing-impaired hotline**
    (800) AIDS-TTY

**Main Activity**

**Let's Play Cards**

Find out how HIV is transmitted, and perhaps more importantly, how it is not transmitted. A great deal of myth and mistaken information surrounds the subject of how people become infected with HIV. To clarify the specific ways that HIV is transmitted and to dispel some of the myths, create a card game.
Materials

- 3" x 5" cards
- box

1. On one card, print an actual or plausible risk factor associated with the transmission of HIV. On the next card, print an unlikely or implausible risk factor. Continue until you have as many cards as you wish. Put the cards in the box.

2. Have each student pick a card from the box, read it aloud, and place it in one of two piles or mount it on a bulletin board using these two headings:
   Risk Factor and Not a Risk Factor

Examples of risk factors: sharing needles with anyone; mixing of blood between persons (as in some rituals of scraping the skin to mingle blood); sexual intercourse; medical situations involving blood when no barrier precautions have been taken; being born to a mother who has HIV/AIDS; tattoo shops (if needles are reused); acupuncture (if needles are reused)

Examples of activities that are not likely to be risk factors: cat bites; sharing food with a person infected with HIV/AIDS; eating food handled, prepared, or served by someone infected with HIV/AIDS; being coughed on; mosquito bites; bites from lice, flies, and other insects; swimming pools; toilet seats; wet towels; sweat; saliva or tears (Saliva and tears have the virus present, but it appears to break down and there have been no known cases.); urine; crowded elevators; hugging; shaking hands; laundromats; clothing; telephones; drinking glasses; eating utensils; giving blood; receiving a blood transfusion (Current screening procedures make blood transfusions almost risk-free.)

Questions

1. Have any of these issues regarding the transmission of HIV/AIDS appeared in the news?

2. How do misconceptions about the contagiousness of AIDS or any other disease get started? Is fear about contagion in general necessarily negative? What problems could be caused by misunderstanding the contagion factor of AIDS?

Try This

Work with a language arts or social studies teacher in your school to stage a debate about AIDS and education. Some possible topics include: Should communities provide free needles and condoms to high-risk populations? Should doctors and dentists be required to be tested for HIV/AIDS? Could there ever be a reason at your school to have students screened for the virus? Do condoms make sex safe, or safer?

Try This

The Centers for Disease Control (CDC) has published a list of recommended precautions to be used by health-care professionals with their patients. Invite a health-care professional who understands and uses the precautions on the job to demonstrate and discuss them in your classroom. Ask the health-care provider what he or she feels is the greatest risk when dealing with any patient. Is he frightened about catching the virus? Has she ever treated someone with the virus? Stress that the precautions work both ways -- protecting both patient and health-care professional alike.

Try This

Create an advertising campaign aimed at persuading young people to protect themselves against infection by HIV. Divide the class into groups and have each group aim its advertising at one of these target audiences: grades kindergarten through 3rd, 4th through 8th, and 9th through 12th. Plan radio and television spots, as well as print materials, including posters, articles in the school newspapers, and public service announcements. Work with a language arts teacher on the finer points of persuasion.

Try This

There currently are several HIV vaccines being tested. The most common vaccines available today consist of doses of the pathogen so mild they cannot cause the disease itself, but strong enough to bring on an immune reaction in the body. Study some of the diseases for which vaccines have been developed: smallpox; yellow fever; rabies; influenza; polio; malaria; measles; mumps; rubella; diphtheria; and tetanus.
A Glance at the HIV/AIDS Epidemic

HIV/AIDS Diagnoses
At the end of 2003, an estimated 1,039,000 to 1,185,000 persons in the United States were living with HIV/AIDS [1]. In 2003, 32,048 cases of HIV/AIDS were reported from the 33 areas (32 states and the US Virgin Islands) with long-term, confidential name-based HIV reporting [2]. When all 50 states are considered, CDC estimates that approximately 40,000 persons become infected with HIV each year [1].

By Sex
In 2003, almost three quarters of HIV/AIDS diagnoses were made for male adolescents and adults.

Sex of adults and adolescents who received a diagnosis of HIV/AIDS, 2003

By Race/Ethnicity
Persons of minority races and ethnicities are disproportionately affected by HIV/AIDS. In 2003, African Americans, who make up approximately 12% of the US population, accounted for half of the HIV/AIDS cases diagnosed.

Race/ethnicity of persons (including children) who received a diagnosis of HIV/AIDS, 2003

HIV/AIDS includes persons with a diagnosis of HIV infection (not AIDS), a diagnosis of HIV infection and a later diagnosis of AIDS, or concurrent diagnoses of HIV infection and AIDS.
TRENDS IN AIDS DIAGNOSES AND DEATHS

During the mid-to-late 1990s, advances in treatment slowed the progression of HIV infection to AIDS and led to dramatic decreases in AIDS deaths. Although the decrease in AIDS deaths continues (3% decrease from 1999 through 2003), the number of AIDS diagnoses increased an estimated 4% during that period [2].

Better treatments have also led to an increasing number of persons in the United States who are living with AIDS. From the end of 1999 through the end of 2003, the number of persons in the United States who were living with AIDS increased from 311,205 to 405,926—an increase of 30% [2].

Estimated AIDS diagnoses, deaths, and persons living with AIDS 1998–2002

<table>
<thead>
<tr>
<th></th>
<th>1999</th>
<th>2000</th>
<th>2001</th>
<th>2002</th>
<th>2003</th>
<th>Cumulative through 2003</th>
</tr>
</thead>
<tbody>
<tr>
<td>Estimated AIDS diagnoses</td>
<td>41,356</td>
<td>41,267</td>
<td>40,833</td>
<td>41,289</td>
<td>43,171</td>
<td>929,985</td>
</tr>
<tr>
<td>Estimated AIDS deaths</td>
<td>18,491</td>
<td>17,741</td>
<td>18,524</td>
<td>17,557</td>
<td>18,017</td>
<td>524,060</td>
</tr>
<tr>
<td>Estimated Persons living with AIDS</td>
<td>311,205</td>
<td>334,731</td>
<td>357,040</td>
<td>380,771</td>
<td>405,926</td>
<td>NA</td>
</tr>
</tbody>
</table>

NA, not applicable (the category Estimated persons living with AIDS is cumulative).

REFERENCES


For more information...

CDC National Prevention Information Network
PO Box 6003
Rockville, MD 20849-6003
1-800-458-5231

Web Resources
NCHSTP: www.cdc.gov/nchstp/od/nchstp.html
DHAP: www.cdc.gov/hiv
NPIN: www.cdcnpin.org
Sixth Grade - Eighth Grade

Competencies:
1. Comprehend concepts related to health promotion and disease prevention. (M, PH, D, H, DA, C)

2. Demonstrate the ability to obtain valid health information and health promoting products and services. (C, CH, PH, N)

3. Demonstrate the ability to practice health enhancing behaviors and reduce health risks. (S, D, PH, N, M, DA).

4. Analyze the influence of culture, media, technology and other factors on health. (C, CH, PH)

5. Demonstrate the ability to use interpersonal communication skills to enhance health (F, H, M).

6. Demonstrate the ability to use goal setting and decision making skills to enhance health. (N, PH, D, F, M, H, S, DA)

7. Demonstrate the ability to advocate personal, family, and community health. (C, CH, F, S, D)

<table>
<thead>
<tr>
<th>Integrated Instruction</th>
<th>Grade/Competency/Objective</th>
<th>Suggested Teaching Strategies</th>
<th>Suggested Assessment Methods</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health</td>
<td>6 3b.</td>
<td>Students will participate in Alcohol Facts game where groups of three to four students will work together to draw the alcohol fact for the other teams to be able to guess the fact that was drawn. Refer to attachment for alcohol facts and examples.</td>
<td>Teacher Observation Graded by rubric. See appendix.</td>
</tr>
<tr>
<td>Language Arts:</td>
<td>7 1f.</td>
<td></td>
<td>Collage will be graded.</td>
</tr>
<tr>
<td>Listening, Speaking, Writing</td>
<td>3a. 3b. 4d. 6a.</td>
<td></td>
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<tr>
<td>Health</td>
<td>Science</td>
<td>Math</td>
<td>Drivers</td>
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<tr>
<td>7</td>
<td>1f.</td>
<td>4a.</td>
<td>4d.</td>
</tr>
<tr>
<td>Teacher will discuss with students the impact that drinking and driving has on individuals. Once the information on alcohol has been covered, students will participate in the Drink Wheel activity, at <a href="http://www.intox.com/wheeldrink.asp">www.intox.com/wheeldrink.asp</a></td>
<td></td>
<td></td>
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<tr>
<td>Teacher Observation Graded by rubric. See appendix.</td>
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<tr>
<td>Students will be able to determine the amount of alcohol that would normally affect a person of their size, and the limits that the law sets regardless of age.</td>
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<tr>
<td>Attachment included for impact of alcohol and driving.</td>
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</table>
WHAT TEENAGERS WANT TO KNOW ABOUT ALCOHOL

DID YOU KNOW?

- Alcohol can be deadly. If you drink a quart of vodka at one sitting, it can kill you (drinking games).
- Alcohol is a powerful depressant. It slows breathing and heart rate and lowers blood pressure.
- Once you drink, nothing sobers you up but time, one hour for each ounce of alcohol consumed (whether a mixed drink, a can of beer, or a glass of wine).
- Alcohol-related car crashes are a leading cause of death to teenagers.

WHAT HAPPENS WHEN A PERSON DRINKS ALCOHOL?

The first thing that happens is loss of judgment. (This can happen with only one drink.) It could mean:

- Drinking and deciding to drive, or getting into a car with someone who has been drinking.
- Drinking and deciding to do something you later regret (have sex, do something physically dangerous, steal).

The next thing that happens when you drink is loss of coordination. (This can happen with two or three beers.) It could mean:

- Getting into a car crash and hurting yourself or other people.
- Losing your balance and falling, or going swimming and drowning.

If you drink regularly (like partying on weekends), drinking may interfere with your ability to cope with emotions. This means:

- Drinking every time you feel nervous in social situations (party, date). Result: you don't learn how to feel less nervous without drinking.
- Drinking every time you feel angry, depressed, bored, or lonely. Result: you don't learn how to cope with these feelings without the aid of alcohol.

WHAT CAN HAPPEN IF YOU DRINK REGULARLY OVER TIME?

- Addiction. Alcohol is mentally and physically addicting. This means that you need to drink in order to feel okay. Alcoholism is the word used for addiction to alcohol.
- Liver damage, nerve damage, brain damage.
- Death.
WHO DRINKS? WHO BECOMES AN ALCOHOLIC?

- Many adults don't drink alcohol at all.
- Of the adults who drink alcohol, three out of every ten drink regularly and one out of ten will become an alcoholic.
- The more a teenager drinks over time, the more likely it is that he or she will become an alcoholic.
- Even if you are not an alcoholic, heavy drinking can hurt your family, your life at school, and your friendships.
- Teenagers who come from families in which a family member is an alcoholic are twice as likely to become alcoholics themselves.

WHAT ARE THE SIGNS THAT A TEENAGER COULD BE DEPENDENT ON ALCOHOL?

- Drinking every day.
- Drinking regularly to relieve shyness, anger, fear.
- Drinking in the morning.
- Drinking alone regularly.
- Needing a drink at a certain time every day.
- Having a loss of memory during or after drinking.
- Becoming more moody or irritable after drinking.

Even if only one of these signs applies to you, you could be in danger of becoming alcohol dependent.

IF A PREGNANT WOMAN DRINKS ALCOHOL, HER BABY MAY BE BORN WITH BIRTH DEFECTS OR NERVE DAMAGE.

- Doctors advise pregnant women not to drink.
- Even women who are planning to become pregnant should not drink. By the time women find out they are pregnant, they may already be 6-8 weeks or more pregnant.
ALCOHOL FACTS GAME - SHEET 1

Duplicate or print out Alcohol Facts Game sheets and cut into strips for Activity 6. Each team is given the same fact to draw for each round of the game.

1. A can of beer = a glass of wine = a shot of liquor = a mixed drink.

2. Too much alcohol can poison you.

3. Coffee and cold showers do not get you sober. Time sobers you.

4. When alcohol wears off, uncomfortable feelings are still there.
5. Drinking and driving don't mix.

6. If a parent is an alcoholic, the child is at higher risk of becoming one, too.

7. Alcohol can be addicting.

8. Alcohol can affect your judgment.
9. Alcohol is as dangerous as marijuana.

10. Alcohol can make you pass out.

11. If a pregnant woman drinks, her unborn baby is drinking, too.

12. One out of every ten drinkers in this country will become an alcoholic.
The Drink Wheel

On-Line BrAC Calculator

I have had 1 US beer(s) over a period of 1 hour(s)².

I am ☐ Male  ☐ Female (Explanation of gender differences in Blood Alcohol Concentrations

and I weigh 150 ☐ Pounds  ☐ Kilograms

and I live in ☐ United States  ☐ (so that the result is displayed in the appropriate units).

Add the Drink Wheel to your web site

About the Drink Wheel

The Intoximeters Inc. "Drink Wheel"¹ is a form that you can fill out that when completed will instantly compute your estimated blood/breath alcohol concentration ("BAC") or blood alcohol content. This simulates the breath alcohol testing done by an Intoximeter Alco-Sensor IV. Alco-Sensor IV is used in both Law Enforcement and Workplace Testing for alcohol testing presented as a public service to Intoximeters web site visitors. Its primary purpose is to provide useful information about the responsible use of alcohol.

Why is it called a "Drink Wheel"?

We call it the "Drink Wheel" because it is based on various paper and cardboard BAC charts that are given out in alcohol awareness programs, some of which are in the form of a wheel you can spin around to calculate your estimated BAC based on what and how much you plan to drink.

Disclaimer

It would be extremely foolish for us to pretend that our "Drink Wheel" can tell you what you actually is, first because it would open us up to an incredible amount of potential liability and second if it really did work accurately there would be no need for anyone to buy the instru

http://www.intox.com/wheel/drinkwheel.asp

6/21/2005

114
Healthy Youth

Health Topics
Alcohol & Drug Use

Alcohol abuse is the third leading preventable cause of death in the United States (4% of the total deaths in 2000), and is a factor in approximately 41% of all deaths from motor vehicle crashes. Among youth, the use of alcohol and other drugs has also been linked to unintentional injuries, physical fights, academic and occupational problems, and illegal behavior. Long-term alcohol misuse is associated with liver disease, cancer, cardiovascular disease, and neurological damage as well as psychiatric problems such as depression, anxiety, and antisocial personality disorder. Drug use contributes directly and indirectly to the HIV epidemic, and alcohol and drug use contribute markedly to infant morbidity and mortality. Current alcohol use among high school students remained steady from 1991 to 1999, with a significant decrease from 50% in 1999 to 45% in 2003. In 2003, 28% of high school students reported episodic heavy drinking. Current marijuana use increased from 15% in 1991 to 26% in 1997, then decreased from 26% in 1997 to 22% in 2003.

Data & Statistics

School Health Policies and Programs Study
SHPPS is a national survey periodically conducted to assess school health policies and programs at the state, district, school, and classroom levels, including those related to alcohol and drug use.

- Alcohol and Other Drug Use Prevention [pdf 270K]

Youth Risk Behavior Surveillance System
The YRBSS monitors behaviors that contribute markedly to the leading causes of death, disability, and social problems among youth and adults in the United States.

- Alcohol and Other Drug Use (in Youth Online)
- Alcohol Use [pdf 140K]
- Marijuana, Cocaine, and Other Illegal Drug Use [pdf 165K]

National, State, and Local Programs

CDC’s Division of Adolescent and School Health (DASH) supports the development and implementation of effective health promotion policies and programs that address priority health risks among youth.

Funded Partners provides information on DASH-funded state, local, and territorial education agencies, and national non-governmental organizations. These partners are funded to help build and/or strengthen

http://www.cdc.gov/HealthyYouth/alcoholdrug/index.htm 8/18/2005
Legend

0.00 g/210 liters of breath - This is the only safe BAC level.
0.02 g/210 liters of breath - At and above this level US federal laws mandate that a person in a safety
sensitive transportation job must be removed from the workplace.
0.04 g/210 liters of breath - At and above this level US federal laws mandate that a person in a safety
sensitive transportation job must be sanctioned and may lose their job. Also in most states a person can
convicted of driving under the influence at this level.
0.08 g/210 liters of breath - At and above this level you can be convicted of driving while intoxicated in
most states.
0.10 g/210 liters of breath - At and above this level you can be convicted of driving while intoxicated in
ALL states.
0.30 g/210 liters of breath - At this level most people will lose consciousness.
0.40 g/210 liters of breath - At this level most people will become comatose and may die.

More information on the Pharmacology and Disposition of alcohol in humans

Results generated: 6/21/05 8:58:13 AM Central Standard Time
General Alcohol Information

One or more documents on this Web page is available in Portable Document Format (PDF). You will need Acrobat Reader (a free application) to view and print these documents.

Measures of Alcohol Consumption and Alcohol-Related Health Effects from Excessive Consumption

Current Drinking

- Current drinkers are those who consume alcohol-containing beverages.

- In 2002, 54.9% of U.S adults (18 years and older) reported drinking at least one drink in the past month. The prevalence of past-month alcohol consumption was higher for men (62.4%) than for women (47.9%) (SAMSHA, NSDUH, 2002).

Binge Drinking

- Binge drinking is generally defined as having 5 or more drinks on one occasion, meaning in a row or within a short period of time (Naimi, 2003). However, among women, binge drinking is often defined as having 4 or more drinks on one occasion (NIAAA, 2004) (Wechsler, 1998). This lower cut-point is used for women because women are generally of smaller stature than men, and absorb and metabolize alcohol differently than men.

- About 1 in 3 adult drinkers in the United States report past-month binge drinking, and this ratio has changed very little since the mid-1980s (Serdula, 2004).

- In 2001, there were approximately 1.5 billion episodes of binge drinking in the U.S. Binge drinking rates were highest among those aged 18 to 25 years; however, 70% of binge drinking episodes occurred among those aged 26 years and older (Naimi, 2003).

- Binge drinkers were 14 times more likely to report alcohol-impaired driving than non-binge drinkers (Naimi, 2003).
• Binge drinking is associated with a number of adverse health effects, including unintentional injuries (e.g., motor vehicle crashes, falls, burns, drownings, and hypothermia); violence (homicide, suicide, child abuse, domestic violence); sudden infant death syndrome; alcohol poisoning; hypertension; myocardial infarction; gastritis; pancreatitis; sexually transmitted diseases; meningitis; and poor control of diabetes (Naimi, 2003).

**Heavy Drinking**

• Heavy drinking is consuming alcohol in excess of 1 drink per day on average for women and greater than 2 drinks per day on average for men (NIAAA, 2004).

• In 2002, 5.9% of U.S. adults reported heavy drinking in the past 30 days; the prevalence of heavy drinking was greater for men (7.1%) than for women (4.5%) (CDC, BRFSS, 2002).

• Heavy drinking is associated with a number of chronic health conditions, including chronic liver disease and cirrhosis, gastrointestinal cancers, heart disease, stroke, pancreatitis, depression, and a variety of social problems (Naimi, 2003).

**Alcohol Dependence**

A person is defined as being dependent on alcohol if he or she reports three or more of the following symptoms in the past year (DSM-IV, 1994).

• Tolerance (e.g., needing more alcohol to become intoxicated).
• Withdrawal
• Alcohol use for longer periods than intended.
• Desire and/or unsuccessful efforts to cut down or control alcohol use.
• Considerable time spent obtaining or using alcohol, or recovering from its effects.
• Important social, work, or recreational activities given up because of use.
• Continued use of alcohol despite knowledge of problems caused by or aggravated by use.

In 2002, 3.7% of past-year drinkers were alcohol-dependent (SAMSHA, NSDUH, 2002).

**Underage Drinking**

• As of 1988, all states prohibit the purchase of alcohol by youth under the age of 21 years. Consequently, underage drinking is defined as consuming alcohol prior to the minimum legal drinking age of 21 years.
• In 2003, 44.9% of 9th through 12th graders reported drinking alcohol on one or more of the past 30 days; prevalence of current drinking was higher for females (45.6%) than among males (43.8%) (CDC, YRBS, 2003).

• In 2003, 28.3% of 9th through 12th graders reported binge drinking (having five or more drinks of alcohol in a row or within a couple of hours) at least once during the past 30 days. The prevalence of binge drinking was higher for males (29%) than among females (27.5%) (CDC, YRBS, 2003).

• Alcohol use is a leading risk factor in the three leading causes of death among youth: unintentional injuries (including motor vehicle crashes and drownings); suicides; and homicides. Other adverse consequences of underage drinking include risky sexual behavior and poor school performance (CDC, YRBS, 2001).

• Zero tolerance laws, which make it illegal for youth under age 21 years to drive with any measurable amount of alcohol in their system (i.e., with a blood alcohol concentration (BAC) ≥0.02 g/dL), have reduced traffic fatalities among 18 to 20 year olds by 13% and saved an estimated 21,887 lives from 1975 through 2002 (NHTSA, 1997).

**Alcohol Use and Women’s Health**

• For women of childbearing age, the consequences of excessive alcohol consumption, particularly binge drinking, includes unintentional injuries, domestic violence, risky sexual behavior and sexually transmitted diseases, unintended pregnancy, and alcohol-exposed pregnancies.

• In 2001, 11.8% of women aged 18 to 44 years reported consuming alcohol within the past month, and 11% reported binge drinking (5 or more drinks on any one occasion) (Naimi, 2003).

• Women with unintended pregnancies were 60% more likely to binge drink during the three months before conception than women with intended pregnancies (Naimi, 2003).

**Alcohol-Impaired Driving**

• In 2002, 2.2% of U.S. adults reported alcohol-impaired driving in the past 30 days (CDC, BRFSS, 2003).

• In 1993, there were approximately 123 million episodes of alcohol-impaired driving in the United States. (Liu, 1997).

• In 2001, there were approximately 1.4 million arrests for driving under the influence of alcohol or narcotics. This is
an arrest rate of 1 of every 137 licensed drivers in the United States. (NHTSA, 2003).

Alcohol-Related Health Effects from Excessive Alcohol Consumption

Total Deaths due to Alcohol

- In 2000, there were approximately 85,000 deaths attributable to either excessive or risky drinking in the U.S., making alcohol the third leading actual cause of death (Mokdad, 2004).

- Alcohol-related deaths in the United States vary considerably by state, and are directly related to the amount of alcohol consumed and the pattern of alcohol use.

Alcohol Motor Vehicle Crash Deaths

- In 2002, 17,419 people in the United States died in alcohol-related motor vehicle crashes, accounting for 41% of all traffic-related deaths (NHTSA, 2003).

- In 1995, 36% of all crash fatalities among youth aged 15 to 20 years were alcohol-related (Samber, 1997; NHTSA, 1997).

- From 1997 through 2002, 2,355 children died in alcohol-related motor vehicle crashes; 1,588 (68%) of these children were riding with a drinking driver (CDC, MMWR, 2004).

Alcohol and Unintentional Injuries

- Alcohol-related unintentional injuries and deaths include motor vehicle crashes, drownings, falls, hypothermia, burns, suicides, and homicides.

- Approximately 31.1% of those who die from unintentional, non-traffic injuries in the United States have a blood alcohol concentration of 0.10 g/dL or greater (Smith, 1999).

- Patients treated in an emergency department (ED) for an unintentional injury are 13.5 times more likely to have consumed 5 or more alcohol-containing beverages within 6 hours of their injury compared to age and sex matched community controls (Vinson, 2003).

Alcohol and Violence
• In 1997, about 40% of all crimes (violent and non-violent) were committed under the influence of alcohol (Bureau of Justice Statistics, 1998).

• In 1997, 40% of convicted rape and sexual assault offenders said that they were drinking at the time of their crime (Greenfield, 2000).

• Approximately 72% of rapes reported on college campuses occur when victims are so intoxicated they are unable to consent or refuse (Wacshler, 2004).

• Two-thirds of victims of intimate partner violence reported that alcohol was involved in the incident (Bureau of Justice Statistics, 1998).

• Nearly one-half of the cases of child abuse and neglect are associated with parental alcohol or drug abuse (Grant, 2000).

• Approximately 23% of suicide deaths are attributable to alcohol (Smith, 1999).

**Alcohol and Pregnancy**

• Adverse health effects that are associated with alcohol-exposed pregnancies include miscarriage, premature delivery, low birth weight, sudden infant death syndrome, and prenatal alcohol-related conditions (e.g., fetal alcohol syndrome and alcohol-related neurodevelopmental disorders).

• In 1999, 12.8% of women aged 18 to 44 years reported any alcohol use (at least one drink) during pregnancy, and 2.7% reported binge drinking (5 or more drinks on any one occasion) (MMWR, 2002).

• Alcohol-related neurodevelopmental disorder and alcohol-related birth defects are believed to occur approximately three times as often as Fetal Alcohol Syndrome (FAS) (CDC, NCBDD/FAS, 2004).

• Fetal Alcohol Syndrome is one of the leading causes of mental retardation, and is directly attributable to drinking during pregnancy. FAS is characterized by growth retardation, facial abnormalities, and central nervous system dysfunction (i.e., learning disabilities and lower IQ), as well as behavioral problems.

• The incidence of FAS in the United States ranges from 0.2 to 1.5 per 1,000 live births [http://www.cdc.gov/ncbddd/fas](http://www.cdc.gov/ncbddd/fas) (CDC, NCBDD/FAS, 2004).

• Any maternal alcohol use in the periconceptional period (i.e., during the three months before pregnancy or during
the first trimester) is associated with a six-fold increased risk of SIDS (Iyasu, 2002).

- Binge drinking (five or more drinks at a time) during a mother’s first trimester of pregnancy is associated with an eight-fold increase in the odds that the infant will die of SIDS (Iyasu, 2002).

**Alcohol and Sexually Transmitted Disease**

- Alcohol use by young adults is associated with earlier initiation of sexual activity, unprotected sexual intercourse, multiple partners and an increased risk for sexually transmitted diseases.

- Among teens aged 14 to 18, 20% of those who reported drinking before age 14 also reported being sexually active compared to 7% of those who did not report drinking before this age (The National Center on Addiction and Substance Abuse, 1999).

- In 1998, an estimated 400,000 college students between the ages of 18 and 24 had unprotected sex after drinking, and an estimated 100,000 had sex when they were so intoxicated they were unable to consent (Hingson, 2002).

- Among adults aged 18 to 30, binge drinkers were twice as likely as those who did not binge drink to have had two or more sex partners (Leigh, 1994).

- People who abuse alcohol are more likely to engage in risky behaviors, such as having unprotected sex, having more sex partners, and using intravenous drugs. In a single act of unprotected sex with an infected partner, a teenage woman has a 1% risk of acquiring HIV, a 30% risk of getting genital herpes, and a 50% chance of contracting gonorrhea (Alan Guttmacher Institute, 1994).

**Hepatitis C and Chronic Liver Disease**

- Alcohol consumption can exacerbate the HCV infection and accelerate disease progression to cirrhosis. Alcohol may also exacerbate the side effects of antiviral treatment for HCV infection, impairing the body’s response to the virus (Larrea, 1998).

- In 2003, there were 12,207 deaths from alcohol-related chronic liver disease (CLD). Approximately 75% of those deaths occurred among men (CDC, NCHS, 2003).

- Approximately 40% of the deaths from unspecified liver disease in the United States are attributable to heavy alcohol consumption (Parrish, 1993).

**Alcohol and Cancer**
Alcohol-related cancers include oral-pharyngeal, esophagus (squamous cell type), prostate, liver, and breast. In general, the risk of cancer increases with increasing amounts of alcohol.

- Excessive drinkers are 3 times more likely to develop liver cancer than non-drinkers (English & Holman, 1995).

- Excessive drinkers are 4 times more likely to develop esophageal cancer than non-drinkers (English & Holman, 1995).

- Oral cancers are six times more common in heavy alcohol users than in non-alcohol users (American Cancer Society, 2002).

- Compared to non-drinkers, women who consume an average of 1 alcoholic drink per day increase their risk of breast cancer by approximately 7%. Women who consume an average of 2 to 5 drinks per day increase their risk of developing breast cancer by approximately 50% compared to that of non-drinkers (American Cancer Society, 2002).

Effective Prevention Strategies for Alcohol-Related Health Problems

Alcohol Taxes

- A 10% increase on the tax for alcohol containing beverages could reduce the number of binge drinking episodes per month by 8% (Sloan, 1995).

- For every 1% increase in the price of beer, the traffic fatality rate declines by 0.9% (Ruhm, 1996).

- A 25% increase in the 1992 federal beer tax would have reduced work-loss days from non-fatal workplace accidents by 4.6 million and lost productivity by $491 million (Oshfeldt, 1997).

- Raising state beer tax from 10¢ per case to $1 per case would increase the probability of graduating from college by 6.3% (Cook, 1993).

Minimum Legal Drinking Age Laws

- All states and the District of Columbia have enforced 21-year-old minimum drinking age laws. In 2002, an estimated 917 lives saved in traffic crashes as a result of the age 21 minimum drinking age laws (NHTSA, 2002).

- Increasing the minimum drinking age from 18 to 21 has reduced both drinking and traffic crashes among youth by
10 to 15% (O'Malley & Wagenaar, 1991).

Comprehensive Community Programs

- Comprehensive community-based programs have reduced past month alcohol consumption among underage youth by 7% (Wagenaar, 2000).

Intervention Training Programs for Servers

- Server training programs have reduced alcohol sales by 11.5% and sales to pseudo-intoxicated buyers by 46% (Toomey, 2001).
- Server training programs have reduced single vehicle nighttime injury crashes by 23% (Holder, 1994).

Screening and Brief Intervention

- Brief physician advice to reduce alcohol consumption has reduced the number of binge drinking episodes in the past 30 days more than 40% (Fleming, 1997).

References


6. Centers for Disease Control and Prevention (CDC). Alcohol Related Dis
2003.

7. Centers for Disease Control and Prevention (CDC). Behavioral Risk Fact
Sixth Grade - Eighth Grade

Competencies:

1. Comprehend concepts related to health promotion and disease prevention. (M, PH, D, H, DA, C)

2. Demonstrate the ability to obtain valid health information. (CH, PH, C)

3. Demonstrate the ability to practice health enhancing behaviors and reduce health risks. (S, D, PH, N, M, DA)

4. Analyze the influence of culture, media, technology and other factors on health. (C, CH, PH)

7. Demonstrate the ability to advocate personal, family, and community health. (C, CH, F, S, D)

<table>
<thead>
<tr>
<th>Integrated Instruction (with strands)</th>
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</thead>
<tbody>
<tr>
<td>Health</td>
<td>6  1a.</td>
<td>Students will compile a list of healthcare professions. Teacher will write students responses on the board. Students will discuss the possibilities of these professions being career opportunities for them. Teacher will have guest speakers visit classroom to discuss different careers options.</td>
<td>Teacher Observation See Rubric for observation in appendix.</td>
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<td>3a.</td>
<td>Students will evaluate the pros and cons of each profession by way of research. In researching the selection, students will determine the primary goal of the profession and the amount of education required for the profession and personality qualities necessary for this profession.</td>
<td>Teacher Observation</td>
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<tr>
<td>Language Arts:</td>
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<tr>
<td>Reading,</td>
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<td>Writing,</td>
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<td>Listening,</td>
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<td>Viewing,</td>
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<td>Speaking</td>
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<td>2a.</td>
<td>3d.</td>
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<tr>
<td>Social Studies:</td>
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<tr>
<td>Economics</td>
<td>8  2a.</td>
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</table>
Upon completion of all research, students will present the highlights of their findings through a self-selected product.

Enrichment/Acceleration: In small groups, students will select one career of interest. Students will create a (teacher approved) survey for ten individuals currently working in this field. Students will obtain necessary consent forms and will administer the survey locally. Students will analyze results and will present the information by way of a self-selected product.

Remediation: Students will use the internet to research the top ten careers in healthcare. Students will determine the average salary, the amount of education and training required, and statistics on employee turnover within the field.

Rubric for Report

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<table>
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<tbody>
<tr>
<td>Students incorporated a detailed account of the primary goals of the career in the report.</td>
<td>__________ /25 points</td>
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<td>Students identified the personal qualities that are necessary for this career in the report.</td>
<td>__________ /25 points</td>
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<tr>
<td>Students included the education required for this career in the report.</td>
<td>__________ /25 points</td>
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<tr>
<td>Format (Intro, conclusion, etc.) /grammatically correct</td>
<td>__________ 25 points</td>
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<tr>
<td>Total Points</td>
<td>__________ /100 points</td>
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</table>
Sixth Grade - Eighth Grade

Competencies:

1. Comprehend concepts related to health promotion and disease prevention. (M, PH, D, H, DA, C)

3. Demonstrate the ability to practice health enhancing behaviors and reduce health risks. (S, D, PH, N, M, DA)

4. Analyze the influence of culture, media, technology, and other factors on health. (C, CH, PH)

5. Demonstrate the ability to use interpersonal communication skills to enhance health. (F, H, M)

6. Demonstrate the ability to use goal setting and decision making skills to enhance health. (N, PH, DA, F, M, H, S, D)

<table>
<thead>
<tr>
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<th>Suggested Assessment Methods</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health</td>
<td>6 3a.</td>
<td>Students will discuss decision making and the importance of making good choices. <a href="http://www.generationFREE.com">www.generationFREE.com</a></td>
<td>Teacher Observation Graded based on rubric. See appendix.</td>
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<tr>
<td>Language Arts:</td>
<td>5a.</td>
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<td>Easy-Difficult Worksheet</td>
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<tr>
<td>Reading, Writing, Listening</td>
<td>5b.</td>
<td>Students will complete Easy-Difficult Worksheet that will analyze recent decisions. Teacher will pinpoint when assistance was necessary in making those decisions.</td>
<td>Teacher Observation Graded based on rubric. See appendix.</td>
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<td>6c.</td>
<td>Teacher will explain to the students the &quot;Six Steps in Making the Best Decisions&quot;. See attachment.</td>
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<td>8 3c.</td>
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<td>8 5a. 5b. 5c. 6b.</td>
<td>Students will analyze how decisions are made daily in relationships, career choices, and sports. Upon completion of discussion, students will determine the difference between needs and wants.</td>
<td>Teacher Observation Graded based on rubric. See appendix.</td>
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<tr>
<td>Enrichment/Acceleration: Students will complete Decision Scenarios to reinforce their understanding of making good decisions. See attachment.</td>
<td>Decision Scenario Worksheet</td>
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<tr>
<td>Remediation: Students will write a report or present a skit on the most important decision they feel they have made.</td>
<td>Presentation Graded based on rubric. See appendix.</td>
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Day 3: Decision Making

Materials needed:
- Flip chart or white board
- Paper
- Markers
- Copies of Easy-Difficult, pg. 21
- Copies of Decision-Making Scenarios, pg. 23
- Copies of 6 Steps for Decisions, pg. 22

Directions

Part 1: Who Influences Your Decisions?

- Distribute copies of the Easy-Difficult worksheet.
- Have students talk about some decisions they have made that day or week (i.e. what to wear to school, to study or talk on the phone the night before a test, a friend wants to copy your homework, tell your parent(s)/guardian(s) the truth).
- Have them categorize the decisions under easy or difficult.
- Ask if they had help or assistance while making any of their decisions and write down their responses (i.e. family, friends, church, TV, teacher, counselor).
- Say: This reflects your personal value system and shows who influences your life and decisions.


Part 2: Making a Decision

- Say: Making decisions is a part of every day life; we can have success in relationships, academic work, career choices and sports if we make the right decision.
- Distribute copies of the “Six Steps” worksheet.
- Read the following decision-making steps and have the student write them down on the “Six Steps” worksheet:
  1. Decide what the situation is that requires a decision.
  2. Decide what alternative decisions could be made.
  3. Decide if this is a “want” or a “need” situation and think about if you “want” or “need” to make this decision now, or if it could be made later.
  4. Gather accurate information about each decision to be made.
  5. Decide what the long-term and short-term effects (consequences) of each decision are.
  6. Make the best decision based on the information gathered.
- Divide the students into groups of three or four. Give each group a scenario listed on the scenario worksheet. Feel free to make up your own scenarios, if you choose.
- While the groups are working through the steps, walk around and assist the groups, if needed.
- Reinforce to the students that these skills are necessary to make healthy decisions in life.

Decisions, Decisions

EASY  DIFFICULT
6 Steps to Making Good Decisions

1.

2.

3.

4.

5.

6.
Decision Scenarios

1. You have a decision to make: Whether to go out with friends the night before you have to be at work early the next morning or stay at home and get rest.

2. You have a decision to make: Save money for college by putting all your extra money in a savings account or buy video games, shoes, clothes, etc.

3. You have a decision to make: Choose between a good paying job doing hard labor or work at a cool place where everybody hangs out, that pays half of what the other pays.

4. You have a decision to make: Sneaking out to a party where other kids are going to be (possibly cute college boys or older girls). You cannot tell your parents, so you have to make up a story. Or you could tell your parents the truth about where you’re going and who’s going to be there....and prepare for the lecture.

5. You have a decision to make: Hanging out at a friend’s house where parents will not be home for a few days. You know they will have alcohol and maybe marijuana there. Do you go or do you find something else to do?
Sixth Grade - Eighth Grade

Competencies:
1. Comprehend concepts related to health promotion and disease prevention. (C, PH, CH, H)

3. Demonstrate the ability to practice health enhancing behaviors and reduce health risks. (CH, PH, F, D)

4. Analyze the influence of culture, media, technology and other factors on health. (H, CH, C, PH, M)

5. Demonstrate the ability to use interpersonal communication skills to enhance health. (M, PH, D, S, D)

6. Demonstrate the ability to use goal setting and decision making skills to enhance health (Ph, N, H, F, D)

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</thead>
<tbody>
<tr>
<td>Health</td>
<td>7 1c.</td>
<td>Students will brainstorm reasons that young adults engage in unprotected sex (fear of talking about it with partner, poor planning, and use of drugs or alcohol).</td>
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<td>Science:</td>
<td>3a.</td>
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<td>Life</td>
<td>4d.</td>
<td>Teachers will present statistics proving that young adults are at a greater risk for developing STD’s. <a href="http://school.discovery.com/lessons/programs/deadlyDesires/">http://school.discovery.com/lessons/programs/deadlyDesires/</a></td>
<td>Teacher Observation</td>
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<td></td>
<td>8 1d.</td>
<td>Students will create a brochure warning peers about the dangers of engaging in unprotected sex. See <a href="http://www.cdc.org">www.cdc.org</a> for reference information.</td>
<td>Written product rubric. See appendix.</td>
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Enrichment/Acceleration:
*Note: Due to sensitive material, teacher will give specific guidelines prior to giving assignment.

Students will create scenarios in which teenagers are considering engaging in unprotected sex. Using the information gained during class discussion, the students will create
one character that will attempt to dissuade the main character from engaging in risky behaviors. Students will identify the choice, the pros and cons of both sides, and determine the most appropriate decision based on the situation.

Remediation: Students will research one STD. Students will identify methods of transmission, preventative measures, age group most likely at risk, and whether the disease or infection is curable. Students will present the information using technology such as Power Point.
Lesson Plans Library

Reality Matters
Deadly Desires

Grade level: 6-12
Subject: Health
Duration: Three class periods

Lesson Plan Sections:
- Objectives
- Materials
- Procedures
- Extensions
- Evaluation
- Vocabulary
- Academic Standards

Objectives:

Students will:
- Review statistics about teens and sexuality,
- Learn about the prevalence of sexually transmitted diseases (STDs), and
- Research and write an informational brochure on STDs.

Materials:

- Computer with Internet access
- Print and online resources about STDs
- What are some reasons teens may engage in unprotected sex? (poor planning, use of drugs or alcohol, fear of talking about it with partner)

Procedures:

1. The statistics say that teens are at great risk for developing STDs. Review some of these statistics with the class.
   - Forty-five percent of teens have had sex.
   - Of those teens who are sexually active, 30 percent have without a condom.
   - One in four sexually active teens will contract at least one
   - There are 40,000 new cases of HIV diagnosed in the U.S. each year, and three out of every five of these cases were...
during the teen years.
  o Seventy-five percent of women and half the men diag-
    chlamydia experience no symptoms.
  o Between 60 and 80 percent of people wish they'd waited
    have sex.

2. The statistics also show that most students don't understand
   to prevent their spread. To address this, they will research an
   brochure about STDs. You can divide the class into groups of t
   to work on a single brochure. Urge students to be creative in d
   the brochures and to use computer graphics programs to make
   brochures should be brief and easy to read, but also informatic
   should cover
  o what STDs are and how they are transmitted,
  o descriptions of some of the most common STDs (includir
    and why they are dangerous,
  o how STDs are treated, and
  o what to do to prevent transmission of STDs.

3. Students should use print and online resources to produce thei
   The following are helpful. Note: You may wish to preview the s
   ensure that they are appropriate for your students. Many cont;
   discussions about sex that may not be appropriate for younger
  o American Social Health Association's i wannaknow.org
    http://www.iwannaknow.org
  o Changing Bodies, Changing Lives: A Book for Teens on S
    Relationships by Ruth Bell (3rd edition, Times Book, 199
    http://www.amazon.com/exec/obidos/tp/detail/
    -/081292990X/104-6462560-94767617?v=glance
  o Go Ask Alice's Sexual Health from Columbia University
    http://www.goaskalice.columbia.edu/Cat7.html
  o Kaiser Family Foundation's National Survey of Adolescen
    Young Adults: Sexual Health Knowledge, Attitudes and E
    http://www.kff.org/youthhivstds/3218-index.cfm
  o KidsHealth: Sexually Transmitted Diseases (STDs)
    http://www.kidshealth.org/teen/sexual_health/stds/std
  o Planned Parenthood's Teenwire
    http://www.teenwire.com/
  o Scarletteen.com's Infection Section
    http://www.scarletteen.com/infection/articles.html
  o Sex. Etc.: Sexually Transmitted Infections
    http://www.sxetc.org/topics/default.asp?pid=1336&tid=

4. After the brochures are complete, have each group present its
   product to the group. Let everyone vote for the best-designed
   the easiest-to-read brochure, best overall, etc. You can give ot
   rewards to the winners. You might also consider printing up ex
   the brochures to distribute to other classes in the school.

Extensions

- For a focused study of the AIDS epidemic, visit the New York T
  Learning Network page "So Little Time: Investigating the
  the "AIDS Epidemic" at http://www.nytimes.com/learning/act
  lessons/20031015wednesday.html?searchp=learning_lessons

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activity, students take a quiz to separate myth from fact about
transmission, research the spread of AIDS in the world, and the
timeline of the disease's advance.

- Crossroads (http://www.pbs.org/pov/pov2001/5girls/crossroadsgame/index) is an online decision-making game that accompanies information activities connected with the PBS P.O.V. program "5 Girls." Although the program is about teen girls, the scenarios presented in the game are appropriate for all teens. The questions and site content aren't about teen sexuality, but it is one area of focus. The site offers resources at http://www.pbs.org/pov/pov2001/5girls.

- As pointed out in the video, most students believe "everyone" sex, when in reality, less than half are. The pressure to do what else is doing can be strong, so it's important for teens to be aware of knowledge and conviction to help them make the right choices. Students can explore how they feel about the subject, they can go to the excellent Planned Parenthood page "How Do You Know When Your Sex" at http://www.plannedparenthood.org/teen/ready4sex. Students can read some background and take a brief questionnaire, then evaluate their feelings.

**Evaluation**

Use the following three-point rubric to evaluate students' work during the lesson.

- **Three points:** Students were highly engaged in class discussion, conducted thorough research, and produced a creative and informative brochure.

- **Two points:** Students participated in class discussions, conducted adequate research, and produced an informative brochure.

- **One point:** Students participated minimally in class discussion, conducted minimal research, and produced a simplistic brochure.

**Vocabulary**

- **Chlamydia**
  
  *Definition:* Bacterial STD exhibiting few symptoms that may lead to infertility when untreated
  
  *Context:* Chlamydia is the most common STD among teens.

- **Genital Herpes**
  
  *Definition:* Also known as herpes simplex virus 2, a viral STD that can be passed to others even when no sores or symptoms are present.

- **Genital Warts**
  
  *Definition:* STD caused by human papillomavirus that causes warts on the genital area.
genitals
Context: If left untreated, genital warts may cause cervical cancer.

gonorrhea
Definition: Bacterial STD that may cause a discharge in men and symptoms in women.
Context: Serious problems such as widespread infection and infertility from untreated gonorrhea.

HIV/AIDS
Definition: HIV (humane immunodeficiency virus) is the virus that causes acquired immunodeficiency syndrome. AIDS is a disease in which the body becomes unable to fight off infections.
Context: HIV is the sexually transmitted virus that can cause AIDS, an incurable disease.

STD
Definition: Sexually transmitted disease
Context: Practicing safe-sex techniques such as using a condom can prevent STDs.

syphilis
Definition: Bacterial STD that begins with genital sores and progresses through increasingly dangerous stages.
Context: Untreated syphilis can stay in the body for years and may cause damage or severe birth defects if passed from mother to child.

Academic Standards

The National Science Education Standards provide guidelines for teaching science as well as a coherent vision of what it means to be scientifically literate. To view the standards, visit http://book.
This lesson plan addresses the following national standards:
- Science as Inquiry: Abilities necessary to do scientific inquiry
- Life Science: Structure and function in living systems; Reproduction; heredity
- Science in Personal and Social Perspectives: Personal health; F
credit

Rhonda Lucas Donald, curriculum writer, editor, and consultant
Chlamydia is a common sexually transmitted disease (STD) caused by the bacterium Chlamydia trachomatis, which can damage a woman's reproductive organs. Even though symptoms of chlamydia are usually mild or absent, serious complications that cause irreversible damage, including infertility, can occur silently before a woman ever recognizes a problem. Chlamydia also can cause discharge from the penis of an infected man.

Chlamydia can be transmitted during vaginal, anal, or oral sex. Chlamydia can also be passed from an infected mother to her baby during vaginal childbirth.

Any sexually active person can be infected with chlamydia. The greater the number of sex partners, the greater the risk of infection. Because the cervix (opening to the uterus) of teenage girls and young women is not fully matured, they are at particular high risk for infection if sexually active. Since chlamydia can be transmitted by oral or anal sex, men who have sex with men are also at risk for chlamydia infection.

If untreated, chlamydial infections can progress to serious reproductive and other health problems with both short-term and long-term consequences. Like the disease itself, the damage that chlamydia causes is often silent.

In women, untreated infection can spread into the uterus or fallopian tubes and cause pelvic inflammatory disease (PID). This happens in up to 40 percent of women with untreated chlamydia. PID can cause permanent damage to the fallopian tubes, uterus, and surrounding tissues. The damage can lead to chronic pelvic pain, infertility, and potentially fatal ectopic pregnancy (pregnancy outside the uterus). Women infected with chlamydia are up to five times more likely to become infected with HSV, if exposed.

To help prevent the serious consequences of chlamydia, screening at least annually for chlamydia is recommended for all sexually active women age 25 years and younger. An annual screening test also is recommended for older women with risk factors for chlamydia (a new sex partner or multiple sex partners). All pregnant women should have a screening test for chlamydia.

Complications among men are rare. Infection sometimes spreads to the epididymis (a tube that carries sperm from the testes), causing pain, fever, and, rarely, sterility.

Rarerly, genital chlamydial infection can cause arthritis that can be accompanied by skin lesions and inflammation of the eye and urethra (Reiter's syndrome).

There are laboratory tests to diagnose chlamydia. Some can be performed on urine, other tests require that a specimen be collected from a site such as the penis or cervix.
Sixth Grade - Eighth Grade

Competencies:

1. Comprehend concepts related to health promotion and disease prevention. (M, PH, D)

5. Demonstrate the ability to use interpersonal communication skills to enhance health. (F, H, M)

6. Demonstrate the ability to use goal-setting and decision making skills to enhance health. (N, PH, DA, F, M, H, S, D)

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<tr>
<td>Health</td>
<td>6 5b.</td>
<td>Teacher will briefly discuss with students the meaning of stress and the impact it can have on the body.</td>
<td>Participation rubric. See appendix.</td>
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<td>Science: Life</td>
<td>7 1a.</td>
<td>Students will brainstorm the causes of stress and identify positive ways in which they can handle stress.</td>
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<td>Language Art:</td>
<td>5b.</td>
<td>Teacher will write students’ positive responses to handling stress on the board, while emphasizing the powerful feelings that stress can cause if managed inappropriately.</td>
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<td>Listening, Speaking, Viewing</td>
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<td>1b.</td>
<td>Students will research ways of managing stress and write a report detailing which stress management techniques (exercise, journaling) they feel would work best for them and why.</td>
<td>Written product rubric. See appendix.</td>
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Striking Out Stress: A "Gallery Walk" Activity

Subjects
- Health
- Mental Health
- Our Bodies

Grades
- 6-8
- 9-12

Brief Description
This lesson teaches about stress and how to cope with its effects.

Objectives
Students
- identify situations that cause feelings of stress.
- determine and discuss positive/healthy ways to cope with stressful situations.

Keywords
stress, holidays, body, psychology, guidance, mental, health, cope, coping

Materials Needed
- 6 sheets of poster board (or chart paper)
- 6 crayons or magic markers
- adhesive tape
- CD or audio tape player and a selection of lively music
- chalk

Lesson Plan
Discuss with students the definition of stress. Write students thoughts on a chalkboard or chart as they express them. After a brief period of sharing, review with students the ideas they have offered.

Emphasize that stress can cause powerful feelings, as well as biological changes in the body. Allow students to brainstorm some feelings and biological changes that stress can cause. Write their responses on a board or chart.
Students responses have no doubt included ideas related to the “fight or flight” theory of stress response. If not, introduce this theory. You will find useful resources on the Internet, including the following:

- Gender Differences in Behavioral Responses to Stress
- Fight or Flight Mechanism
- The Fascinating History of Stress Theory

Next, arrange students into six groups. Position each group in an area of the classroom and tape a sheet of poster board to the wall by each group. Each poster should feature one of the headings below:

- Situations that Make Me Angry
- Situations that Make Me Frustrated
- Situations that Make Me Worry
- Situations that Make Me Happy
- Situations that Take a Lot of Time
- Situations that Take Money

Tell each group they have 1-2 minutes to write down their responses to the situation on the poster in front of them. You might play music (something lively) while the students are engaged in the activity.

When the designated time is up, have students move to the poster to their right. Allow two more minutes to respond to the situation at the top of the poster that is now in front of them.

Continue rotating until each group has had a chance to write their responses to all situations on all six posters. Then have a spokesperson from each group read the responses on the poster in front of them. Discuss similarities, insights, or perceptions related to the ideas listed. Talk about which responses are positive stressors and which are negative stressors.

Have students return to their seats. As a class, brainstorm appropriate and healthy strategies to cope with the stressful situations they wrote about. Students should take notes on those strategies. (You might provide a handout with the six headings and room for notes beneath each).

Assessment

After the activity and discussion, quiz students about appropriate strategies for dealing with stress. You might pose specific situations and have students suggest appropriate responses. Alternatively, students might role-play appropriate responses to stressful situations.

Submitted By

Andrea W. Petho, Mahwah High School in Mahwah, New Jersey

12/12/2002
Pretzels

A weekly activity that allows the exchange of compliments and criticism among the students in your class can help resolve conflicts and teach children how to properly handle conflict.

"Pretzels" is written by Ruth Sidney Cherney, author of Teaching Children to Care: Management in the Responsive Classroom and Habits of Goodness: Case Studies in the Social Curricula, and co-founder of the Northeast Foundation for Children. This article first appeared in The Foundation's newsletter, The Responsive Classroom.

I created "Pretzels" to develop stronger social skills in a particularly rambunctious first-grade class that was rife with daily tears, tattling, and teasing. I wanted a technique that allowed the children to be more perceptive of their own hurtful behaviors, while recognizing their abundant generosity at the same time.

Basically, "Pretzels" goes something like this...

SETTING THE STAGE

Before beginning, make sure you have a bag or box of pretzels (the ordinary stick variety will do) and a supply of tokens or chips with which children can barter. Gather your students in a circle, and distribute ten tokens (or chips) to each child. Announce that each token is worth one pretzel.

Begin by introducing the activity and setting the stage:

"Today, we are going to begin a new activity that has a funny name but a really serious purpose. It's called 'Pretzels,' and pretty soon you'll find out why.

"Pretzels' is a way for us to learn to be friendlier and kinder to one another in school, which I think is very serious. I believe that in order for us to do our best work, we all need to feel safe and good in school, and teachers can't make that happen alone.

"Only when we do it all together do we make it safe and good. That is what I want us to learn and that is why we are going to try this serious activity with the funny name.

"First, I see people acting in friendly and kind ways in our class. I see people help others open a thermos that is too tight. I see people say nice things like 'I like your drawing of the house.' Who else has noticed nice and friendly comments or actions?"

The children respond and the teacher records responses on a chart with the heading "Ways We Are Helpful and Friendly," for example: "Sometimes Sheila share her jump rope with me when I ask!" or "Robert gives me some of his cookies."

Pay close attention to children's kind and thoughtful acts. Teachers need to
model this behavior and incorporate its language into the classroom.

After brainstorming helpful, friendly behaviors, the teacher continues:

"Sometimes, I notice ways that you hurt each other with your words or your actions. I see people push in line. I hear name-calling and teasing. I notice tattling and bossiness. What do you notice that we do in the classroom that hurts other people and isn't kind or friendly?"

At this point, the teacher creates a new chart under the heading "Ways We Hurt Each Other." Taking care not to create a list of personal accusations, the teacher produces a list of key words, such as "unfair," "teasing," "put-downs," and "bullying," then writes down examples for each. Typical responses from the class might include: "Kids pick their friends to be on teams" or "Kids say you're stupid when you make a mistake."

Then, teacher and students review both charts together, and the teacher says, emphatically: "My goal is to help, not hurt. What is your goal? What do you think makes us all feel good and like to be in school?"

The teacher asks these questions to different children, directly. Eventually, everyone responds and agrees to a shared goal: to help and to be friendly.

Once students agree, the teacher then explains "Pretzels," which involves these simple steps:

1. Going around the circle, each student can make two statements, each accompanied by an appropriate gesture.
2. The first statement thanks someone for helping or for a special kindness that week. The student then presents a token to the person who performed the thoughtful act.
3. The second statement tells about a hurt or upset by someone in the class. The child making the statement then collects a token as a symbol of apology or reparation (from the child who committed the offense).
4. After children who wish have had a turn, the teacher allows students to cash in their tokens for pretzels.

ELEMENT OF RISK

When I first started "Pretzels," I felt that it was a risk. I wasn't sure what would happen when children were singled out consistently for hurtful behavior. I wasn't sure if there would be an increase in resentments and retaliation. I wasn't sure if children would be intimidated by the bullying or be able to confront it. Mostly, I worried that there would be far more complaints than compliments and thank-yous, and that "Pretzels" would turn into endless gripe sessions, with little affirmative relief.

Happily, with the aid of teacher modeling and reinforcement, children came to love noticing the kind and friendly contributions of their peers. They enjoyed exchanging pretzels (in the early days, we used the real things), and often volunteered extras if someone made an especially kind remark ("She made me feel good when I cried").

Children were highly observant and very specific in their comments. Clearly, they enjoyed the role of giving praise and seemed motivated to receive it from others.
You may discover, as I did, that children want particularly hurtful perpetrators to pay more. If so, allow them to create their own scale, such as three tokens for hitting or calling bad names, but just one if a person is joking when they tease, or if something was an accident.

My fear that some children would be singled out was inaccurate. One child, for example, went into "deficit-pretzels," while two others discovered the world of negative numbers. Fortunately, the perpetrators paid up, until empty-handed of all pretzels.

It also became apparent that hostilities were decreasing, not increasing. The class seemed more appeased, and the boy who racked up deficit pretzels appeared to be generally less aggressive. In fact, one week I paid him a pretzel for helping me clean and set up the paints. Other children followed suit, so that he received many pretzels for helping others out. Some time later, he exclaimed with obvious pride, "Look, Miss Charney, I got six pretzels this week!" And then he did a funny thing. He went to another child and handed over his pretzel stash. "Here, you can have these. I don't like pretzels," he said.

CONCLUSION

When children participate in "Pretzels" once a week, they learn to identify and express positive and negative feelings about each other in a ceremony that's carefully managed by the teacher.

As children proceed, they develop the courage to articulate feelings toward others without fear or embarrassment. This leads, in turn, to both assertiveness and empathy, which are foundations for mediation strategies they can apply in and out of the classroom.

In short, "Pretzels," when used successfully, functions as one of life's important rehearsals. It's a powerful tool that not only teaches children to compliment others, but to constructively criticize and call others to account in an appropriate manner.

MORE ABOUT "PRETZELS"

Goals

- Help children identify and name positive social interactions.
- Build group trust and cooperation by creating, modeling, and reinforcing friendly and kind interactions.
- Provide a safe and concrete form of appreciation when children help each other.
- Provide a safe and concrete form of reparation when children hurt each other.

Rules

- Everyone must take time to stop and think in order to recall a special kindness or hurt.
- Children may only talk about what happened during the week.
- Children may only talk about things that happen to ourselves.
- Children use a "tagger's choice" rule. If someone thinks you bothered them, it is what they feel, so you pay. You do not argue.
"Pretzels" is confidential. This means that you do not talk about what happens in the activity with other students in different classes. The teacher asks, "Will you say to your cousin in fifth grade, 'Guess what happened in Pretzels today!'?

"Pretzels" is over when everyone who wishes has taken a turn and the teacher announces "Pretzels is closed." Discussions are finished.

If some children have difficulty following rules at first, the teacher exempts them from the group, allowing them to observe but not to participate. In some cases, it is useful to set up a "pretzel bank," which accepts and pays out pretzel credits on behalf of non-participants. Usually, after one or two observations, non-participants will rejoin the group and act appropriately.

Suggestions

During the first few weeks, focus on positive comments and rewards only. Later, use judgement as to when to allow negative comments and reparations, if at all. Dealing with negative allegations requires considerable teacher expertise. Some teachers use "Pretzels" successfully all year long without advancing to negative issues.

Do not use candy or sweet snacks, as these may have unwanted psychological implications. You can, if you wish, eliminate tokens and have children exchange items directly. If using snack items in this manner, do so only if they are individually packaged. For health reasons, it's best to avoid exchanging unwrapped food items.

This description of "Pretzels" is adapted from Teaching Children to Care: Management in the Responsive Classroom by Ruth Sidney Chamey (Northeast Foundation for Children, 1992, pp.89-92).

Related Resources

MORE ABOUT THE NORTHEAST FOUNDATION FOR CHILDREN
The Northeast Foundation for Children, a private, non-profit educational foundation, works to improve the quality of classroom teaching through its professional development programs, summer workshops, long-term collaborations, and teacher resources. The foundation operates a K-8 laboratory/demonstration school, The Greenfield Center School, in Greenfield, Massachusetts, as a place to try new methodology and classroom practices in furtherance of the Foundation's goals. The Center School provides opportunities for educators to see developmentally appropriate teaching practices and the various components of The Responsive Classroom's social curriculum integrated in a mixed-age classroom.

MORE ABOUT THE FOUNDATION'S NEWSLETTER: THE RESPONSIVE CLASSROOM
In addition, the foundation publishes The Responsive Classroom, a newsletter for teachers, three times a year (January, April, and August). Subscriptions are free to educators. To initiate a subscription, register online at http://www.responsiveclassroom.org/subscribe/subscribe.asp.
Sixth Grade - Eighth Grade

Competencies:

1. Comprehend concepts related to health promotion and disease prevention. (M, PH, D, H, DA, C)

5. Demonstrate the ability to use interpersonal communication skills to enhance health (F, H, M)

6. Demonstrate the ability to use goal setting and decision making skills to enhance health. (N, PH, D, F, M, H, S, DA)

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<th>Integrated Instruction (with strands)</th>
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<th>Suggested Teaching Strategies</th>
<th>Suggested Assessment Methods</th>
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<td>Health</td>
<td>6 5a.</td>
<td>Teacher will discuss with students effective communication skills and strategies that can be used to manage anger. Upon completion, teacher will begin the balloon activity (see attachment) where students will demonstrate their levels of tension by blowing air in balloons. <a href="http://dave_esc4.net/lessons/search/detail.aspx?pageIndex=0&amp;lessonId=286">http://dave_esc4.net/lessons/search/detail.aspx?pageIndex=0&amp;lessonId=286</a></td>
<td>Teacher Observation</td>
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<td>Science: Life</td>
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<td>Language Arts: Listening, Speaking</td>
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<td>English Health Classes</td>
<td>7 5a.</td>
<td>Students will define stress, while determining the results of stress, and discover positive techniques used for coping with and reducing stress. Teacher will write “STRESS” vertically on the board. Students will suggest ways to relieve stress that begins with the letters in the word. Students will share their definitions of stress with the class. Enrichment/Acceleration: Students will interview a local doctor about the correlation between excess stress and illness. Remediation: In pairs, students will use class notes and the internet to identify the definition, causes, and effects of stress.</td>
<td>Teacher Observation</td>
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<td>Art</td>
<td>Health</td>
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<td>Students will explore the concepts of self esteem and contemplate the role that self esteem has in a healthy life.</td>
<td>Teacher Observation</td>
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<td>After discussing strengths, weaknesses, goals and personalities, the teacher will have the students complete a personal inventory that will enable them to recognize better self understanding.</td>
<td>Personal Inventories</td>
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<td>Upon completion of inventory, students will create a collage, drawing or essay that they feel illustrates who they are.</td>
<td>Collages, artwork, or essays</td>
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<td>Students will share their work with the class.</td>
<td>Essay would be graded based on rubric</td>
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Objectives

Students will do the following:
1. Explore the concept of self-esteem
2. Analyze their personal strengths and weaknesses
3. Consider the role self-esteem plays in a healthy life

Materials

The class will need the following:
- paper and pencils
- newsprint and markers
- construction paper and colored pencils
- old magazines
- scissors and glue
- computer with Internet access (optional but very helpful)

Procedures

1. Ask students to define the term self-esteem. Write their ideas on a sheet of newsprint. Help students understand that self-esteem refers to how we understand and value ourselves.

People with high self-esteem are realistic about their strengths and weaknesses and are able to set goals and work toward them with optimism and humor. They also feel competent in areas they consider important and do not take other people’s negative impressions of them too seriously.

People with low self-esteem have a hard time honestly evaluating their strengths and weaknesses and often have an unrealistic, overall negative impression of themselves. They take other people’s opinions of their strengths and weaknesses more seriously than they should. Also, they do not feel competent in areas they consider important. People with low self-esteem tend to be pessimistic.

For more information about research on self-esteem, visit the following Web sites:

National Association for Self Esteem

The Self Esteem Institute

Tell students that an important first step in building self-esteem is taking a realistic look at their strengths and weaknesses and
likes and dislikes. This helps them know what goals are realistic to pursue, what aspects of their personality and lifestyle to seek to improve, and how to identify their weaknesses without worrying about how others perceive them. Tell students that self-knowledge helps lay the foundation for high self-esteem.

2. Then tell students they are going to complete a personal inventory during this lesson to help them achieve better self-understanding. Tell students to follow the directions, filling in blanks or checking the answers that apply to them. You may copy the inventory for students, read it out loud, or write it on a piece of newsprint and post it in the classroom.

Personal Inventory

School Subjects

1. I like ________________.
2. I do not like ________________.
3. I am good at ________________.
4. I am not good at ________________.
5. I am good at this subject, but I do not like it: ________________.
6. I am not good at this subject, but I like it: ________________.

Activities

1. I like ________________.
2. I do not like ________________.
3. I am good at ________________.
4. I am not good at ________________.
5. I am good at this activity, but I do not like it: ________________.
6. I am not good at this activity, but I like it: ________________.
7. I prefer being involved in individual activities ____ or group activities ____. (Check one.)

Relationships with Friends and Adults (Check the statements that apply to you.)

1. I am generally well liked: ________________.
2. I am generally not well liked: ________________.
3. I have a group of friends: ________________.
4. I prefer having one or two friends: ________________.
5. I am a leader: ________________.
6. I am a follower: ________________.
7. I prefer people who like the same things I like: ________________.
8. I prefer people who like different things: ________________.
9. I have the support of significant adults in my life: ________________.
10. I have the support of a group of peers: ________________.
Food Preferences

1. I like to eat __________.
2. I do not like to eat __________.
3. I do ___ do not ____ eat a balanced diet. (Check one.)

Relaxing

1. I relax by __________.
2. I like relaxing alone ___ or with other people ___.
   (Check one.)
3. After this activity, I always feel calm and peaceful.

3. Give students ample time (it should not take more than 10 or 15 minutes) in class to complete the inventory. Then ask students to take the information they learned about themselves and create a drawing, collage, or short essay that illustrates who they are. Make available paper, art supplies, and magazines to cut up. Give students about 20 minutes to complete their projects.

4. During the next class period, ask for student volunteers to share their artwork or essays, and their personal reflections, with the class.

5. Ask students what they learned about themselves? How can they apply this information to their lives? How does it affect the goals they set for themselves? Tell them that understanding their own strengths, weaknesses, and preferences is essential in boosting their self-esteem.

6. Conclude the lesson by asking students what role they think self-esteem plays in leading a healthful life. If students feel good about themselves, do they think they will make good decisions about friends; diet; exercise; sex and abstinence; dangerous habits such as drugs, smoking, and drinking; and overall work habits? Why do they think this is so? Help students understand that if they feel good about themselves, they will want to take care of themselves.

Discussion Questions

1. Using what you learned about yourself from the inventory, do you think you have high self-esteem or low self-esteem? What is one thing you can do to build your self-esteem? (Be sure to tell students that they need not share this information with anyone. These are questions that they can think about as they begin to learn more about themselves.)

2. What do you think the relationship is between self-esteem and becoming involved with drugs, alcohol, or a potentially bad crowd at school? Do you think that a person with high self-esteem or low self-esteem would be more likely to do those
things? Give reasons to support your ideas.

3. Do you have a friend who has low self-esteem? What are some of the signs of low self-esteem? What could you do to help your friend raise his or her self-esteem?

**Evaluation**

Use the following three-point rubric to evaluate students' involvement in class discussions, their attitude toward completing a personal inventory, and the quality of their projects:

- **Three points:** was highly engaged in class discussions; demonstrated positive attitude toward completing the personal inventory; created a realistic project highlighting the results of the inventory.
- **Two points:** was moderately engaged during class discussions; demonstrated mostly positive attitude toward completing the personal inventory; created a project that highlighted some key points from the inventory.
- **One point:** was not engaged during class discussions; demonstrated negative attitude toward completing the personal inventory; was not able to produce a project highlighting the results of the inventory.

**Extensions**

**Self-Esteem Builders**

Have students develop a community service project that may also help them build their self-esteem. For example, students can tutor a younger child, help coach an elementary school sports team, or assist in an arts and crafts program for young children. Have students keep a log of the progress of the child they are assisting. Make sure your students note how the child they are assisting felt about his or her abilities when they first started and whether their attitude changed over the course of a couple of months. Encourage students to notice signs of improved ability in the subject or activity, such as more facility in reading, better performance on the sports field, or more proficiency in crafts.

Then ask students to observe signs of improved self-esteem, such as more self-confidence or a more optimistic outlook. Do students see a correlation between improved competence in a specific area and greater self-esteem? Are their own findings consistent with the definition of self-esteem they learned about in this lesson? Aside from helping the younger child improve his or her skills, what else did they do to elevate the child's self-esteem?

**Suggested Readings**
A Risky Prescription: Sports and Health
Filled with examples of world-class athletes, color photographs and
highlighted insets, this book explores the differences between
healthy and unhealthy practices in sports. Chapters focus on the
psychology of competition, drug use (legal and illegal), nutrition,
and sports injuries. This is a well-balanced presentation of an
important topic.

The Student Athletes Handbook: The Complete Guide for
Success
Are you a high school athlete who would like to compete in college?
If so, this book is written for you. The first section focuses on how
to apply to college athletic programs and how to prepare for the
college experience. The second section focuses on the college
years, providing information on how to perform well both
academically and athletically and offering advice on making
decisions about pursuing a professional sports career. The NCAA
(National Collegiate Athletic Association) Guide for the Student
Athlete is included in an appendix, as is a listing of sports played at
the college level.

Vocabulary

high self-esteem
Definition: A realistic, honest, and healthy view of oneself.
Context: Even though Mary was not good at soccer, she enjoyed
playing it very much, and did not let her inadequacies affect her
high self-esteem.

low self-esteem
Definition: An overall pessimistic and negative view of oneself.
Context: Carolyn was always devastated if she received criticism
at school because she had very low self-esteem.

personal inventory
Definition: A tool used to determine an individual's strengths,
weaknesses, likes and dislikes.
Context: After taking a personal inventory, Jake realized he
loved music and got so much pleasure from playing the guitar that
he didn't care if he wasn't the best in the band.

Standards

The following standards are from the American Association for
Health Education for students in grades six through eight:

1. Students will demonstrate the ability to practice health-
   enhancing behaviors and reduce health risks.
2. Students will demonstrate the ability to advocate for personal, family, and community health.

This lesson plan adheres to the standards set forth in the *National Science Education Standards*, in particular the category Science in Personal and Social Perspectives.
1. Give each student 5 dried beans. Ask them to examine the beans and choose the "Best" bean. Don't give them any other information.

2. After 5 minutes, have some or all of the students to explain how they chose their "Best" bean.

3. Relate the beans to people by asking the following questions:
   a. Are all of your beans the same on the inside?
   b. Are all people the same on the inside?
   c. When we eat the beans, so all the beans taste the same?
   d. Imagine you are hanging off a cliff and are desperately clinging to a few blades of grass that are pulling loose from the ground. Suddenly, a hand appears from above to rescue you. Would you wait to see what that person looked like before you reached for help?
   e. Is one bean better than another?
   f. Is one person better than another?

4. Have students fold a piece of paper in half lengthwise. On one side, ask them to list all the things they don't like about themselves. On the opposite side, have them list the things they like about themselves. Ask the students to compare the two lists. Ask them why it was more difficult to list the things they liked about themselves.

5. Brainstorm what influences their feelings about themselves. (Parents, Family, TV, Magazines, etc.)


8. Evaluate the scores at the end and discuss.

9. Ask the class to brainstorm causes for low self-esteem.

10. After they have made suggestions, ask them when self-esteem begins to form.

11. Have students write a paragraph explaining this statement. "You can't love others until you love yourself."

12. Explain how self-esteem affects relationships with others.

13. Discuss the self-esteem of Miss Piggy from Sesame Street.
   a. How does Miss Piggy feel about herself?
   b. What are some of her flaws?
   c. Why do we like Miss Piggy?
   d. How would Miss Piggy act if she didn't have a high self-esteem?
   e. Would the Miss Piggy character be as interesting if she had a low self-esteem? Why?

14. Break students into groups and ask them to role play the following situations.
   a. a parent makes hurtful statements to a child which would cause low self-esteem.

Self-Esteem

b. the appearance of a person with low self-esteem
c. the appearance of a person with high self-esteem
d. friends encouraging a person who has low self-esteem
e. a person with low self-esteem and a person with high self-esteem applying for the same job
f. the appearance of a person with high self-esteem


16. Have students write a paragraph on how they can raise the self-esteem of others. Read several aloud.
Lesson Plan Detail

"STOMP OUT STRESS!"

LESSON OVERVIEW
Students define stress, consider results of stress, and explore positive techniques for coping with and reducing stress.

OBJECTIVE
D. Practice Personal Plan
3. Develop personal goals based on individual abilities and interests, including:
   f. avoiding drugs and violence

ACTIVITIES-STRATEGIES
Define emotional stress (mental tension caused by worry, fear, confusion.) Explain that stress keeps us from thinking clearly and that sometimes problems result from bad judgment or poor decision making during times of stress. For example, when problems arise at home, a person may try to escape by using alcohol or other drugs. But instead of solving problems, drug use only causes more problems. Emphasize that we must learn how to cope with the stressful situations that arise in our lives without resorting to the use of alcohol or drugs. Ask students to name ways of coping with different kinds of problems. Point out that every person reacts differently to stress. While some people can relieve stress by exercising or playing games with friends, other people may need to talk to someone about what is causing the stress. Emphasize that using drugs makes little problems look like big ones. Using the Teacher Resource Sheet "Acrostics" as a guide, compose an acrostic by writing the word "stress" vertically down one side of the chalkboard. Ask students to suggest ways to relieve stress that begin with the letters in the word. Ask students to complete the Student Activity Sheet "Handling Problems." Ask for volunteers to read their answers aloud. Let students respond to the answers with any additional ideas or suggestions for different ways they would cope with the problem. Conduct the relaxation exercises described in the Teacher Resource Sheet "Relaxation Technique."

ASSESSMENT
Student identifies mental and physical changes in stress; identifies positive and negative effects of stress on one's physical and mental well-being; describes possible solutions to stress; describes the effect of drug use on stress.

RESOURCES-MATERIALS
Teacher Resource Sheet: "Acrostics"
Teacher Resource Sheet: "Relaxation Technique"
Student Activity Sheet: "Handling Problems"

TEACHER TIP
Some students may be too embarrassed to discuss problems they have had. A few non-threatening suggestions would be appropriate here so they will feel more comfortable mentioning the problem.

TEKS OBJECTIVES
No TEKS Objectives where provided for this resource.

DOWNLOADABLE RESOURCES
Teacher Resource Sheets File Size: 11.59 KB
Lesson Plan Detail

"DON'T BLOW-UP!"

LESSON OVERVIEW
Students represent levels of tension by blowing air in balloons. They practice stress releasing alternatives and compare their change in response (coping) to the first activity. They learn that coping helps avoid a build up of tension and vent (reduce) anger.

OBJECTIVE
C. Acquire Skills and Strategies
   1. Identify and practice effective communication skills and strategies to:
      a. manage anger

ACTIVITIES-STRATEGIES
Distribute two balloons to each student. Present the first situation from the Teacher Resource Sheet "Angry Situations." Instruct students to choose one of the balloons and inflate it according to the level of tension the situation might create for them and how angry that situation might make them feel (very angry = three breaths, a little angry = one breath). Repeat the above process for each situation, continuing to use the first balloon. When all situations have been read, instruct the class to tie their first balloons and write "#1" on them with a marker. Using the Teacher Resource Sheet "Dealing With Anger" as a guide, ask the students to brainstorm a list of methods and skills people can use to release anger, frustration, and embarrassment. When faced with tension-producing situations again, students should feel less inclined to demonstrate all their tension as anger. Read through the situations again, and ask students to remember examples of calmer methods for dealing with anger from the brainstormed list. This time, instruct students that they should either blow air in or let air out of the second balloon (showing a release of tense feelings), depending on the method chosen to deal with the situation. After all situations have been read, instruct the class to tie their second balloon and write "#2" on it. Instruct students to compare the size of the first balloon to the second. Ask students to explain how coping methods might allow people to reduce their anger level and avoid violence.

ASSESSMENT
Student evaluates the tension situation then practices tension releasing strategies.

RESOURCES-MATERIALS
* Teacher Resource Sheet: "Angry Situations"
* Balloons (two per student) Permanent
* Teacher Resource Sheet: "Dealing With Anger"

TEACHER TIP
Choose balloons that are very elastic and students this age to tie in a knot. You may demonstrate balloon knot tying before.

TEKS OBJECTIVES
115.6 (b) (4.10) (C)

DOWNLOADABLE RESOURCES
Teacher Resource Sheets
File Size: 1.40 MB
Angry Situations

When you are:

1.) Picked on.

2.) Yelled at.

3.) Belittled or embarrassed.

4.) Talked badly about or put down.

5.) Ignored at school.

6.) Pressured to do something you do not want to do.

7.) Struck by another student.
<table>
<thead>
<tr>
<th>Enrichment/Acceleration: Students will sprint two hundred meters. Students will consider how smoking, like sprinting, makes breathing difficult. Students will create an interactive analogy between smoking and respiratory difficulties.</th>
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</thead>
<tbody>
<tr>
<td>Remediation: Students will pretend they caught a five-year-old brother or sister smoking. Students will use the knowledge gained in class to convince the sibling that smoking is hazardous to one’s health.</td>
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</tbody>
</table>
Every day in the United States, more than 3,000 young people become regular smokers—that's more than one million new smokers a year.1

After years of remaining steady, teen smoking rates have increased each year since 1992. In 1996, 22.2% of high school seniors smoked daily—up from 17.2% in 1992. Between 1991 and 1996, past-month smoking increased from 14.3% to 21.0% among eighth graders and from 20.8% to 30.4% among tenth graders.2

More than 5 million young people under the age of 18 who are currently alive will die prematurely from a smoking-related disease.3

In adults, cigarette smoking causes heart disease and stroke. Studies have shown that early signs of the blood vessel damage present in these diseases can be found in adolescents who smoke.4

Starting smoking at an early age greatly increases the risk of lung cancer. A person’s risk for most other smoking-related cancers also rises with the length of time that a person smokes.5

Teenage smokers suffer from shortness of breath almost three times as often as teens who don’t smoke and produce phlegm more than twice as often as teens who don’t smoke.6

Smokeless tobacco use among youth is a continuing problem. Data from recent school-based surveys indicate that about one in every five male students in 9th through 12th grades uses smokeless tobacco.7 Smokeless tobacco can cause gum disease and cancer of the mouth, pharynx, and esophagus.8 It may also increase the risk of heart disease and stroke.9

In 1991, teenage cigarette smokers consumed an average of 28.3 million cigarettes per day (516 million packs per year). During this same period, an estimated 225 million packs of cigarettes were sold illegally to young people under the age of 18. The tobacco industry generated approximately $190 million in profit from the illegal sale of cigarettes to minors in 1991.10

In 1995, approximately 57% of students in grades 9 - 12 who currently smoked usually bought their cigarettes from a retail store,
Dealing With Anger

• Count to 10.
• Take a deep breath. Let breath out slowly.
• Stand firm in your belief.
• Seek help from a trusted adult.
• Leave the situation
Sixth Grade - Eighth Grade

Competencies:

1. Comprehend concepts related to health promotion and disease prevention (M, PH, D, H, DA, C)

2. Demonstrate the ability to obtain valid health information (CH, PH, C)

3. Demonstrate the ability to practice health enhancing behaviors and reduce health risks. (S, D, PH, N, M, DA)

7. Demonstrate the ability to advocate personal, family, and community health (C, CH, F, S, D).

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<tr>
<th>Health</th>
<th>7 1f.</th>
<th>Teacher will discuss with students the tips that are provided from the CDC website on “Teens and Tobacco Facts Not Fiction”. Students will create a bar or pie graph that depicts various percentages of smoking among age groups.</th>
<th>Visual product rubric. See appendix</th>
</tr>
</thead>
<tbody>
<tr>
<td>Science:</td>
<td>8 3b.</td>
<td>Students will determine the contents of cigarettes and effects of nicotine.</td>
<td>Teacher Observation</td>
</tr>
<tr>
<td>Life</td>
<td>3e.</td>
<td><a href="http://www.cdc.gov/tobacco/tips_4_youth/stand.htm">www.cdc.gov/tobacco/tips_4_youth/stand.htm</a></td>
<td></td>
</tr>
<tr>
<td>Language</td>
<td>7d.</td>
<td>Teacher will discuss the effects that smoking has on athletes -- <a href="http://www.cdc.gov/tobacco/educational_materials/yuthfax1.htm">www.cdc.gov/tobacco/educational_materials/yuthfax1.htm</a></td>
<td>Written Report Graded based on rubric. See appendix</td>
</tr>
<tr>
<td>Arts:</td>
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<td>Students will write a paper on the effects that nicotine has on athletes.</td>
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