Health Education Content Standards for California Public Schools

Grade Four
When the *Health Education Content Standards for California Public Schools, Kindergarten Through Grade Twelve* was adopted by the California State Board of Education on March 12, 2008, the members of the State Board were the following: Theodore Mitchell, President; Ruth Bloom, Vice President; James Aschwanden; Alan Bersin; Yvonne Chan; Gregory Jones; David Lopez; Kenneth Noonan; Johnathan Williams; and Monica Liu.

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Notice
The guidance in Health Education Content Standards for California Public Schools, Kindergarten Through Grade Twelve is not binding on local educational agencies or other entities. Except for the statutes, regulations, and court decisions that are referenced herein, the document is exemplary, and compliance with it is not mandatory. (See Education Code Section 33308.5.)
A Message from the State Board of Education and the State Superintendent of Public Instruction

Good health and academic success go hand in hand. Healthy children make better students, and better students become healthy, successful adults who are productive members of their communities. Comprehensive health education that addresses the physical, mental, emotional, and social aspects of health teaches students how to maintain and improve their health; prevent disease; reduce health-related risk behaviors; and develop health knowledge, attitudes, and skills that foster academic achievement, increase attendance rates, and improve behavior at school.

As with students throughout the United States, California’s students are facing increasingly serious challenges to good health: obesity and diabetes are rising at alarming rates; asthma continues to be a leading cause of student absences; and too many adolescents continue to make choices that negatively impact their lives. It is essential that students learn how to manage health problems they already face and to avoid additional health problems in the future. Students need health education.

Quality health education programs help students achieve their highest academic potential. The Health Education Content Standards for California Public Schools, Kindergarten Through Grade Twelve provides guidance on the essential skills and knowledge that students should have at each grade level. Local educators are encouraged to apply these standards when developing curricular and instructional strategies for health education and other interdisciplinary subjects.

Recognizing the significant impact of health on academic achievement, we must do everything possible to improve the quality of health education in California schools. The health education content standards represent our commitment to promoting excellence in health education for all students.

THEODORE R. MITCHELL
President, State Board of Education

JACK O’CONNELL
State Superintendent of Public Instruction
Introduction

Health education is a continuum of learning experiences that enables students, as individuals and as members of society, to make informed decisions, modify behaviors, and change social conditions in ways that are health enhancing and increase health literacy. The health education standards define the essential skills and knowledge that all students need in order to become “health literate”; they represent a strong consensus of the essential knowledge and skills that students should have at specific grade levels, from kindergarten through grade twelve, in California’s public schools. The health education standards also reflect California’s commitment to health education and serve as a basis for learning assessments, the Health Framework for California Public Schools, and instructional resources and materials. Standards do not prescribe methods of instruction.

A primary goal of the health education standards is to improve academic achievement and health literacy for all students in California. Four characteristics are identified as essential to health literacy. Health-literate individuals are:

- Critical thinkers and problem solvers when confronting health problems and issues
- Self-directed learners who have the competence to use basic health information and services in health-enhancing ways
- Effective communicators who organize and convey beliefs, ideas, and information about health issues
- Responsible and productive citizens who help ensure that their community is kept healthy, safe, and secure

These four essential characteristics of health-literate individuals are woven throughout the health education standards.

Background of the Standards

In October 2005, Assembly Bill (AB) 689, cosponsored by State Superintendent of Public Instruction (SSPI) Jack O’Connell, was signed into law by Governor Arnold Schwarzenegger, adding Section 51210.8 to the California Education Code (EC); that section required the State Board of Education (SBE), based on recommendations from the SSPI, to adopt content standards for health education. The health education standards shape the direction of health education instruction for children and youths in California’s public schools: they provide school districts with fundamental tools for developing health education curricula and improving student achievement in this area; and they help ensure that all students in kindergarten through high school receive high-quality health education instruction, providing students with the knowledge, skills, and confidence to lead healthy lives.

Health education has undergone a paradigm shift over the last 15 years. It has evolved from a primarily knowledge-based subject to a focused, skills-based subject. This shift came about as data from national and state surveys—including the California Healthy Kids Survey—indicated that although youths had knowledge of what was harmful to their health, they did not have the skills to avoid risky behaviors. The students understood why certain behaviors could and would cause harm, but they still engaged in risky behaviors.

The focus in the health education standards is on teaching the skills that enable students to make healthy choices and avoid high-risk behaviors. Eight overarching standards describe essential concepts and skills; they are taught within the context of six health content areas. Each skill is learned and practiced specific to the content area and behavior.
An Essential Discipline

Health education is an integral part of the education program for all students. Grounded in the body of sound education research, the health education curricula in local school districts should be organized into a scope and sequence that support the development and demonstration of increasingly sophisticated essential knowledge, attitudes, and skills. A comprehensive health education program is designed to promote healthy living and discourage health-risk behaviors among all students.

Sound health education programs include structured learning opportunities that engage students as active learners. Through quality instructional approaches, learners increase essential knowledge and are encouraged to compare and contrast their beliefs and perceptions about health issues. Schools are in a unique and powerful position to improve health outcomes for youths. Today’s young people are confronted with health, educational, and social challenges not experienced to the same degree by previous generations; violence, alcohol and other drug use, obesity, unintended pregnancy, sexually transmitted diseases (STDs), and disrupted family environments can compromise academic success and health. Students should have an opportunity to practice essential skills to maintain healthy lifestyles. Such a foundation is reflected in the health education content standards.

Teachers and school districts are encouraged to enrich their students’ instructional environments and learning opportunities by:

- Using standards-based, theory-driven, and research-based approaches to health instruction
- Identifying and collaborating with appropriate community and health agencies
- Cultivating meaningful parent involvement in health education
- Focusing instruction on essential knowledge and skills that will foster health-risk reduction among students

Overarching Content Standards and Rationales

The eight overarching health content standards for kindergarten through grade twelve are presented below, along with the rationale for each standard.

Standard 1: Essential Health Concepts

All students will comprehend essential concepts related to enhancing health.

Rationale: Understanding essential concepts about the relationships between behavior and health provides the foundation for making informed decisions about health-related behaviors and for selecting appropriate health products and services.

Standard 2: Analyzing Health Influences

All students will demonstrate the ability to analyze internal and external influences that affect health.

Rationale: Health choices are affected by a variety of influences. The ability to recognize, analyze, and evaluate internal and external influences is essential to protecting and enhancing health.
Standard 3: Accessing Valid Health Information
All students will demonstrate the ability to access and analyze health information, products, and services.

Rationale: Students are exposed to numerous sources of information, products, and services. The ability to access and analyze health information, products, and services provides a foundation for practicing health-enhancing behaviors.

Standard 4: Interpersonal Communication
All students will demonstrate the ability to use interpersonal communication skills to enhance health.

Rationale: Positive relationships support the development of healthy attitudes and behaviors. The ability to appropriately convey and receive information, beliefs, and emotions is a skill that enables students to manage risk, conflict, and differences and to promote health.

Standard 5: Decision Making
All students will demonstrate the ability to use decision-making skills to enhance health.

Rationale: Managing health behaviors requires critical thinking and problem solving. The ability to use decision-making skills to guide health behaviors fosters a sense of control and promotes the acceptance of personal responsibility.

Standard 6: Goal Setting
All students will demonstrate the ability to use goal-setting skills to enhance health.

Rationale: The desire to pursue health is an essential component of building healthy habits. The ability to use goal-setting skills enables students to translate health knowledge into personally meaningful health behaviors.

Standard 7: Practicing Health-Enhancing Behaviors
All students will demonstrate the ability to practice behaviors that reduce risk and promote health.

Rationale: Practicing healthy behaviors builds competence and confidence to use learned skills in real-life situations. The ability to adopt health-enhancing behaviors demonstrates students’ ability to use knowledge and skills to manage health and reduce risk-taking behaviors.

Standard 8: Health Promotion
All students will demonstrate the ability to promote and support personal, family, and community health.

Rationale: Personal, family, and community health are interdependent and mutually supporting. The ability to promote the health of oneself and others reflects a well-rounded development and expression of health.
Grade-Level Recommendations and Content Areas

The health education standards are organized into six health content areas:

- Nutrition and Physical Activity
- Growth, Development, and Sexual Health
- Injury Prevention and Safety
- Alcohol, Tobacco, and Other Drugs
- Mental, Emotional, and Social Health
- Personal and Community Health

Health education standards are to be achieved by all students in kindergarten and grades one through twelve. To enhance the quality and depth of health instruction, some health content areas are not recommended for every grade level. Districts are encouraged to add content areas for additional grade levels depending on local health priorities.

The health education standards represent **minimum** requirements for comprehensive health education. Local educational agencies (LEAs) that accept federal Title IV Safe and Drug-Free Schools and Communities funds or state Tobacco-Use Prevention Education funds are required to comply with all assurances and conditions associated with the acceptance of such funds.

Grade-Level Assignments for Content Areas

The chart below summarizes the minimum recommended grade-level assignments for each of the six content areas.

The health education standards provide guidance for developing health education curricula; they identify what each student in California should know and be able to do at each grade level. With adequate instruction and sustained effort, students in every school should be able to achieve the standards. Some students with special needs may require appropriate accommodations, adaptations, and modifications to meet the standards. Decisions about how best to teach the standards are left to teachers, schools, and LEAs.

<table>
<thead>
<tr>
<th>Grade-Level Emphasis</th>
<th>Nutrition and Physical Activity</th>
<th>Growth, Development, and Sexual Health</th>
<th>Injury Prevention and Safety</th>
<th>Alcohol, Tobacco, and Other Drugs</th>
<th>Mental, Emotional, and Social Health</th>
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Grade Four

Nutrition and Physical Activity

Standard 1: Essential Concepts

1.1.N Identify and define key nutrients and their functions.
1.2.N State the recommended number of servings and serving sizes for different food groups.
1.3.N Describe the relationship between food intake, physical activity, and good health.
1.4.N Identify how to keep food safe through proper food preparation and storage.
1.5.N Explain how food can contain germs that cause illness.
1.6.N Explain the importance of drinking plenty of water, especially during vigorous physical activity.
1.7.N Describe the benefits of moderate and vigorous physical activity.
1.8.N Identify ways to increase and monitor physical activity.

Standard 2: Analyzing Influences

2.1.N Identify internal and external influences that affect food choices.
2.2.N Analyze advertising and marketing techniques used for food and beverages.
2.3.N Identify internal and external influences that affect physical activity.

Standard 3: Accessing Valid Information

3.1.N Identify resources for valid information about safe and healthy foods.
3.2.N Use food labels to determine nutrient and sugar content.

Standard 4: Interpersonal Communication

4.1.N Demonstrate effective communication skills to ask for healthy food choices.

Standard 5: Decision Making

5.1.N Describe how to use a decision-making process to select nutritious foods and beverages.
5.2.N Describe how to use a decision-making process to select healthy options for physical activity.

Standard 6: Goal Setting

6.1.N Make a plan to choose healthy foods and beverages.
6.2.N Make a plan to choose physical activities at school and at home.
Standard 7: Practicing Health-Enhancing Behaviors

7.1.N Practice how to take personal responsibility for eating healthy foods.
7.2.N Practice how to take personal responsibility for limiting sugar consumption in foods, snacks, and beverages.
7.3.N Identify ways to establish and maintain healthy eating practices consistent with current research-based guidelines for a nutritionally balanced diet.
7.4.N Practice how to take personal responsibility for engaging in physical activity.

Standard 8: Health Promotion

8.1.N Support others in making positive food and physical activity choices.

Injury Prevention and Safety

Standard 1: Essential Concepts

1.1.S Describe safety hazards, including those related to fire, water, dangerous objects, being home alone, and using the Internet.
1.2.S Identify behaviors that may lead to conflict with others.
1.3.S Describe the different types of bullying and harassment.
1.4.S Examine the effects of bullying and harassment on others.
1.5.S Identify basic safety guidelines associated with weather-related emergencies and natural disasters (e.g., floods, earthquakes, and tsunamis).
1.6.S Identify disaster preparedness procedures at home, at school, and in the community.
1.7.S Describe ways to seek assistance if worried, abused, or threatened.
1.8.S Explain the dangers of having weapons at school, at home, and in the community.¹
1.9.S Explain the importance of wearing helmets, pads, mouth guards, water safety vests, and other safety equipment during athletic and outdoor activities.
1.10.S Define a gang and how it is different from a club, sports team, or clique.
1.11.S Describe the dangers of gang activity.
1.12.S Identify positive alternatives to gang activity.
1.13.S Demonstrate proper lifting and carrying techniques for handling heavy backpacks and book bags.
1.14.S Identify personal protection equipment needed for sports and recreational activities (e.g., mouthpieces, pads, helmets).
1.15.S Explain what to do if someone is poisoned (e.g., by household cleaning or paint products): call 9-1-1, a poison control center, or other local emergency number.

¹ See Education Code (EC) Section 49330 and the Glossary for the legal definition of a weapon.
1.16.S Identify ways to reduce risk of injuries from fires, around water, while riding a motor vehicle, as a pedestrian, on the playground, and from falls.
1.17.S Identify ways to prevent vision and hearing damage.
1.18.S Explain how courtesy, compassion, and respect toward others reduce conflict and promote nonviolent behavior.
1.19.S Demonstrate escape strategies for cases of inappropriate touching or attempted abduction.

Standard 2: Analyzing Influences
2.1.S Analyze how emotions contribute to both safe and violent behaviors.
2.2.S Examine the influence of violence in media and technology on health behavior.
2.3.S Explain that most young people do not use violence to deal with problems.

Standard 3: Accessing Valid Information
3.2.S Demonstrate how to access emergency services and communicate effectively with emergency personnel.
3.3.S Identify safe people and places to go to if feeling unsafe or threatened (e.g., school counselor, police department, fire department).
3.4.S Identify trusted adults to report to if people are in danger of hurting themselves or others.
3.5.S Demonstrate how to dial 9-1-1 or other emergency numbers and how to provide appropriate information.
3.6.S Demonstrate the ability to read and follow labels of common household products concerning dangers and safe use, storage, and proper disposal.

Standard 4: Interpersonal Communication
4.1.S Demonstrate the ability to use refusal skills in risky situations.
4.2.S Practice effective conflict resolution techniques with others.
4.3.S Report bullying, harassment, and other dangerous situations.
4.4.S Demonstrate refusal skills to avoid gang involvement.
4.5.S Demonstrate what to say and do when witnessing bullying.

Standard 5: Decision Making
5.1.S Evaluate strategies to avoid potentially dangerous situations.
5.2.S Examine the consequences of bullying and harassment.
5.3.S Analyze the benefits of using nonviolent means to resolve conflicts.
5.4.S Evaluate how following family, school, and community rules can impact safety.
Standard 6: Goal Setting
6.1.S Make a personal commitment to use appropriate protective gear while engaging in activities.
6.2.S Make a personal commitment to stay away from people involved in gang activity.

Standard 7: Practicing Health-Enhancing Behaviors
7.1.S Demonstrate strategies to avoid bullying and other types of harassment.
7.2.S Practice disaster preparedness procedures at home and at school.
7.3.S Use appropriate protective gear and equipment.
7.4.S Follow safety rules and laws at home, at school, and in the community.
7.5.S Demonstrate escape strategies for cases of inappropriate touching or attempted abduction.
7.6.S Demonstrate the ability to execute an escape plan for incidents of fires, floods, earthquakes, and other natural disasters.

Standard 8: Health Promotion
8.1.S Encourage specific measures to improve home or school safety.
8.2.S Offer friendship and support to someone who was bullied.
8.3.S Encourage others’ safety behaviors (e.g., wearing bicycle helmets and seat belts).

Alcohol, Tobacco, and Other Drugs

Standard 1: Essential Concepts
1.1.A Describe the harmful short- and long-term effects of alcohol, tobacco, and other drugs, including inhalants.
1.2.A Identify ways to cope with situations involving alcohol, tobacco, and other drugs.
1.3.A Explain the differences between medicines and illicit drugs.
1.4.A Identify family and school rules about alcohol, tobacco, and drug use.
1.5.A Explain why individual reactions to alcohol and drug use may vary.

Standard 2: Analyzing Influences
2.1.A Identify internal and external influences that affect the use of alcohol, tobacco, and other drugs.
2.2.A Examine advertising strategies used for alcohol, tobacco, and other drugs.
Standard 3: Accessing Valid Information
3.1.A Identify sources of valid information regarding alcohol, tobacco, and other drugs.

Standard 4: Interpersonal Communication
4.1.A Demonstrate refusal skills to resist the pressure to experiment with alcohol, tobacco, and other drugs.
4.2.A Practice effective verbal communication skills to request assistance in situations where alcohol, tobacco, and other drugs are being used.

Standard 5: Decision Making
5.1.A Evaluate strategies to avoid situations where alcohol, tobacco, and other drugs are being used.

Standard 6: Goal Setting
6.1.A Make a plan to choose healthy alternatives to tobacco and drug use.

Standard 7: Practicing Health-Enhancing Behaviors
7.1.A Use a variety of effective coping strategies when faced with alcohol, tobacco, and other drug use and abuse by family or friends.

Standard 8: Health Promotion
8.1.A Encourage others to be free of alcohol, tobacco, and other drugs.
Appendix

The Overarching Health Education Content Standards

Standard 1: Essential Health Concepts
All students will comprehend essential concepts related to enhancing health.

Standard 2: Analyzing Health Influences
All students will demonstrate the ability to analyze internal and external influences that affect health.

Standard 3: Accessing Valid Health Information
All students will demonstrate the ability to access and analyze health information, products, and services.

Standard 4: Interpersonal Communication
All students will demonstrate the ability to use interpersonal communication skills to enhance health.

Standard 5: Decision Making
All students will demonstrate the ability to use decision-making skills to enhance health.

Standard 6: Goal Setting
All students will demonstrate the ability to use goal-setting skills to enhance health.

Standard 7: Practicing Health-Enhancing Behaviors
All students will demonstrate the ability to practice behaviors that reduce risk and promote health.

Standard 8: Health Promotion
All students will demonstrate the ability to promote and support personal, family, and community health.
Glossary

accessing valid information  The skills needed to find and use valid sources of health information or services.

alcohol, tobacco, and other drugs  The area of health education that focuses on safe use of prescription and over-the-counter drugs, not drinking alcohol, avoiding tobacco and illegal drug use, and practicing protective factors.

analyzing influences  The skills needed to analyze how internal and external influences (both positive and negative) affect health-related behaviors.

• internal influences: thoughts and emotions (e.g., likes and dislikes, curiosity, interests, and fears) and hereditary factors.

• external influences: situations or settings involving family members, culture, ethnicity, geographic location, peers, societal pressure, media and advertising sources, and technology.

Centers for Disease Control and Prevention (CDC)  The lead federal public health agency responsible for protecting the health and safety of the people in the United States.

chronic disease  A disease that persists for a long time. Chronic diseases generally cannot be prevented by vaccines or cured by medication. Risky behaviors—particularly tobacco use, lack of physical activity, and poor eating habits—are major contributors to the leading chronic diseases (e.g., heart disease, diabetes, and lung cancer).

communicable disease  An illness caused by pathogens that can be spread from one living thing to another. Examples include chicken pox, measles, flu, tuberculosis, and strep throat.

decision making  Analytical skills needed to evaluate relevant factors in order to select the most desirable outcomes.

disease prevention  The processes of avoiding, preventing, reducing, or alleviating disease to promote, preserve, and restore health and minimize suffering and distress.

environmental health  The area of health that focuses on staying informed about environmental issues; keeping air and water clean and noise at safe levels; recycling and disposing of waste properly; conserving energy and natural resources; and being an advocate for the environment.

essential concepts  The “functional knowledge” necessary for students to understand and practice health-promoting behaviors.

FDA  The U.S. Food and Drug Administration.

functional knowledge  Important concepts and information necessary to improve health-enhancing decisions, beliefs, skills, and practices. Examples of functional knowledge include accurate information about the following: risks of health-related behaviors; internal and external influences on health-risk behavior; and socially normative behaviors.
goal setting

The skills needed to set realistic personal goals that can be safely achieved through reasonable planning and effort.

growth, development, and sexual health

- **growth and development**: the area of health education that focuses on the growth and development of the human body; keeping body systems healthy; developing habits that promote healthful development and aging; and choosing behaviors that reduce the risk of HIV/STD infection.

- **sexual health**: the area of health education encompassing a broad scope of concepts and skills, including acquiring information about sexual development, reproductive health, interpersonal relationships, body image, and gender roles; recognizing habits that protect female and male reproductive health; and learning about pregnancy, childbirth, and the development of infants and children. It also includes skill development in areas such as communication, decision making, refusal techniques, and goal setting. Sexual health topics are grounded in the premise that sexuality is a natural, ongoing process that begins in infancy and continues through life.

health

The World Health Organization (WHO) defines health as “a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity.” It is a functional state that allows a person to achieve other goals and engage in activities for a productive life.

health education

Health education is a planned, sequential, kindergarten-through-grade-twelve curriculum that addresses the physical, mental, emotional, and social dimensions of health.

health literacy

The capacity of an individual to obtain, interpret, and understand basic health information and services and the competence to use such information and services to enhance health.

health promotion

Any planned combination of educational, political, environmental, regulatory, or organizational mechanisms that support actions and conditions conducive to the health of individuals, families, groups, and communities.

health-related skills

Ability to translate knowledge into actions that enable students to deal with social pressures, avoid or reduce risk-taking behaviors, enhance and maintain personal health, and promote the health of others. These include communication skills; refusal techniques for avoiding unhealthy behaviors; the ability to assess the accuracy of information and make informed decisions; and planning and goal-setting skills.

infectious disease

See “communicable disease.”
injury prevention and safety
The area of health education that focuses on safety practices to reduce the risk of unintentional injuries to self and others. This area includes protective factors to reduce violence and prevent gangs and weapons; safety guidelines for weather or natural disasters, fires, and poisoning; bicycling and sport safety; motor vehicle safety; and helping others with basic first aid skills.

interpersonal communication
The ability to convey appropriate and effective verbal and nonverbal information; the expression of needs and ideas to develop and maintain healthy personal relationships. In the context of health education, interpersonal communication includes both refusal and conflict resolution skills.

mental, emotional, and social health
The area of health education that includes the ability to express needs, wants, and emotions in positive ways; to manage anger and conflict; and to deal with frustrations. This area involves practicing life skills, making responsible decisions, developing good character, following a plan to manage stress, and being resilient during difficult times.

noncommunicable disease
See “chronic disease.”

nutrition and physical activity
Nutrition encompasses healthy eating, which is associated with reduced risk of many diseases including the three leading causes of death in the United States: heart disease, cancer, and stroke. Healthy eating in childhood and adolescence is important for proper growth and development and can prevent obesity, type 2 diabetes, dental caries, and many other health problems. Physical activity is any body movement that is produced by skeletal muscles and that substantially increases energy expenditure.

personal and community health
The area of health education that focuses on the priority a person assigns to being health literate, maintaining and improving health, preventing disease, and reducing risky health-related behaviors. This instructional area involves staying informed about environmental issues, initiatives to protect the environment, and being an advocate for the environment. Community health education focuses on knowledge of laws to protect health; recognizing consumer rights; choosing healthy forms of entertainment; analyzing ways in which messages are delivered through technology; making responsible choices about health care providers and products; and investigating public health needs.

practicing health-enhancing behaviors
The area of health education focusing on the skills needed to practice healthy and safe behaviors independently.

protective factor
Something that increases the likelihood of a positive outcome.

refusal skills
Assertive and effective communication skills needed to object to participation in an action or behavior.
<table>
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<tr>
<th>Term</th>
<th>Definition</th>
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<tbody>
<tr>
<td>sexually transmitted disease (STD)</td>
<td>A communicable disease caused by pathogens that are transmitted from one infected person to another during intimate sexual contact.</td>
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<tr>
<td>Standard Precautions</td>
<td>According to the Centers for Disease Control and Prevention, Standard Precautions are steps taken to prevent the spread of disease by treating all human blood, body fluids, and secretions as if they contain transmissible infectious agents such as human immunodeficiency virus (HIV) and hepatitis B virus (HBV). Standard Precautions combine the major features of Universal Precautions and Body Substance Isolation.</td>
</tr>
<tr>
<td>trusted adult</td>
<td>An adult person in whom confidence is placed, such as a parent, guardian, teacher, counselor, health care professional, cleric, police officer, firefighter, or relative.</td>
</tr>
<tr>
<td>Universal Precautions</td>
<td>See “Standard Precautions.”</td>
</tr>
<tr>
<td>weapon</td>
<td>As referenced in <em>Education Code</em> Section 49330, an injurious object capable of inflicting substantial bodily damage. An “injurious object” does not include personal possessions or apparel items that a school-age child reasonably may be expected to possess or to wear.</td>
</tr>
<tr>
<td>wellness</td>
<td>An approach to health that focuses on balancing the many aspects of a person’s life through the adoption of health-enhancing behaviors.</td>
</tr>
</tbody>
</table>