

START THE CONVERSATION

ACTIVITY WORKBOOK



OREGON HEALTHY
WORKFORCE CENTER

A NIOSH CENTER OF EXCELLENCE

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INTRODUCTION

Young workers between the ages of 14 and 24 are at an increased risk for occupational injuries due to limited job on-the-job experience, lack of training, lifestyle habits, and other unique characteristics of this age group.

A primary method of reducing occupational injuries is through workplace safety trainings. However, as many as 84% of young workers receive little or no training in workplace safety and health. If they do receive training, it is unlikely to be tailored to the population's unique risk factors and learning preferences. PUSH Start the Conversation Activities are novel training tools that integrate health protection and health promotion and are designed specifically for young workers.

The Start the Conversation activities were developed and/or adapted from CDC/NIOSH's Talking Safety, Youth@Work curriculum. These activities were made to educate young workers about work and non-work factors (safety in the

workplace, professional communication and health) that can impact safety on and off the job. These interactive activities are intended to be led by supervisors at staff meetings or during training sessions. Each activity is about 10–20 minutes long.

A free electronic version of the Start the Conversation activities, along with additional online resources, can be found on the PUSH website, at:

www.promotingusafetyhealth.com.

Additionally, a 50-minute online companion training uses videos, images, and real life examples to reinforce important concepts young workers need to know to stay safe and healthy. To find out more about how to implement the Start the Conversation activities and PUSH Training in your organization, visit www.promotingusafetyhealth.com.



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**YOUNG WORKERS ARE MORE LIKELY TO BE INJURED ON THE JOB.
TRAINING REDUCES INJURIES.**

TRAIN LIKE A BOSS.

Find more resources @ www.PROMOTINGUSAFETYHEALTH.com



3 MAKING THE JOB SAFER

HANDOUT #1

STORY 1

Marcello is 17 years old and works as a cashier at a local convenience store. Marcello sometimes helps close the store at night but feels anxious about working late. Other stores in the neighborhood have been robbed at gunpoint and Marcello is fearful it could happen at his store.

QUESTIONS

WHAT IS THE HAZARD IN THIS CASE?

WHAT SHOULD MARCELLO DO IF HE FEELS VULNERABLE?

**WHAT ARE SOME WAYS THAT MARCELLO'S BOSS CAN MAKE HIS JOB SAFER?
PROVIDE AT LEAST TWO TYPES OF SOLUTIONS.**

3 MAKING THE JOB SAFER

HANDOUT #2

STORY 2

20-year old Shia worked on a construction site digging holes. On a very hot day, Shia started to feel dizzy; he had been given no breaks and only had one bottle of water for the entire day. He wanted to ask his supervisor for a break to get more water but none of his coworkers were complaining. Later that day, Shia became very disoriented, dizzy, and confused. He soon passed out from heat exhaustion.

QUESTIONS

WHAT IS THE HAZARD IN THIS STORY?

WHAT SHOULD SHIA HAVE DONE TO PREVENT HEAT EXHAUSTION?

**WHAT SHOULD SHIA'S BOSS HAVE DONE TO MAKE THE JOB SAFER?
PROVIDE AN EXAMPLE OF AT LEAST TWO TYPES OF SOLUTIONS.**

3 MAKING THE JOB SAFER

HANDOUT #3

STORY 3

Jamal works in a retail store selling brand name athletic shoes. One day Jamal was busy helping customers and had to get several pairs of shoes from the back room. Jamal left the stock room with a stack of shoe boxes so high, he couldn't see anything in front of him. He tripped over a pair of shoes on the ground and fell awkwardly on his wrist. At the hospital, he found out he had fractured his wrist in two places and it would require surgery.

QUESTIONS

WHAT IS THE HAZARD IN THIS STORY?

WHAT COULD HAVE JAMAL DONE TO PREVENT THE TRIP AND FALL?

**HOW COULD JAMAL'S EMPLOYER HAVE PREVENTED THE ACCIDENT?
PROVIDE AN EXAMPLE OF AT LEAST TWO TYPES OF SOLUTIONS.**

5 VIOLENCE IN THE WORKPLACE HANDOUT #1

GROUP 1

DIRECTIONS

Designate one person to read aloud the scenario, one person to take notes, and one person to report your answer.

Molly got a new job at a restaurant. One day, she is unable to work her shift, so she gets a substitute, but forgets to tell her supervisor. The supervisor calls to yell at her for not remembering something so simple. Molly apologizes, but in the following weeks, her supervisor continues to make inappropriate comments and Molly doesn't think he'll stop.

QUESTIONS

WHO IS INVOLVED IN THIS EXAMPLE OF WORKPLACE VIOLENCE?

WHAT ARE SOME THINGS THAT MOLLY SHOULD DO IN RESPONSE TO HER SUPERVISOR'S BEHAVIOR?

WHO SHOULD MOLLY TALK TO ABOUT THIS WORKPLACE VIOLENCE?

5 VIOLENCE IN THE WORKPLACE HANDOUT #2

GROUP 2

DIRECTIONS

Designate one person to read aloud the scenario, one person to take notes, and one person to report your answer.

Devon is a new staff member at the local mall. He notices that two teenage customers are beginning to yell at each other and punch each other.

QUESTIONS

WHO IS INVOLVED IN THIS EXAMPLE OF WORKPLACE VIOLENCE?

WHAT ARE SOME THINGS THAT DEVON SHOULD DO IN RESPONSE?

WHO SHOULD DEVON TALK TO ABOUT THIS WORKPLACE VIOLENCE?

5 VIOLENCE IN THE WORKPLACE HANDOUT #3

GROUP 3

DIRECTIONS

Designate one person to read aloud the scenario, one person to take notes, and one person to report your answer.

Sarah is working the front desk at a local swimming pool. A patron tries to leave the facility with a pool toy that clearly belongs to the pool. Sarah asks the patron if the toy is hers and the patron yells, "Who do you think you are to ask me that? Do you think I stole this or something? Of course it's mine!"

QUESTIONS

WHO IS INVOLVED IN THIS EXAMPLE OF WORKPLACE VIOLENCE?

WHAT ARE SOME THINGS THAT SARAH SHOULD DO IN RESPONSE?

WHAT SHOULD SARAH TELL HER SUPERVISOR?

9 SPEAK UP AT WORK **SCRIPTS HANDOUT #1**

SCENARIO 1

ONE VOLUNTEER READ "A." AND THE OTHER VOLUNTEER READ "B."

You work on the clean-up crew for the city's Parks and Recreation Department. I am your supervisor. One day it is in the high '90s outside and you've been working hard for several hours. You begin to feel really hot and tired, and worry that you might faint. What do you say?

A

(read in an angry voice)

Hey boss man! I am sweating so bad.

You better give me a break!

B

(read in a professional voice)

Hey boss, it is very hot outside today and I have been working for a long time without a break.

I'm starting to feel a little faint.

I'd like to take my break and sit in the shade until I feel better, please.

9 SPEAK UP AT WORK SCRIPTS HANDOUT #2

SCENARIO 2

ONE VOLUNTEER READ "A." AND THE OTHER VOLUNTEER READ "B."

Your job is to assemble parts at a local factory. You've heard that factories can be dangerous, and it seems like there are lots of hazards on your job. I am your supervisor. When you first started this job, I gave you some written materials on safety to read, but they had no information specific to your new workplace's policies and job hazards. Now I want you to sign a paper saying that you have been trained about safety. What do you say to me?

A

(read in a professional voice)

This is my first job in a factory, and I don't think that these materials have given me all of the information I need to stay safe at work.

I'd like more safety training on the hazards in this workplace that I will encounter in my job before I sign a paper saying that I have been trained.

B

(read in an angry voice)

What are you trying to do, kill me!?!?

How am I supposed to be safe by reading a piece of paper?

I am not going to sign anything until I get hands-on training!

9 SPEAK UP AT WORK **SCRIPTS HANDOUT #3**

SCENARIO 3

ONE VOLUNTEER READ "A." AND THE OTHER VOLUNTEER READ "B."

Last month, a new staff member was hired to help in the deli department at your local grocery store. Both of you are over 18 and legally allowed to use the meat slicer. You notice the new staff member doesn't put the guard down when she is slicing meat for customers. Your safety training was very clear to always use the guard on the meat slicer, otherwise a serious injury could occur. She's older than you, and has worked at another deli for several years. What should you say?

A

(read in a low tone, under your breath)

You're going to cut your hand off.

B

(read in a professional voice)

I noticed when you were slicing meat for a customer that the guard wasn't down.

Our boss is a real stickler about always putting that guard down.

I wouldn't want you to get yelled at or injured. I can show you how the guard works if you want me to.

11 STRESS ATTITUDE QUIZ

Instructions: Rate the statements below with a **1 (Mostly)**, **2 (Sometimes)**, or **3 (Almost Never)**. There are no right or wrong answers. This is a tool to learn more about who you are, so be honest. When you are finished, total your responses.

1. I look for the bright side.	
2. I think I have strengths.	
3. I see my mistakes as learning opportunities.	
4. I see my weaknesses as areas for improvement.	
5. I give myself credit for what I can do.	
6. I see the big picture.	
7. I don't feel like I have to be perfect.	
8. I think it's important to try to understand other people's points of view.	
9. I can keep my temper under control when I am frustrated.	
10. I can take a joke.	
11. I can laugh at myself.	
12. I think constructive criticism is helpful.	
13. I make people around me happy.	
14. I say nice things to people around me.	
15. I can forgive people.	
16. I have a good relationship with people around me.	
17. I speak up for what I want.	
TOTAL	

17–24: You have a healthy attitude. **25–42:** Your attitude is okay, but focus on being more positive. **43–51:** Your attitude could be holding you back from dealing with stress and enjoying life.

11 STRESS

9 WAYS TO BE MORE POSITIVE

Craig Childs, Lifehack.org

Life is easy with a positive attitude, wouldn't you agree? Well, easier at least. One of my favorite sites, The Ririan Project, has a list of ways to perk up your disposition, if you need to.

I've always been amazed by some people's insistence on being in the negative. You can change that, and it's the first step to stepping in a more successful life.

1. Appreciate as much as you can. This is one of those very simple things you can do to bring more positivity into your life. I have also found appreciation to be a great way to turn an angry, sad and frustrated mood around to a more positive one.
2. Stop comparing yourself to others. If you don't then you'll just create a lot of unnecessary pain in your life. If you surpass one person's success, then you'll just find another person more successful than you. And your brief sense of being a winner will transform once again into anxiety, fear, tummy-aches and possibly heart attacks.
3. Realize that it is possible to choose how you react. You don't have to live your life in reaction. You have a choice. There is always a gap between stimuli and reaction. If you focus on that gap it will widen and although it might seem in the beginning like stimuli and your reaction are tied together that is not the case.
4. Educate yourself. Self-education can be a great help to live a more positive life. Read great books on the areas of your life you want to improve. Maybe it's your financial situation. Or your health. Or your relationships. Ask people you know who have had more success in that area than you what they did to improve.
5. Act as if you feel good. Your emotions work backwards too. So even if you don't feel positive, confident, calm or decisive you can act like it. And after you have done that for a few minutes, guess what happens? You will actually start to feel positive, confident, calm or decisive.
6. Live in the now. Don't let your thoughts drift into the past or future more than necessary; this is often a sure-fire way to start negative loops of thoughts in your mind.
7. Do some mental rehearsal. This is great way to improve your performance and decrease anxiety in any upcoming situation. Maybe you're heading into a meeting soon. Visualize now how great the events will unfold—see and hear it—and also how great will you feel at this meeting.
8. Redefine failure. Michael Jordan once said: "I've missed more than 9000 shots in my career. I've lost almost 300 games. 26 times, I've been trusted to take the game winning shot and missed. I've failed over and over and over again in my life. And that is why I succeed."
9. Focus on what you want, not on what you don't want. One common problem is to focus your thoughts on what you don't want rather than what you want. If you do that then it will be hard to get what you want in life. If you want to improve your finances then focus on having a great financial situation rather than your lack of money and your debts.

Childs, C. (n.d.). 9 Ways To Be More Positive. Retrieved April 04, 2016, from <http://www.lifehack.org/articles/lifestyle/9-ways-to-be-more-positive.html>

12 EMOTIONAL HEALTH HANDOUT #1



17-YEAR-OLD SUICIDE PREVENTION ADVOCATE SPEAKS OPENLY ABOUT DEPRESSION, MENTAL DISORDERS

By: Tricia Sloma, WNDU News

Teenage suicide is a difficult topic that has left many Michiana families confused and saddened in recent weeks.

Multiple local school systems have had to grapple with the devastating consequences of teenagers who have taken their own lives.

The numbers are staggering. According to the Indiana Youth Institute, the Hoosier State has the highest rate in the nation of teens who have considered suicide, and the second highest rate in the nation in terms of teens who have attempted suicide.

Tricia Sloma attended a statewide suicide conference in August and met a courageous young woman who has survived multiple suicide attempts.

“I just really have a passion for helping people who struggle with what I have,” 17-year-old Kayla Hands explains.

The Evansville High School senior is very open about her struggles with depression and mental disorders.

This bright, beautiful teen is an athlete, musician, good friend, loving daughter and big sister. She was invited to join the experts as a panelist at a statewide suicide prevention conference in August.

“I think the reason that suicide prevention is so

important to me is because I’ve personally dealt with it,” Kayla reveals. “I have attempted suicide five times.”

That’s five different times Kayla tried to take her own life.

“The darkness was really deep. It was kind of like being in a really deep hole. I felt like everything was collapsing around me. Even if something not that significant happened, it would feel like the end of the world,” she explains. “The time I probably learned the most was the fifth time. I overdosed, ended up in the hospital. It was really hard to see all my family and friends go through almost losing me.”

And it was hard for them too.

“She hid it very well,” admits Kayla’s mom, Angela Hands. “She looked like her old happy self.”

Like so many parents, Angela didn’t see the signs at first. She agonized over every suicide attempt, but she worked hard to get help. For Kayla, that included residential treatment at a facility two hours away.

“Gosh, it broke my heart,” Angela admits. “You want to be able to fix your child, and you feel helpless at

times. You do everything you can do, but they have to want to do it too.”

Thanks to the right balance of counseling and medicine, Kayla is back and determined to help others. She produced a short film addressing the topic of teen suicide, called “Breaking the Silence.”

“It’s not talked about,” Kayla says. “There’s this huge stigma around it, and I just wish that stigma can be erased someday. It may not be completely erased, but maybe we can get the suicide rate to decrease.”

We asked Kayla what she would tell a teenager who is considering suicide.

“I would tell them, truthfully, it’s not worth it,”

she answers. “I’ve been in the hospital feeling completely hopeless like nothing was going to get better, and now I’m happy and I’m to the point where I can look at life and see a point in living.”

Kayla gives a lot of credit to her support system of family and friends. She continues to go to counseling and takes medicine. After graduation, Kayla wants to study psychology and looks forward to helping others who struggle with mental health disorders.

Teenagers, if you or someone you know is at risk for harming themselves, talk to a trusted adult. You can also call the Suicide Prevention Lifeline at 1-800-273-TALK or 1-800-273-8255. You can also text the word “Start” to 741741.

1. WHAT IS THE MAIN IDEA OF THIS ARTICLE?

2. RECORD TWO FACTS OR STATEMENTS FROM THIS ARTICLE THAT YOU FOUND IMPACTFUL.

3. WHAT ARE SOME RESOURCES (PLACES TO GET HELP, OR PEOPLE TO HELP) MENTIONED IN THIS ARTICLE?

SURPRISING BEHAVIORS THAT PUT TEENS AT SERIOUS RISK OF DEPRESSION

By: Randye Hoder, Time Magazine

A new study shows that an ‘invisible risk’ group of adolescents—who use tons of media and don’t get enough sleep or exercise—are in danger of serious mental health issues.

Teenagers at risk for depression, anxiety and suicide often wear their troubles like a neon sign. Their risky behaviors—drinking too much alcohol, using illegal drugs, smoking cigarettes and skipping school—can alert parents and teachers that serious problems are afoot.

But a new study, published this month in the journal *World Psychiatry*, finds that there’s another group of adolescents who are in nearly as much danger of experiencing the same psychiatric symptoms as their high-risk peers: teens who use tons of media, don’t get enough sleep and have a sedentary lifestyle.

Of course, that may sound like a description of every teenager on the planet.

I myself seem to have two mantras these days with my 16-year-old: “Get off your phone” and “It’s really late. Go to sleep.” But the study warns that it is teenagers who engage in all three of these practices in the extreme who are truly in jeopardy.

Because their behaviors are not usually seen as a red flag, these young people have been dubbed the “invisible risk” group by the study’s authors.

“In some ways they are at greater risk of falling through the cracks,” says Vladimir Carli, a researcher at the National Centre for Suicide Research and Prevention of Mental Ill-Health at the Karolinska Institute in Sweden. “While most parents, teachers and clinicians would react to an adolescent using drugs or getting drunk, they may easily overlook teenagers who are engaging in unobtrusive behaviors such as watching too much TV, not playing sports or sleeping too little.”

The study’s authors surveyed 12,395 students between the ages of 14 and 16 from 11 European countries and analyzed nine risk behaviors: excessive alcohol use, illegal drug use, heavy smoking, reduced sleep, being overweight, being underweight, having a sedentary routine, high media use and truancy. Their aim was to determine the relationship between these risk behaviors and mental health issues in adolescent boys and girls.

About 58% of the students demonstrated none or very few of the risk behaviors. Some 13% scored high on all nine of the risk behaviors. And 29%, the so-called “invisible risk” group, scored high on three in particular: They spent five hours a day or more watching TV, playing video games or surfing the Internet (unrelated to school or work). They slept six hours a night or less. And they neglected “other healthy activities, such as sports.”

The group that scored high on all nine of the risk behaviors was most likely to show symptoms of depression; in all, nearly 15% of this cohort reported being depressed, compared with just 4% of the low-risk group. But the invisible group wasn’t far behind the high-risk set, with more than 13% of them exhibiting depression.

The same pattern held true for anxiety, with 9% of the high-risk kids showing symptoms, compared with 2.5% of the low-risk group and 8% of the invisible group.

Meanwhile, 10% of the high-risk group reported that they’d attempted suicide, compared with less than 2% of the low-risk group. The invisible group came in at 6%—three times the rate of the low-risk kids.

The findings caught Carli and his colleagues off guard. “We were very surprised,” he says. “The high-risk group and low-risk group are obvious. But this third group was not only unexpected, it was so distinct

and so large—nearly one third of our sample—that it became a key finding of the study.”

Carli and his team aren't the only ones to raise concerns about the confluence of too little sleep, too much media use and too little exercise. In a piece published last month on the New York Times Motherlode blog, writer and educator Jessica Lahey made the case that teens need at least nine hours of sleep a night, but often get only about seven.

To turn that around, she suggested, parents can take a number of steps, including making sure that their kids keep electronics out of the bedroom. “Laptops, smartphones and tablets emit approximately 30 to 50 lux, about half the illumination of a room light, more than enough light to affect circadian rhythms and delay the production and release of melatonin,” she noted. Lahey also encouraged exercise, explaining

that people who work out for three or four 30-minute sessions a week sleep 45 minutes to an hour longer on most nights.

Carli, whose work is part of the larger Saving and Empowering Young Lives in Europe research project, says that one of the most significant things about his study is that it provides new early-warning signs for parents, teachers and mental health-care providers. And early identification, support and treatment for mental health issues, he says, are the best ways to keep them from turning into full-blown disorders.

“It is likely that adults won't see these behaviors as risky or as reason for alarm,” he says. “But the truth is, they are. It doesn't mean that every teenager who doesn't get enough sleep or plays too many video games is at risk. But it is something we need to pay close attention to.”

1. WHAT IS THE MAIN IDEA OF THIS ARTICLE?

2. RECORD TWO FACTS OR STATEMENTS FROM THIS ARTICLE THAT YOU FOUND IMPACTFUL.

12 EMOTIONAL HEALTH HANDOUT #2



DRUGS + DEPRESSED TEENS = A DANGEROUS COMBINATION

By Psych Central News Editor, Psych Central

U.S. teenagers who attempt to self-medicate through the use of marijuana or other drugs can end up worsening their depression, says a new report. The report suggests that such drug use could also lead a teen toward other serious mental disorders.

The report cites research which it says shows that some teens are using drugs to alleviate feelings of depression (“self-medicating”), when in fact, using marijuana can compound the problem. The report found, for instance, that teenagers who smoke marijuana at least once a month are three times more likely to have suicidal thoughts than non-users.

The report, from the White House Office of National Drug Control Policy (ONDCP), suggests that up to two million teens felt depressed at some point during the past year, and depressed teens are more than twice as likely as non-depressed teens to have used marijuana during that same period.

Depressed teens are also almost twice as likely to have used illicit drugs as non-depressed teens. They are also more than twice as likely as their peers to abuse or become dependent on marijuana. Marijuana use is associated with depression, suicidal thoughts, and suicide attempts.

“Marijuana is not the answer. Too many young people are making a bad situation worse by using marijuana in a misguided effort to relieve their symptoms of

depression,” said John P. Walters, Director, National Drug Control Policy.

“Parents must not dismiss teen moodiness as a passing phase. Look closely at your teen’s behavior because it could be a sign of something more serious.”

Although marijuana use among teens has dropped by 25 percent since 2001, more teens use marijuana than all other illicit drugs combined. The new report, *Teen Marijuana Use Worsens Depression: An Analysis of Recent Data Shows ‘Self-Medicating’ Could Actually Make Things Worse* (PDF), also found the following:

- Using marijuana can lead to depression and other mental illnesses;
- The percentage of depressed teens is equal to the percentage of depressed adults, but depressed teens are more likely than depressed adults to use marijuana and other illicit drugs;
- Teen girls who use marijuana daily are more likely to develop depression than girls who do not use marijuana;
- Depressed teens are also more likely than non-depressed teens to engage in other risky behaviors such as daily cigarette use and heavy alcohol use.

“Don’t be fooled into thinking that pot is harmless,” said Dr. Drew Pinsky, internist, addiction expert, and host of VH1’s Celebrity Rehab. “Marijuana is an addictive drug. Teens who are already depressed and use marijuana may increase their odds of suffering from even more serious mental health problems.”

In fact, the potency of smoked marijuana has risen consistently over the past decades and higher potency translates into serious health consequences for teens. Some studies show that higher potency marijuana may be contributing to an increase in the number of American teens seeking treatment for marijuana dependence.

The risks associated with recent and long-term marijuana use include schizophrenia, other forms of psychosis, and even suicide. “Not only are adolescents at greater risk for drug abuse, but they may suffer more consequences,” said Nora D. Volkow, M. D., Director of the National Institute on Drug Abuse. “There is also some evidence that in vulnerable teens—because of genetic factors—the abuse of marijuana can trigger a schizophreniform disorder.”

The report was released to coincide with May’s Mental Health Awareness Month.

Source: U.S. National Drug Control Policy

1. WHAT IS THE MAIN IDEA OF THIS ARTICLE?

2. RECORD TWO FACTS OR STATEMENTS FROM THIS ARTICLE THAT YOU FOUND IMPACTFUL.

LADY GAGA IS FIGHTING TEEN DEPRESSION AND SUICIDAL THOUGHTS BECAUSE SHE'S BEEN THERE

By Mathew Rodriguez, Mic

Four years after Lady Gaga established the Born This Way Foundation, which aims to inspire youth and build supportive communities, the music superstar opened up about her own private life-long battle with depression to Billboard.

In the interview, she remembered Jamey Rodemeyer, who tweeted a note to her just prior to taking his own life on Sept. 18, 2011. Four months prior to his suicide, Rodemeyer made a video for the It Gets Better Project. Lady Gaga spoke about the many ways her fans have reached out to her personally for help through troubling times.

“Jamey’s death, as well as the suicide of a lot of young teens that year, right around the release of *Born This Way*,” she told Billboard. “When that album came out, Jamey heard pieces of it and was posting about it on the Internet, but unfortunately, he was already in that very deep dark space.”

The tales of death and depression from her young fans forced her to take action. “Many of them were really young: 11- to 17-year-olds in very tumultuous times,” Lady Gaga told Billboard. “They would tell me their stories, and many of them were very dark. As I began to care for them and to see myself in them, I felt I had to do something that would remind kids they’re not alone. When they feel isolated, that’s when it leads to suicide.”

Lady Gaga is correct. According to the Trevor Project, suicide is the second most common cause of death for people ages 10 to 24. Gay, lesbian and bisexual youth are four times more likely to attempt suicide as their straight peers, while questioning youth are three times more likely. Almost half of transgender young people have seriously considered taking their lives, while one-quarter have made a suicide attempt. Those LGBT youth whose families reject them are 8.4 times more likely to attempt suicide than those who do not report rejection.

More than 150,000 people visited the foundation’s Born Brave Bus, a pop-up resource center, and it is also the setting where Lady Gaga heard many of these stories firsthand. According to her, the common thread in many of these situations was depression and anxiety, which she said she related to personally.

“Depression and anxiety really link [these stories],” she told Billboard. “There is something in the way that we are now, with our cell phones and people are not looking at each other and not being in the moment with each other, that kids feel isolated. They read all of this extremely hateful language on the Internet. The Internet is a toilet. It is. It used to be a fantastic resource — but you have to sort through shit to find the good stuff.”

Recounting the time in 2011 when she met with President Barack Obama to discuss bullying, Lady Gaga said, “he really, deeply cared. I hear from [White House senior adviser] Valerie Jarett a lot.”

Bullying in school is a major source of stress, anxiety and depression for LGBT youth. According to the Gay, Lesbian and Straight Education Network, 71.3% of LGBT students hear homophobic remarks nearly every day. Nearly 82% experience some form of verbal harassment, more than 38% experience physical harassment and 18.3% experienced assault.

Getting personal: Finally, Lady Gaga opened up about her own battles with depression and anxiety. “I’ve suffered through depression and anxiety my entire life. I still suffer with it every single day,” she told Billboard.

“I’ve suffered through depression and anxiety my entire life. I still suffer with it every single day.” — @ladygaga

Lady Gaga also spoke about her new single “Til It

Happens to You,” which she recorded with Oscar-nominated songwriter Diane Warren. The video, which contains some graphic images of sexual assault, was hard for her to record and produce. But Lady Gaga said she found help from Warren and the stories of other survivors.

“It was extremely cathartic to know that not only am I not alone, but that other men and women aren’t alone — we all have each other,” she told Billboard. “Even outside of rape culture, there are a lot of people silently in pain about extremely traumatic things.”

Gaga herself is a survivor of sexual assault. “I didn’t tell anyone [about my sexual assault] for years — and I didn’t tell anyone for years because I didn’t

tell myself for years,” she told Billboard. “And my soul just burnt out until it was gone. And then you have to admit you were in pain, and that you died in a way, but you are in control to bring it back, and there are people in the world who’ll help you.”

Lady Gaga reflected on what she’s done with her foundation and why she continues the work.

“When I see the friendships these kids have built,” she told Billboard. “When I see a child with an eating disorder sit down with somebody who has a lifelong terminal illness and somebody who’s in transition — that makes me feel like we’re doing something no one else is. This is my life purpose, this foundation. This is why I was brought to life, I think.”

1. WHAT IS THE MAIN IDEA OF THIS ARTICLE?

2. RECORD TWO FACTS OR STATEMENTS FROM THIS ARTICLE THAT YOU FOUND IMPACTFUL.

3. WHAT ARE SOME RESOURCES (PLACES TO GET HELP, OR PEOPLE TO HELP) MENTIONED IN THIS ARTICLE?

12 EMOTIONAL HEALTH

HANDOUT #3



SUICIDE ON CAMPUS AND THE PRESSURE OF PERFECTION

By: Julie Scelfo, New York Times

Kathryn DeWitt conquered high school like a gold-medal decathlete. She ran track, represented her school at a statewide girls' leadership program and took eight Advanced Placement tests, including one for which she independently prepared, forgoing the class.

Expectations were high. Every day at 5 p.m. test scores and updated grades were posted online. Her mother would be the first to comment should her grade go down. "I would get home from track and she would say, 'I see your grade dropped.' I would say, 'Mom, I think it's a mistake.' And she would say, 'That's what I thought.'" (The reason turned out to be typing errors. Ms. DeWitt graduated with straight A's.)

In her first two weeks on the University of Pennsylvania campus, she hustled. She joined a coed fraternity, signed up to tutor elementary school students and joined the same Christian group her parents had joined at their alma mater, Stanford.

But having gained admittance off the wait list and surrounded by people with seemingly greater drive and ability, she had her first taste of self-doubt. "One friend was a world-class figure skater. Another was a winner of the Intel science competition. Everyone around me was so spectacular and so amazing and I wanted to be just as amazing as they are."

Classmates seemed to have it all together. Every

morning, the administration sent out an email blast highlighting faculty and student accomplishments. Some women attended class wearing full makeup. Ms. DeWitt had acne. They talked about their fantastic internships. She was still focused on the week's homework. Friends' lives, as told through selfies, showed them having more fun, making more friends and going to better parties. Even the meals they posted to Instagram looked more delicious.

Her confidence took another hit when she glanced at the cellphone screen of a male student sitting next to her who was texting that he would "rather jump out of a plane" than talk to his seatmate.

When, on Jan. 17, 2014, Madison Holleran, another Penn freshman, jumped off the top of a parking garage and killed herself, Ms. DeWitt was stunned. She had never met Ms. Holleran, but she knew the student was popular, attractive and talented. In a blog post soon afterward, Ms. DeWitt would write: "What the hell, girl?! I was supposed to be the one who went first! You had so much to live for!"

Despite her cheery countenance and assiduous completion of assignments, Ms. DeWitt had already bought razor blades and written a stack of goodbye letters to loved ones.

Ms. Holleran was the third of six Penn students to commit suicide in a 13-month stretch, and the school

is far from the only one to experience a so-called suicide cluster. This school year, Tulane lost four students and Appalachian State at least three—the disappearance in September of a freshman, Anna M. Smith, led to an 11-day search before she was found in the North Carolina woods, hanging from a tree. Cornell faced six suicides in the 2009-10 academic year. In 2003-4, five New York University students leapt to their deaths.

Nationally, the suicide rate among 15- to 24-year-olds has increased modestly but steadily since 2007: from 9.6 deaths per 100,000 to 11.1, in 2013 (the latest year available from the Centers for Disease Control and Prevention). But a survey of college counseling centers has found that more than half their clients have severe psychological problems, an increase of 13 percent in just two years. Anxiety and depression, in that order, are now the most common mental health diagnoses among college students, according to the Center for Collegiate Mental Health at Penn State.

Soon after Ms. Holleran's death, Penn formed a task force to examine mental health on campus. Its final report, issued earlier this year, encouraged the school to step up outreach efforts, expand counseling center hours, and designate a phone line so that anyone with concerns could find resources more easily. It also recognized a potentially life-threatening aspect of campus culture: Penn Face. An apothegm long used by students to describe the practice of acting happy and self-assured even when sad or stressed, Penn Face is so widely employed that it has shown up in skits performed during freshman orientation.

While the appellation is unique to Penn, the behavior is not. In 2003, Duke jolted academe with a report describing how its female students felt pressure to be “effortlessly perfect”: smart, accomplished, fit, beautiful and popular, all without visible effort. At Stanford, it's called the Duck Syndrome. A duck appears to glide calmly across the water, while beneath the surface it frantically, relentlessly paddles.

“Nobody wants to be the one who is struggling while

everyone else is doing great,” said Kahaari Kenyatta, a Penn senior who once worked as an orientation counselor. “Despite whatever's going on—if you're stressed, a bit depressed, if you're overwhelmed—you want to put up this positive front.”

Citing a “perception that one has to be perfect in every academic, cocurricular and social endeavor,” the task force report described how students feel enormous pressure that “can manifest as demoralization, alienation or conditions like anxiety or depression.”

William Alexander, director of Penn's counseling and psychological services, has watched a shift in how some young adults cope with challenges. “A small setback used to mean disappointment, or having that feeling of needing to try harder next time,” he said. Now? “For some students, a mistake has incredible meaning.”

Meeta Kumar, who has been counseling at Penn for 16 years, has noticed the same change. Getting a B can cause some students to fall apart, she said. “What you and I would call disappointments in life, to them feel like big failures.”

As the elder child of a civil engineer and preschool teacher in San Mateo, Calif., Ms. DeWitt, now 20, has understood since kindergarten that she was expected to attend an elite college. While she says her parents are not overbearing, she relishes their praise for performing well. “Hearing my parents talk about me in a positive way, or hearing other parents talk about their kids doing well in academics or extracurriculars, that's where I got some of the expectations for myself,” she said. “It was like self-fulfillment: I'd feel fulfilled and happy when other people were happy with what I'm doing, or expectations they have are met.”

Penn had felt like a long shot but was her top choice. When she was admitted off the wait list in June 2013, she made a pact with herself not to squander the precious opportunity. Over that summer, she studied the course catalog, and decided that declaring a major early would help her plan more efficiently. She chose math, envisioning a teaching

career. "I'm a person who lives by a schedule," she said. "I have a plan for maybe the next two years, next three years, maybe five years."

And so she had made a plan for making her life turn out the way she thought it was supposed to. "I had the idea that I was going to find this nice Christian boyfriend at college and settle down and live the life my parents had led," she said.

But there was the issue of her sexuality. Several times in high school she had found herself attracted to other girls, but believing her parents and church did not fully accept homosexuality, she had pushed aside those feelings. Her resolve was strengthened when her father sat her down for a heartfelt speech about how proud he was of her getting into Penn and of the direction her life was going. "Tears rolling down his face, he said, 'Kathryn, the reason I'm living is to pass you off to your husband.'"

Now, upon noticing a cute girl in her dorm, she had a terrifying realization: "I couldn't deny it anymore."

Every day, she grew more despondent. She awoke daily at 7:30 a.m. and often attended club meetings until as late as 10 p.m. She worked 10 hours a week as part of her financial aid package, and studied furiously, especially for her multivariable calculus class. Would she never measure up? Was she doing enough? Was she taking full advantage of all the opportunities?

Then came a crushing blow: a score in the low 60s on her calculus midterm. The class was graded on a curve, but surely she would fail it, she thought, dooming her plan to major in math and to teach.

"I had a picture of my future, and as that future deteriorated," she said, "I stopped imagining another future." The pain of being less than what she thought she ought to be was unbearable. The only way out, she reasoned with the twisted logic of depression, was death.

She researched whether the university returned tuition to parents of students who die by suicide, and began cutting herself to "prepare" for the pain.

The existential question "Why am I here?" is usually followed by the equally confounding "How am I doing?" In 1954, the social psychologist Leon Festinger put forward the social comparison theory, which posits that we try to determine our worth based on how we stack up against others.

In the era of social media, such comparisons take place on a screen with carefully curated depictions that don't provide the full picture. Mobile devices escalate the comparisons from occasional to nearly constant.

Gregory T. Eells, director of counseling and psychological services at Cornell University, believes social media is a huge contributor to the misperception among students that peers aren't also struggling. When students remark during a counseling session that everyone else on campus looks happy, he tells them: "I walk around and think, 'That one's gone to the hospital. That person has an eating disorder. That student just went on antidepressants.' As a therapist, I know that nobody is as happy or as grown-up as they seem on the outside."

Madison Holleran's suicide provided what might be the ultimate contrast between a shiny Instagram feed and interior darkness. Ms. Holleran posted images that show her smiling, dappled in sunshine or kicking back at a party. But according to her older sister, Ashley, Madison judged her social life as inferior to what she saw in the online posts of her high school friends. An hour before she killed herself, she posted a dreamy final photo of white holiday lights twinkling in the trees of Rittenhouse Square.

Where the faulty comparisons become dangerous is when a student already carries feelings of shame, according to Dr. Anthony L. Rostain, a pediatric psychiatrist on Penn's faculty who was co-chairman of the task force on student psychological health and welfare. "Shame is the sense one has of being defective or, said another way, not good enough," Dr. Rostain said. "It isn't that one isn't doing well. It's that 'I am no good.'" Instead of thinking "I failed at

something, these students think, 'I am a failure.'"

America's culture of hyperachievement among the affluent has been under scrutiny for at least the last decade, but recent suicide clusters, including the deaths of three high school students and one recent graduate in Palo Alto, Calif., have renewed the debate. "In the Name of College! What Are We Doing to Our Children?" blared a Huffington Post headline in March. Around the same time, the New York Times columnist Frank Bruni published "Where You Go Is Not Who You'll Be: An Antidote to the College Admissions Mania," which he was inspired to write after years of observing the insanity surrounding the process—not only among students but also their parents. Numerous other alarms have been sounded over helicopter parenting, and how it robs children of opportunities to develop independence and resiliency, thereby crippling them emotionally later in life. These cultural dynamics of perfectionism and overindulgence have now combined to create adolescents who are ultra-focused on success but don't know how to fail.

Beginning in 2002, when she became dean of freshmen at Stanford, Julie Lythcott-Haims watched the collision of these two social forces up close. In meetings with students, she would ask what she considered simple questions and they would become paralyzed, unable to express their desires and often discovering mid-conversation that they were on a path that they didn't even like.

"They could say what they'd accomplished, but they couldn't necessarily say who they were," said Ms. Lythcott-Haims. She was also troubled by the growing number of parents who not only stayed in near-constant cellphone contact with their offspring but also showed up to help them enroll in classes, contacted professors and met with advisers (illustrating the progression from helicopter to lawn mower parents, who go beyond hovering to clear obstacles out of their child's way). But what she found most disconcerting was that students, instead of being embarrassed, felt grateful. Penn researchers studying friendship have found that students' best friends aren't classmates or romantic

partners, but parents.

Children "deserve to be strengthened, not strangled, by the fierceness of a parent's love," Ms. Lythcott-Haims wrote in a 2005 op-ed piece for The Chicago Tribune. If by adulthood they cannot fend for themselves, she asked, "shouldn't we worry?"

Eventually she came to view her students' lack of self-awareness, inability to make choices and difficulty coping with setbacks as a form of "existential impotence," a direct result of a well-meaning but misguided approach to parenting that focuses too heavily on external measures of character. In June, Ms. Lythcott-Haims, who left Stanford in 2012, published a book on the subject, "How to Raise an Adult: Break Free of the Overparenting Trap and Prepare Your Kid for Success."

These observations echo those made by the psychologist Alice Miller in her seminal book for therapists, "The Drama of the Gifted Child: The Search for the True Self." In the book, published in 1979 and translated into 30 languages, Ms. Miller documents how some especially intelligent and sensitive children can become so attuned to parents' expectations that they do whatever it takes to fulfill those expectations—at the expense of their own feelings and needs. This can lead to emotional emptiness and isolation. "In what is described as depression and experienced as emptiness, futility, fear of impoverishment, and loneliness," she wrote, "can usually be recognized as the tragic loss of the self in childhood."

Ms. DeWitt had said goodbye and provided explanations to close friends and relatives on pink rose-adorned paper, stacked up neatly on her desk. Her roommate noticed that she had stopped eating after Madison Holleran's suicide, expressed concern and invited conversation. During an hourlong discussion, Ms. DeWitt disclosed how she had been contemplating suicide, but she pretended those feelings had gone away. To make sure her denial was convincing, she tossed the letters in the recycling bin.

But when the roommate returned hours later, she

discovered that the letters had been taken out of the trash, and she told a resident adviser, who contacted the house dean. The dean insisted that Ms. DeWitt go for counseling. She did, and was immediately hospitalized.

After lots of counseling, a leave of absence and an internship at the headquarters of Active Minds, a nonprofit youth mental health advocacy group in Washington, D.C., Ms. DeWitt returned to campus in January.

Elite colleges often make it difficult for students to take time off, and readmission is not always guaranteed, something frequently cited as a deterrent to getting help (Yale eased its policy in April after a student's suicide note expressed anguish over readmission). Other elite schools are likewise examining the issue. When Ms. DeWitt's mother came to visit her in the hospital, one of the first things she brought up was the readmittance process.

Both of Ms. DeWitt's parents confirmed the contents of this article but declined to provide comments beyond expressing their love and support and saying, in a jointly written email, "Her courage and resilience have been a real blessing and example to us. We want to give Kathryn the opportunity to tell her own story."

Ms. DeWitt has tried to forge a new path for herself that is kinder and more forgiving. Rather than stay involved with the Christian group favored by her parents, she joined the progressive-minded Christian Association and the Queer Christian Fellowship, where she feels comfortable talking about her newly found identity as a lesbian. She was among the first students to write openly about her emotional state for Pennsive, a blog started to create "a safe space for Penn students to better understand and openly discuss issues regarding mental health."

Other efforts at Penn include the formation of a peer counseling program, to start in the fall, and the posting of "ugly selfies" to Instagram and Facebook, a perfectionism-backlash movement that took place for a few weeks earlier this year. Nationally,

researchers from 10 universities have joined forces to study resiliency, and the Jed and Clinton Health Matters Campus Program has enlisted 90 schools to help develop mental health and wellness programs. Active Minds, which was founded at Penn in 2001, now has more than 400 chapters, including ones at community colleges and high schools. Ms. DeWitt is the Penn chapter's webmaster.

These days, Ms. DeWitt's lime-green watch covers up a scar where she had cut herself. But she is less concerned about covering up her true self. She has confessed her sexual feelings to her parents. They are working on acceptance. "My mom is there," Ms. DeWitt said. "My dad is still working on it." Having made it through her first year—the 60-something on her calculus midterm, graded on a curve, ended up netting her an A minus—she has become a lot more relaxed about her grades, her life and her future. "I'm probably going to major in psychology," she said. Her career plans are up in the air, an uncertainty that would have been intolerable to her former self.

"I need some experience before I make the decision. It's nice to have the freedom not to know."

1. WHAT IS THE MAIN IDEA OF THIS ARTICLE?

2. RECORD TWO FACTS OR STATEMENTS FROM THIS ARTICLE THAT YOU FOUND IMPACTFUL.

13 SUBSTANCE USE HANDOUT #1



MYTH: YOU CAN “SLEEP OFF” THE EFFECTS OF ALCOHOL.

Maura is 22-years old and loves to watch all of the Trailblazers basketball games with her friends at her local bar. Most of the time, the games are on Thursday evenings and she usually has several beers during the game. On Friday mornings, she starts her shift at 8AM and usually feels terrible (has a hangover), although she doesn't think she is drunk. Mainly, she is nauseous, has a headache and feels tired.

WHY IS A HANGOVER AT WORK UNSAFE?

WHAT ARE THE EFFECTS OF ALCOHOL ABUSE THAT CARRY OVER BEYOND BEING DRUNK?

CAN MAURA GET IN TROUBLE FOR BEING HUNG OVER AT WORK?

13 SUBSTANCE USE HANDOUT #2



MYTH: SMOKING WEED CHILLS YOU OUT.

Tim just started a new job as a customer service representative. Tim is a little anxious about his first day on the job, so he decides to get stoned before work to help him calm down.

WHY IS THIS A BAD IDEA?

HOW CAN TIM SAFELY DEAL WITH HIS ANXIETY?

WHAT ARE SOME CONSEQUENCES OF TIM GOING TO WORK STONED?

13 SUBSTANCE USE HANDOUT #3



MYTH: EVERYONE IS DOING IT.

Andre works in as a prep chef for a popular new restaurant. Working in the kitchen is intense—it's hot, fast-paced and people get easily frustrated. Andre feels a lot of pressure to keep up during the dinner rush, which can last until 10 p.m. or later. He's usually tired towards the end of the shift. He's heard that lots of people in the food industry take uppers (cocaine, amphetamines, methamphetamines) to help them get through the stressful nights.

WHY IS THIS A BAD IDEA?

WHAT ARE SOME HEALTHIER METHODS OF HELPING HIM STAY FOCUSED THROUGH INTENSE SHIFTS?

13 SUBSTANCE USE HANDOUT #4



MYTH: IF IT IS A PRESCRIPTION DRUG, IT MUST BE SAFE!

Tegan had her wisdom teeth out last weekend. Her doctor gave her a prescription for strong prescription pain medicine. The label on the pills were clearly stated that the drugs could cause impairment, drowsiness, nausea and vomiting. Tegan has to go to work as a pizza delivery driver tonight, but is in a little bit of pain.

WHAT SHOULD TEGAN DO?

WHAT ARE SOME CONSEQUENCES OF TEGAN GOING TO WORK UNDER THE INFLUENCE OF PAIN MEDICATION?

CAN SHE GET IN TROUBLE IF SHE TAKES A PILL AND GOES TO WORK?

14 IF YOU DON'T SNOOZE, YOU LOSE EPWORTH SLEEP HANDOUT



EPWORTH SLEEPINESS SCALE (OVER 18 YEARS)

The following questionnaire will help you measure your general level of daytime sleepiness. It asks you to rate the chance that you would doze off or fall asleep during different, routine, daytime situations. Use the following scale to choose the most appropriate number for each situation:

0 = WOULD NEVER DOZE

1 = SLIGHT CHANCE OF DOZING

2 = MODERATE CHANCE OF DOZING

3 = HIGH CHANCE OF DOZING

Situation	Chance of dozing (0-3)
Sitting and reading	
Watching television	
Sitting inactive in a public place—for example; a theater or meeting	
As a passenger in a car for an hour without a break	
Lying down to rest in the afternoon	
Sitting and talking to someone	
In a car, while stopped in traffic	
Sitting quietly after lunch (when you've had no alcohol)	

Score from 0–9: Congratulations! You do not have excessive daytime sleepiness.

Score from 10–17: You have scored in the range of HIGH daytime sleepiness. It is possible that you do not get enough sleep. Be aware especially when driving: if you feel sleepy, pull over and rest (or ask a friend to drive)! Your sleepiness may be a risk to yourself and others on the road. Try to get more sleep at night or take a short nap during the day. If your daytime sleepiness continues, consider talking to a doctor or sleep specialist about your sleep habits and to test for a possible cause.

Score from 18–24: You have scored in the range of VERY HIGH daytime sleepiness. It is possible that you do not get enough sleep and this is affecting your daytime performance. Be aware especially when driving: if you feel sleepy, pull over and rest (or ask a friend to drive)! Your sleepiness could be a risk to yourself and others on the road. Try to get more sleep at night or take a short nap during the day. If your daytime sleepiness continues, consider talking to a doctor or sleep specialist about your sleep habits and to test for a possible cause.

**15 HEALTHY EATING
HANDOUT**

DIRECTIONS

Design your own healthy meal. Think of one of your favorite meals. Write the foods in this meal in the corresponding categories on the handout. Try to include a food in each healthy plate category. If needed, you can add or substitute ingredients to make it healthier and ensure you have foods in each category.

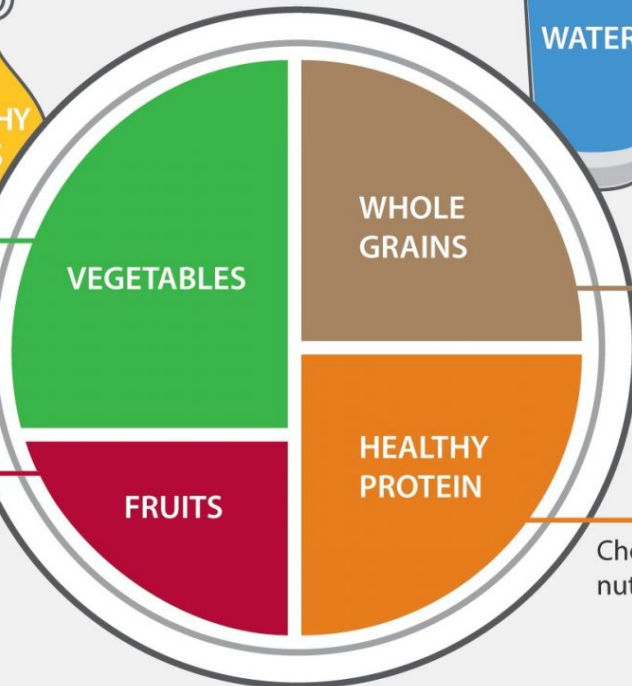
HEALTHY EATING PLATE

Use healthy oils (like olive and canola oil) for cooking, on salad, and at the table. Limit butter. Avoid trans fat.



Drink water, tea, or coffee (with little or no sugar). Limit milk/dairy (1-2 servings/day) and juice (1 small glass/day). Avoid sugary drinks.

The more veggies – and the greater the variety – the better. Potatoes and French fries don't count.



Eat a variety of whole grains (like whole-wheat bread, whole-grain pasta, and brown rice). Limit refined grains (like white rice and white bread).

Eat plenty of fruits of all colors.

Choose fish, poultry, beans, and nuts; limit red meat and cheese; avoid bacon, cold cuts, and other processed meats.



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HEALTHY OILS

VEGETABLES

FRUITS

WHOLE GRAINS

HEALTHY PROTEINS

18 FOOD DETECTIVES: THE WHOLE STORY HANDOUT # 1



ANSWER SHEET

Instructions: Write an 'X' next to the 100% whole grain products.

1. NATURE'S PRIDE BREAD, DOUBLE FIBER

Ingredients: Whole Wheat Flour, Water, Inulin, Wheat Gluten, Yeast, Sugar, Cracked Wheat, Soy Fiber. Contains 2% or Less of: Cultured Wheat Flour, Honey, Salt, Brown Sugar, Molasses, Wheat Bran, Soybean Oil, Raisin Juice Concentrate, Vinegar, Soy Flour, Whey, Soy Lecithin, Cultured Corn Solids.

2. RITZ CRACKERS, BAKED WITH WHOLE WHEAT

Ingredients: Unbleached Enriched Flour (Wheat Flour, Niacin, Reduced Iron, Thiamine Mononitrate [Vitamin B1], Riboflavin [Vitamin B2], Folic Acid), Whole Grain Wheat Flour, Soybean Oil, Sugar, Partially hydrogenated Cottonseed Oil, Sugar, Partially Hydrogenated Cottonseed Oil, Leavening (Calcium Phosphate and/or Baking Soda), Salt, High Fructose Corn Syrup, Soy Lecithin. Contains Wheat, Soy.

3. BELVITA SOFT BAKED OATS & CHOCOLATE

Ingredients: Whole Grain Blend (Rolled Oats, Rye Flakes), Enriched Flour [Wheat Flour, Reduced Iron, Niacin, Thiamine Mononitrate (Vitamin B1), Riboflavin (Vitamin B2), Folic Acid], Canola Oil, Invert Sugar, Inulin, Sugar, Raisin Paste, Glycerin, Semi-Sweet Chocolate (Sugar, Chocolate, Cocoa Butter, Dextrose, Milkfat, Soy Lecithin, Vanilla Extract), Sugar, Cornstarch, Molasses, Baking Soda, Soy Lecithin, Salt, Natural Flavor, Ferric Orthophosphate (Iron), Niacinamide, Pyridoxine Hydrochloride (Vitamin B6), Riboflavin (Vitamin B2), Thiamine Mononitrate (Vitamin B1).

4. BARILLA WHITE FIBER SHELLS

Ingredients: Semolina (Wheat), Durum Wheat Flour, Whole Durum Wheat Flour, Corn Starch, Niacin, Iron (Ferrous Sulfate), Thiamine Mononitrate, Riboflavin, Folic Acid.

5. THOMAS' HEARTY GRAINS ENGLISH MUFFINS

Ingredients: Whole Wheat Flour, Water, Farina, Wheat Gluten, Yeast, Sugar, Salt, Preservatives (Calcium Propionate, Sorbic Acid, Grain Vinegar, Natural Flavor, Sodium Stearoyl Lactylate, Mono- and Diglycerides, Ethoxylated Mono- and Diglycerides, Sucralose, Soy Lecithin, Soy, Whey (Milk).

6. BEAR NAKED HONEY ALMOND WHOLE GRAIN OAT GRANOLA

Ingredients: Whole Grain Oats, Soy Protein Concentrate, Honey, Expeller Pressed Canola Oil, Soy Protein Isolate, Almonds, Soy Nuts (Roasted Soybeans), Natural Flavor, Whole Grain Crisp Rice (Whole Grain Rice, Barley Malt).

18 FOOD DETECTIVES: THE WHOLE STORY HANDOUT # 2

Instructions: Let's compare a snack product's packaging to its nutrition information. Circle the buzzwords product marketers have used to convince shoppers that these products are healthy. Then, circle the first couple of ingredients in the ingredient list. Do you think the packaging is misleading? Or is this truly a healthy snack?

MOM'S BEST CEREALS, COCOA MARSHMALLOW SAFARI



Nutrition Facts

Serving Size: 3/4 Cup (30g)
Servings Per Package: TBD

Amount Per Serving	Cereal	Cereal With 1/2 Cup Skim Milk
Calories	120	160
Calories from Fat	10	10
% Daily Value**		
Total Fat 1g*	2%	2%
Saturated Fat 0.5g	3%	3%
Trans Fat 0g		
Polyunsaturated Fat 0g		
Monounsaturated Fat 0g		
Cholesterol 0mg	0%	0%
Sodium 85mg	4%	6%
Potassium 50mg	1%	7%
Total Carbohydrate 27g	9%	11%
Dietary Fiber 1g	4%	4%
Sugars 16g		
Protein 1g		
Vitamin A	0%	6%
Vitamin C	0%	0%
Calcium	8%	25%
Iron	2%	2%

* Amount in cereal. One-half cup skim milk contributes an additional 65mg sodium, 6g total carbohydrate (6g sugars) and 4g protein.

** Percent Daily Values are based on a 2,000 calorie diet. Your daily values may be higher or lower depending on your calorie needs:

	Calories	2,000	2,500
Total Fat	Less than	65g	80g
Saturated Fat	Less than	20g	25g
Cholesterol	Less than	300mg	300mg
Sodium	Less than	2,400mg	2,400mg
Potassium		3,500mg	3,500mg
Total Carbohydrate		300g	375g
Dietary Fiber		25g	30g

Ingredients: sugar, marshmallows (sugar, corn syrup, dextrose, gelatin, blueberry, pumpkin and carrot concentrates for color, natural flavor), corn meal, corn flour, corn syrup, corn bran, cocoa (processed with alkali), coconut oil, caramel color, canola oil, calcium carbonate, salt, natural flavor, trisodium phosphate.

Corn May Contain Traces of Soy.

ANNIE'S ORGANIC CHEDDAR BUNNIES



Nutrition Facts

Serving Size 51 Crackers (30g)
Servings Per Container About 7

Amount Per Serving	
Calories	140
Calories from Fat	50
% Daily Value*	
Total Fat 6g	9%
Saturated Fat 0.5g	3%
Trans Fat 0g	
Cholesterol 0mg	0%
Sodium 250mg	10%
Total Carbohydrate 19g	6%
Dietary Fiber 0g	0%
Sugars 1g	
Protein 3g	
Vitamin A 0%	Vitamin C 0%
Calcium 2%	Iron 2%
*Percent Daily Values are based on a 2,000 calorie diet. Your daily values may be higher or lower depending on your calorie needs:	
	Calories: 2,000 2,500
Total Fat	Less than 65g 80g
Sat Fat	Less than 20g 25g
Cholesterol	Less than 300mg 300mg
Sodium	Less than 2,400mg 2,400mg
Total Carbohydrate	300g 375g
Dietary Fiber	25g 30g

Ingredients: organic wheat flour, expeller-pressed sunflower oil, salt, cheddar cheese (pasteurized milk, cheese culture, salt, enzymes), yeast, paprika, cultured whole milk, nonfat milk, annatto extract (for color), ground celery seed, onion powder, natural vitamin e (to protect flavor).

CONTAINS MILK AND WHEAT INGREDIENTS.

SENSIBLE PORTIONS GARDEN VEGGIE STRAWS



Nutrition Facts			
Serving Size 1 Bag (28g)			
Amount Per Serving			
Calories 130		Calories from Fat 60	
% Daily Value**			
Total Fat	7g		11%
Saturated Fat	0.5g		3%
Trans Fat	0g		
Cholesterol	0mg		0%
Sodium	210mg		9%
Total Carbohydrate	15g		5%
Dietary Fiber	less than 1g		2%
Sugars	less than 1g		
Protein	less than 1g		
Vitamin A	0%	Vitamin C	2%
Calcium	0%	Iron	2%
**Percent Daily Values are based on a 2,000 calorie diet. Your daily values may be higher or lower depending on your calorie needs:			
		Calories: 2,000	2,500
Total Fat	Less than 65g	65g	80g
Sat Fat	Less than 20g	20g	25g
Cholesterol	Less than 300mg	300mg	300mg
Sodium	Less than 2,400mg	2,400mg	2,400mg
Total Carbohydrate	300g	300g	375g
Dietary Fiber	25g	25g	30g

Ingredients: veggie straws (potato starch, potato flour, corn starch, tomato paste, spinach powder, salt, potassium chloride, sugar, beetroot powder [color], turmeric, canola oil and/or safflower oil and/or sunflower oil, sea salt).

SIMPLY CHEETOS PUFFS, WHITE CHEDDAR



Nutrition Facts	
Serving Size 1 oz (28g/About 32 pieces)	
Amount Per Serving	
Calories 150	Calories from Fat 80
% Daily Value*	
Total Fat 9g	14%
Saturated Fat 1.5g	7%
Trans Fat 0g	
Cholesterol 0mg	0%
Sodium 290mg	12%
Total Carbohydrate 16g	5%
Dietary Fiber less than 1g	3%
Sugars 1g	
Protein 2g	
Vitamin A 0%	• Vitamin C 0%
Calcium 2%	• Iron 0%
Vitamin E 10%	• Riboflavin 2%
Vitamin B6 2%	• Phosphorus 4%
* Percent Daily Values are based on a 2,000 calorie diet. Your daily values may be higher or lower depending on your calorie needs:	
	Calories: 2,000 2,500
Total Fat	Less than 65g 80g
Sat Fat	Less than 20g 25g
Cholesterol	Less than 300mg 300mg
Sodium	Less than 2,400mg 2,400mg
Total Carbohydrate	300g 375g
Dietary Fiber	25g 30g
Calories per gram:	
Fat 9	• Carbohydrate 4 • Protein 4

Ingredients: organic corn meal, expeller pressed sunflower oil, whey, cheddar cheese (milk, sea salt, cheese cultures, enzymes), maltodextrin, sea salt, natural flavors, organic sour cream (cultured organic skim milk, organic cream, cornstarch, dry organic skim milk, acidophilus, bifidus culture), torula yeast, lactic acid, citric acid.

SMARTFOOD DELIGHT WHITE CHEDDAR FLAVORED POPCORN



Nutrition Facts			
Serving Size 1 oz (28g/About 3 1/2 cups)			
Amount Per Serving			
	1 oz	1 cup	
Calories	130	35	
Calories from Fat	45	15	
	% Daily Value*		
Total Fat 5g, 1.5g	8%	2%	
Saturated Fat 1g, 0g	4%	0%	
Trans Fat 0g, 0g			
Cholesterol 0mg, 0mg	0%	0%	
Sodium 220mg, 65mg	9%	3%	
Total Carbohydrate 18g, 5g	6%	2%	
Dietary Fiber 3g, less than 1g	13%	4%	
Sugars less than 1g, 0g			
Protein 3g, less than 1g			
Vitamin A	0%	0%	
Vitamin C	0%	0%	
Calcium	0%	0%	
Iron	2%	0%	
* Percent Daily Values are based on a 2,000 calorie diet. Your daily values may be higher or lower depending on your calorie needs:			
	Calories:	2,000	2,500
Total Fat	Less than	65g	80g
Sat Fat	Less than	20g	25g
Cholesterol	Less than	300mg	300mg
Sodium	Less than	2,400mg	2,400mg
Total Carbohydrate		300g	375g
Dietary Fiber		25g	30g
Calories per gram:			
Fat	9	Carbohydrate	4
		Protein	4

Ingredients: organic corn meal, expeller pressed sunflower oil, whey, cheddar cheese (milk, sea salt, cheese cultures, enzymes), maltodextrin, sea salt, natural flavors, organic sour cream (cultured organic skim milk, organic cream, cornstarch, dry organic skim milk, acidophilus, bifidus culture), torula yeast, lactic acid, citric acid.

19 PROTEIN FOR BREAKFAST: THE GREATEST BREAKFAST BURRITO HANDOUT



STEP 1: Select your ingredients.

Circle the ingredients you'd like to include in your burrito. Be sure to select a food representing each of the following categories: protein, veggie/fruit, whole grain, and fat.

STEP 2: Add up the totals of the circled items in Column 2.

This is what it would cost to buy these items on a trip to the grocery store.

STEP 3: Add up the totals of the circled items in Column 3.

This is the total cost of your burrito.

FOOD ITEM	COST	COST PER SERVING
Avocados	1 avocado: \$1.40	½ avocado: \$0.70
Black beans	15 oz. can: \$0.89	4 oz. (½ C): \$0.24
Brussels sprouts	1 lb. bag: \$6.99	4 oz. (½ C): \$1.75
Cheese, Cheddar	8 oz. bag: \$2.50	1 oz.: \$0.31
Cottage Cheese	12 oz. container: \$1.89	4 oz.: \$0.63
Eggs	1 dozen: \$2.89	1 egg: \$0.24
Flax seed	16 oz. box: \$2.99	2 T: \$0.10
Ham	8 oz. package: \$2.99	4 oz. (½ C): \$1.50
Onion	1 onion: \$0.80	¼ onion: \$0.20
Pepper, Bell	A bag of bell peppers: \$4.99	3 peppers: \$0.25
Pepper, Jalapeño	1 jalapeño pepper: \$0.20	1 pepper: \$0.20
Potatoes	5-lb. bag: \$2.55	8 oz. (1 C): \$0.26
Rice, Brown	16 oz. bag: \$1.19	4 oz. (½ C): \$0.30
Salsa	15.5 oz. jar: \$3.50	2 T (1.2 oz.): \$0.27
Spinach	10 oz. bag: \$1.99	4 oz. (½ C): \$0.80
Tomatoes	Package of 4: \$3.99	1 tomato: \$1.00
Tortillas, Whole Wheat	Package of 8: \$1.99	1 tortilla: \$0.25

oz. = ounces C = Cups
lb. = pounds T = Tablespoons

TOTAL COST OF INGREDIENTS:

\$

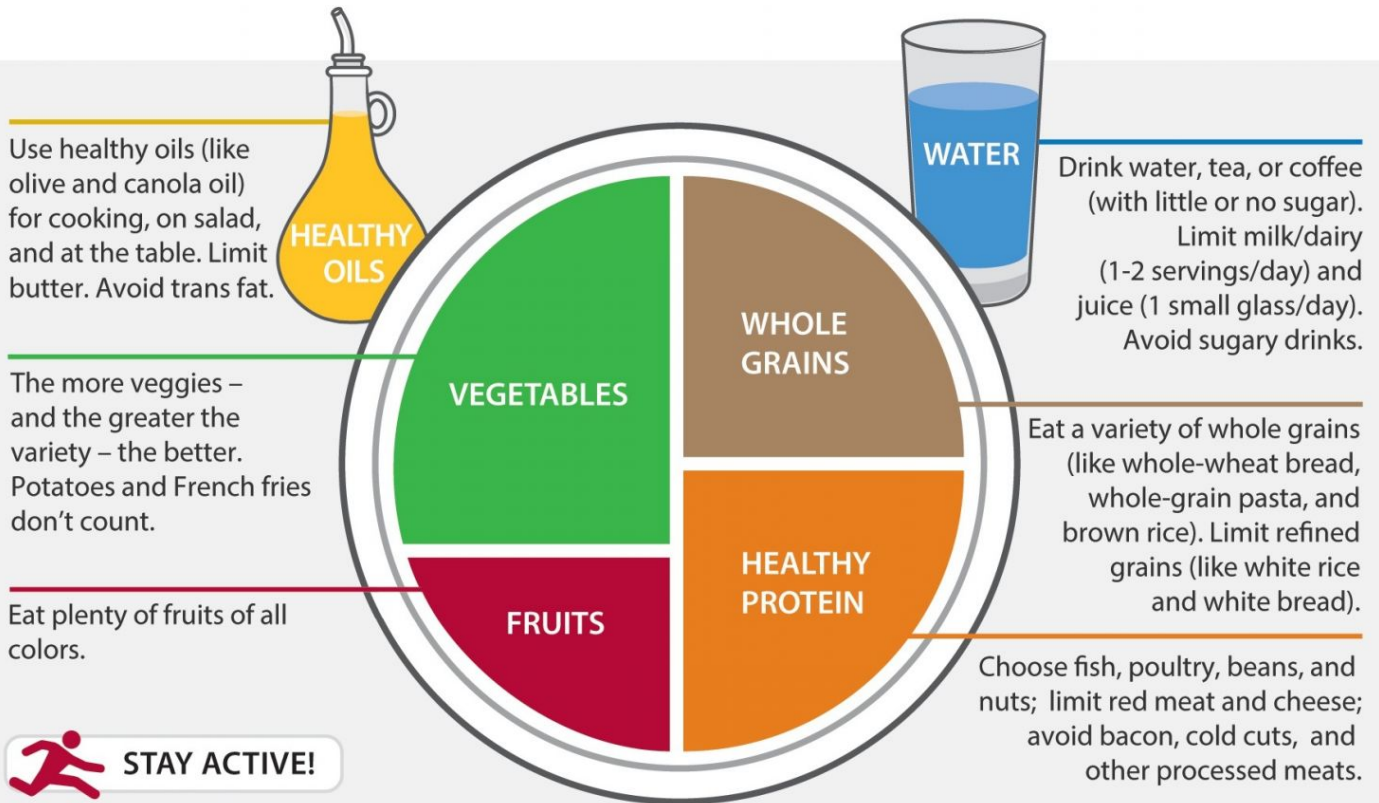
COST PER BURRITO:

\$

STEP 4: Does your burrito meet the MyPlate recommendations?



HEALTHY EATING PLATE



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Harvard T.H. Chan School of Public Health
The Nutrition Source
www.hsph.harvard.edu/nutritionsource

Harvard Medical School
Harvard Health Publications
www.health.harvard.edu



20 HEALTHY SNACKING AND PACKING WORKSHEET

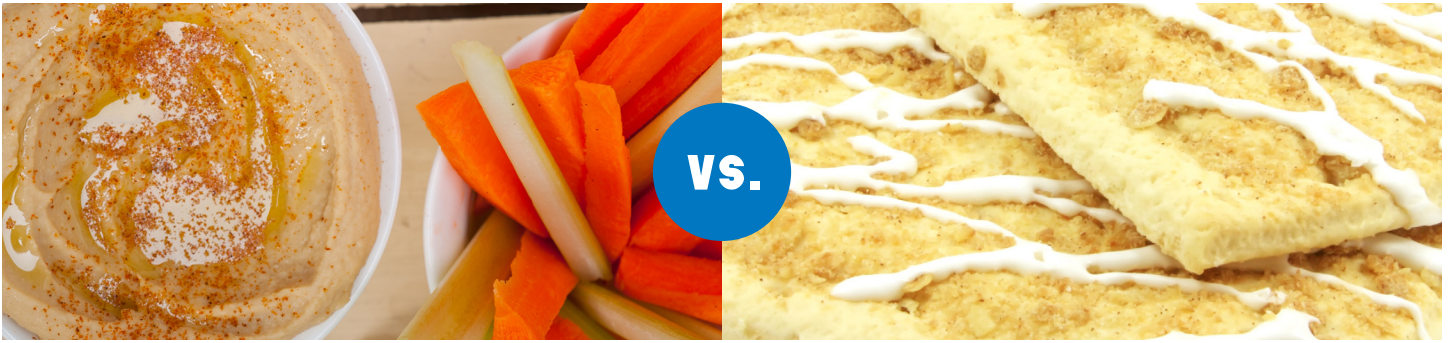


APPLE AND PEANUT BUTTER VS. BEEF JERKY

DOES THE SNACK CONTAIN SIMPLE CARBOHYDRATES, COMPLEX CARBOHYDRATES, OR BOTH (OR LOW/NONE)?

WHICH CONTAINS MORE FIBER?

WHICH IS A BETTER CHOICE?



CARROTS AND HUMMUS VS. POP-TARTS®

DOES THE SNACK CONTAIN SIMPLE CARBOHYDRATES, COMPLEX CARBOHYDRATES, OR BOTH (OR LOW/NONE)?

WHICH CONTAINS MORE FIBER?

WHICH IS A BETTER CHOICE?

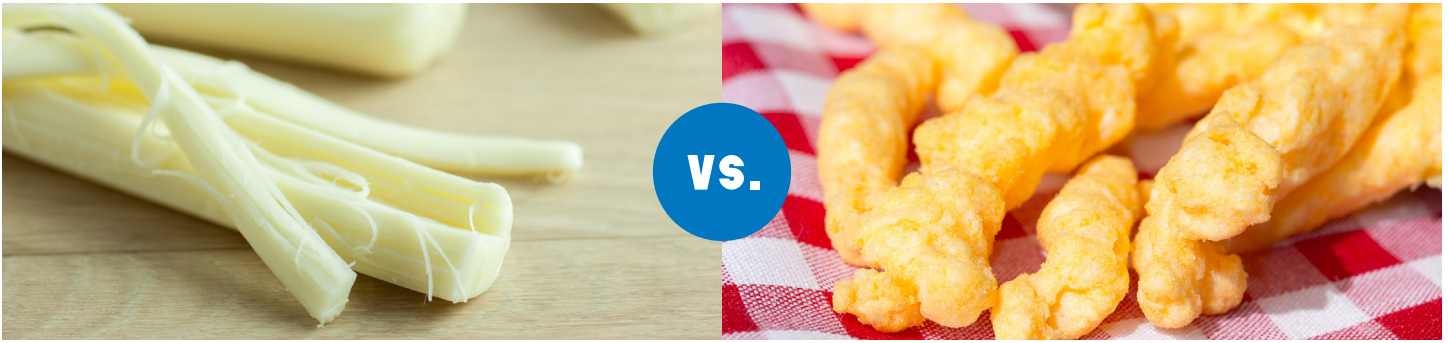


ORANGE VS. ORANGE CANDY

DOES THE SNACK CONTAIN SIMPLE CARBOHYDRATES, COMPLEX CARBOHYDRATES, OR BOTH (OR LOW/NONE)?

WHICH CONTAINS MORE FIBER?

WHICH IS A BETTER CHOICE?



STRING CHEESE VS. CHEETOS®

DOES THE SNACK CONTAIN SIMPLE CARBOHYDRATES, COMPLEX CARBOHYDRATES, OR BOTH (OR LOW/NONE)?

WHICH CONTAINS MORE FIBER?

WHICH IS A BETTER CHOICE?



PLAIN YOGURT VS. ICE CREAM BAR

DOES THE SNACK CONTAIN SIMPLE CARBOHYDRATES, COMPLEX CARBOHYDRATES, OR BOTH (OR LOW/NONE)?

WHICH CONTAINS MORE FIBER?

WHICH IS A BETTER CHOICE?



ALMONDS VS. POTATO CHIPS

DOES THE SNACK CONTAIN SIMPLE CARBOHYDRATES, COMPLEX CARBOHYDRATES, OR BOTH (OR LOW/NONE)?

WHICH CONTAINS MORE FIBER?

WHICH IS A BETTER CHOICE?

21 **HEALTHY BEVERAGE MATH**
WORKSHEET



BLACK COFFEE

CALORIES: 0

COST \$2.00

NUMBER OF FOOTBALL FIELDS: $0/5 =$ _____

COST FOR 30 DAYS: $30 \times 2.00 =$ _____



MOCHA ESPRESSO DRINK

CALORIES: 200

COST \$3.50

NUMBER OF FOOTBALL FIELDS: $200/5 =$ _____

COST FOR 30 DAYS: $30 \times 3.50 =$ _____



COLA

CALORIES: 140

COST: \$1

NUMBER OF FOOTBALL FIELDS: $140/5 =$ _____

COST FOR 30 DAYS: $30 \times 1 =$ _____



ENERGY DRINK

CALORIES: 115

COST: \$2.25

NUMBER OF FOOTBALL FIELDS: $115/5 =$ _____

COST FOR 30 DAYS: $30 \times 2.25 =$ _____



ORANGE JUICE

CALORIES: 135

COST: \$1.75

NUMBER OF FOOTBALL FIELDS: $135/5 =$ _____

COST FOR 30 DAYS: $30 \times 1.75 =$ _____



WATER

CALORIES: 0

COST \$0.00

NUMBER OF FOOTBALL FIELDS: $0/5 =$ _____

COST FOR 30 DAYS: $30 \times 0 =$ _____

