

## *Welcome to Our Schools* Curriculum

The CCSD ELL Division is grateful for the generosity of The New York State Office of Temporary and Disability Assistance for providing us the rights to share their *Welcome to Our Schools* curriculum with our teachers. This curriculum was developed for New York Teachers of Refugee students. With this in mind, there are a few lessons that we will be offering adaptation suggestions to address the needs of Newcomer students living in Clark County.

When deciding what modules to teach, keep in mind who your students are and what they need to learn about being in a U.S. school. As they state in their materials, “Instructors should review the Modules and select the materials that would be most relevant to the refugee students (CCSD Newcomers) enrolled in their school system, and most useful when designing lesson plans and classroom activities.” Also, you may have English-speaking students who do not qualify as ELLs who could benefit from the acculturation pieces of this curriculum. A student coming from England speaks a different English and can experience culture shock as they begin living in the U.S. Please use these materials, as they seem appropriate for these students as well.

Please review pages 4-8, Background for Instructors. As you read any of these materials, remember that the authors are in New York, and programs mentioned do not align to CCSD programs. Reading considerations are also attached for you to review before reading each module. We are providing these materials as a starting point for you to be able to develop lessons to meet the acculturation needs of your Newcomer students. Thank you for looking at these materials. The CCSD ELL Division welcomes your feedback on this curriculum as we are offering it to our schools for the first time this year. If you have any questions or need additional supports for your Newcomer students please reach out to our Division at (702) 799-2137. Also, please look at the materials and links specifically provided to address newcomer needs found on our website at [ell.ccsd.net](http://ell.ccsd.net). Most schools have an ELL Student Success Advocate. These staff members receive additional training from the ELL Division and can also act as a resource for you.

## CCSD CONSIDERATIONS

### Module 6: Stay Healthy

#### In this reading...

When it says ...	Think...
refugee	newcomer
Refugee Academy	school site
academic coach	mentor

- Schools offer breakfast and lunch in CCSD.
- Lead Poisoning is not as prevalent in our region. Also we have not provided Activity 7 for this reason. Skip pages 7-14.
- For more information on Nevada health, consider visiting <http://dhhs.nv.gov/>.
- Have FRL forms ahead of time for students just in case (other forms may include Three Square, etc.). The FRL application is available in 39 languages. A link to these applications can be found on the CCSD ELL website, Newcomer Page under Welcoming Practices.
- School nurses and FASA have approved letters and information on personal hygiene.
- Always use caution using food in lessons. Look over food allergy information before lessons and consider the unique beliefs and rules surrounding food across cultures.
- Videos are not available at this time.

# WELCOME TO OUR SCHOOLS



**BUREAU OF REFUGEE AND IMMIGRANT ASSISTANCE**

**NEW YORK STATE OFFICE  
OF TEMPORARY AND DISABILITY ASSISTANCE**

**REVISED 2011  
ANDREW M. CUOMO, GOVERNOR**

The Refugee School Impact Grant (RSIG) *Welcome to our Schools*, which includes Refugee Academy and Mini-Academy Curricula, Parent and Professional Development Programs, a Guide to Academic Coaches, a Guide to the Videos, and the videos *Refugee Student Interviews*, *Refugee Parent Interviews*, *A Day in Elementary School*, *A Day in Middle School* and *A Day in High School*, was developed by the New York State Office of Temporary and Disability Assistance, Bureau of Refugee and Immigrant Assistance (OTDA/BRIA).

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**MODULE 6**  
**STAY HEALTHY**

# **MODULE 6: Stay Healthy**

## **PURPOSE**



The purpose of Module 6 is to familiarize students with strategies for staying healthy.

## **OBJECTIVES**

*Students will:*

- Become familiar with meal options at school
- Understand the impact of exercise and hygiene on physical and mental health
- Appreciate the role of food in different cultures
- Understand lead poisoning and the importance of good hygiene and nutrition



## **SUPPLIES**

***Handout 6 – 1:  
Stay Healthy (K-5)***

***Handout 6 – 2:  
Stay Healthy (6-12)***

***Handout 6 – 3  
Possible Sources of  
Lead  
(K-12)***

***Handout 6 – 4  
Good Nutrition  
(K-12)***

***Handout 6 – 5  
Fruit to Color  
(K-12)***

***Handout 6 – 6  
Vegetables to  
Color (K-12)***

***Continued on page 2***



## **SUPPLIES (CONTINUED)**

**Sample breakfast and lunch** items from the school cafeteria

**Pudding, fruit cup, or dessert** for all students (check in advance for food allergies)

**Two lunch bags containing staples of American student bag lunches**

**One bag lunch** containing **food from the country of a refugee student**

**Box of personal care items** (shampoo, toothbrush and toothpaste, deodorant, soap, nail clipper, etc.). If possible, obtain free samples.

**Dance music from different cultures;** current American dance music; CD player

**Colored pencils, crayons, or colored markers**

**Lead Poisoning Script** located at the end of this module

**Lead Poisoning Photos** located in Section C – Handouts for Module 6

**Examples of lead-free products** (dishes, toys, jewelry, cosmetics, paint)

**Samples of fresh fruits and vegetables, dairy products** (select many colors)

**Samples of vitamins for children** (chewable, cartoon, fruit-flavored, etc.)

### **Snack pairs:**

Banana and yogurt

Apple and cheese

Broccoli and sour cream dip

Carrot sticks and soft cheese

V-8 juice or other healthy juices  
(low-sugar)

Vegetable soup and milk

### **Videos: Refugee Student Interviews and A Day in School**

(Elementary, Middle or High School)

### **Websites:**

NYS Department of Health -

[http://www.nyhealth.gov/environmental/lead/recalls/questions\\_and\\_answers.htm](http://www.nyhealth.gov/environmental/lead/recalls/questions_and_answers.htm)

U.S. Safety Product Commission - <http://www.cpsc.gov>

**Optional:** Bar of soap, hand towel for each student



## **MODULE 6: Stay Healthy**

### **VOCABULARY**

#### **Elementary Vocabulary**

Healthy  
Unhealthy  
Food  
Clean  
Wash  
Toothbrush  
Toothpaste  
Soap  
Shampoo  
Recess  
Exercise  
Breakfast  
Lunch  
Cafeteria  
Lead  
Lead Poisoning  
Nutrition  
Food names such as peanut  
butter, jelly, cookie, potato  
chips, lettuce, banana, orange,  
yogurt, milk, etc.

#### **Secondary Vocabulary**

Healthy  
Unhealthy  
Food  
Clean  
Shampoo  
Toothbrush  
Toothpaste  
Soap  
Deodorant  
Razor  
Exercise  
Breakfast  
Lunch  
Cafeteria  
Lead  
Lead Poisoning  
Nutrition  
Food names such as peanut  
butter, jelly, cookie, potato  
chips, lettuce, banana, orange,  
yogurt, milk, etc.





## Key Points – Staying Healthy



### 1. *Schools offer lunch every day.*



Students may not realize that lunch is offered every day in school, served in the school cafeteria. Students can either purchase a full lunch on a tray, or items to supplement a lunch that they brought from home.



Schools differ in their procedure for paying for lunch. Some schools take a “lunch count” every morning to find out who will be buying lunch. Some schools have lunch tickets or cards that families pay for at the beginning of the school year, or throughout the year. Review the procedures in the school district. If possible, make arrangements for students to obtain their lunch passes and copies of the school lunch menus. Show them how to get to the cafeteria, how to work the vending machines, what cartons of milk and other food items look like, and how to throw away their garbage and return their trays.

Students who may have difficulty paying for lunch every day may be eligible for “free lunch” arranged by the school nurse, social worker, or guidance counselor. Academic Coaches should discuss the lunch form at a parent Open House, and discreetly refer any students who may need assistance in paying for lunch. In some cases, breakfast may be provided as well.

Refugee students may have difficulty negotiating the lunch period in the cafeteria. They will have to figure out how to purchase their full lunch or milk, desserts, and other items available in the cafeteria line or in vending machines. Then they have to figure out where to sit in the cafeteria. For elementary students, the class usually sits together. For secondary students, determining where to sit in the cafeteria can be a challenge. Students sit with their friends and do not often welcome newcomers to their lunch tables. It is intimidating to approach a table of strangers and sit down at their table with them.

The instructors should discuss the steps involved in eating lunch in the cafeteria, including strategies that can be employed when searching for a place to sit. Discuss how uncomfortable it can feel to be eating alone, and ask students what they can do about finding a friend to eat with, and what they can do to help a friend who is sitting alone. Explain to students that the lunch period is a time to socialize, but students are to try to keep their voices low. They are to respond to adults in the cafeteria who are there to maintain discipline, and should always clean up their own garbage.



**2. American foods will be different; try new foods while maintaining personal traditions.**

Students in the Refugee Academy may enjoy traditional native foods at home, and be resistant to trying new American foods.



Encourage students to widen their range of eating experiences. Explain that America has staples such as hamburgers, hot dogs, and apple pie, but in any household there will be traditional foods that are eaten all over the world. Students in urban areas will see that there are international restaurants throughout the city. Their own neighborhoods may have restaurants with familiar cuisine from their native country in addition to American fast-food restaurants and diners, and restaurants with Chinese, Indian, Thai, Vietnamese, or Italian menus.

Students need to be reassured that they can still maintain their cultural heritage and enjoy familiar foods while tasting new foods from many different countries, including America.



**3. Good hygiene can build confidence and self-esteem, as well as friendships.**

For a variety of reasons, students may not realize how to maintain good hygiene. They may not have the experience, the facilities at home, the resources, or the skills. They may not be aware of the number of hygiene products available in America, or are well aware and totally confused!

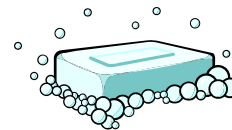
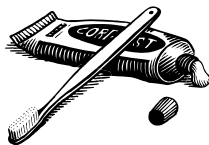
Bring examples of hygiene items to the Academy and discuss what they are for. Remind students that good hygiene can make an them feel proud of their appearance, resulting in more confidence.




If students are aware that they are not taking care of their hygiene but are unable to fix the problem, they can feel humiliated. Provide everyone with basic information about personal care and where they can obtain the items necessary for personal care. If possible, visit a local drugstore to talk about the numerous products on the shelves.

Students may need to be reminded that hygiene will be influential in their ability to develop new friendships. However, never isolate a student and comment on hygiene. Always make the subject a general discussion, pointing out a possible hygiene problem, the causes, and the remedies. If it appears that a student does not understand how to maintain personal hygiene (or does not have access to a shower, shampoo, toothpaste, clean clothes, nail clippers, etc.) then an Academic Coach or school nurse should talk quietly with the student, providing the necessary resources and advice about where to obtain products.

It is suggested that the Academic Coaches approach local businesses and drugstores to obtain samples of hygiene items such as toothbrushes, combs, shampoo, soap, deodorant, and laundry detergent.



 **4. Exercise can build strength, friendships, confidence and skills, and can reduce stress.**

Opportunities for exercise are provided by schools during physical education classes, after-school activities, and athletic programs. Community-based organizations often offer programs that encourage exercise.



However, it may be very tempting for refugee students to stay home alone, watching television. They may not feel comfortable participating in after-school and sports programs. They may not know how to join them, or how to play the games. They may not want to participate because they do not know anyone.



Encourage students to participate in activities that require physical exercise. They may not realize that exercise can build their strength and confidence. They can make new friends who have a mutual interest in the activity. They may discover that they have the ability to excel in a particular sport.



Students may not realize that exercise can also reduce stress. Point out how satisfying it can feel to run the bases, shoot a basket, or do karate after a stressful day at school. If they do not enjoy the activity and it is creating more stress, they should seek out something new that is more rewarding. Above all, they should exercise to keep healthy as they adjust to the many demands of a new school.

 **5. Refugee students may have significant health concerns.**

Many refugee students and their families have serious health concerns. The students may have experienced malnutrition, physical torture, infectious diseases, and injuries from war. They may have depression, post-traumatic stress disorder, anxiety, and other mental and physical disabilities.

It may seem insignificant to talk to students about topics such as choosing an apple to eat instead of potato chips, or signing up for an exercise class, when they have so many serious health needs. But the purpose of the Refugee Academy is to focus on the future in school, and students need to learn how to monitor their personal health while adjusting to their new lives.



Instructors should be alert for students who may need specialized health care, referrals from the school nurse, support from school social workers and psychologists, or assistance from administrators and teachers in planning adapted academic programs due to health concerns. During the Academy, help the students understand the essential components of good health and make sure that they are getting professional help if needed.



**6. The health effects of lead poisoning on children can be devastating, especially because the impact of lead may be invisible.**

Lead poisoning is one of the most common and preventable childhood health problems in the United States. Refugee children could have been exposed to lead before they arrived in the United States, or they may be exposed in their current homes.

Instructors and Academic Coaches do not need to be experts on lead poisoning. Academic Coaches should follow up on student concerns by contacting the school nurse or the Refugee Resettlement Case Manager.

Students do not need to know scientific information about lead in the body. When discussing lead poisoning with students, stress the importance of hand-washing and eating healthy foods.

***Background information on lead poisoning***

Lead is a heavy metal that does not break down and decompose, so it has been used in many products such as water pipes, pewter dishes, paint, and other commercial products. Once it was confirmed in the early 1960s that lead could be a poison, including the dust of lead paint, actions were taken to eliminate the use of lead and to implement screening for lead in infants and children.

Lead is a poison that affects almost every system in the body. Shortly after lead enters the body through ingestion, hands in the mouth, or inhalation of dust, the lead travels in the blood to the soft tissues such as the liver, kidneys, and brain. The body gradually moves lead from the blood and organs to the bones and teeth, where it can be stored for decades. Any amount of lead in the body is considered toxic.

Children under the age of 6 are at the greatest risk of health effects associated with exposure to lead. They are particularly vulnerable because their brain and central nervous system are still forming. Lead interferes with the development of these systems as well as the kidney and blood-forming organs. In addition, lead can cross the placenta and adversely affect a developing fetus.

Lead poisoning is not always visible, and the vast majority of children exposed to lead go undiagnosed and untreated. The effects of lead may occur with no overt outward symptoms, and cognitive damage is not apparent until children reach age 4 or later. The behavioral effects of lead are irreversible and may not be noticed until the child enters school.

Health effects vary from child to child, but examples of the toxic nature of lead are:

- Decrease in IQ points from even very small exposure to lead
- Learning disabilities
- Behavioral problems
- Hyperactivity
- Lethargy
- Stunted or slowed growth
- Impaired hearing
- Difficulty concentrating / attention deficits
- Wrist or foot drop
- Seizures
- Abdominal pain, vomiting, diarrhea
- Encephalopathy (brain dysfunction)
- Nausea, constipation, colic, dyspepsia
- Reproductive damage
- Hypertension
- Deficits in visual-spatial skills, fine motor coordination, balance
- Coma

These effects can get worse if nothing is done to eliminate the lead exposure problem. At increasingly higher levels of exposure, the health effects can be kidney damage, significant IQ deficits, and developmental disabilities such as mental retardation. Children and adults can fall into a coma or die from lead poisoning.

The symptoms of lead poisoning can be subtle and they are often confused with other problems in learning, behavior, or health issues. For example, a child may have a stomachache or headache, loss of appetite, irritability, or hyperactivity. The child may be inattentive or confused, or demonstrate lack of initiative or enthusiasm for school activities.

All of these behaviors can be misinterpreted as discomfort with school, adjusting to a new school environment, language difficulties, and other factors that would naturally occur when a refugee child is adapting to an American school.

But since the symptoms of lead poisoning are not always visible as health issues, parents may not understand how lead poisoning can affect the *behavior* of children.

Parents of refugee children may be comfortable with the behavior of their children because their child has always behaved that way, or because the parents are unfamiliar with behavior that is expected in an American classroom.

For example, if a child is particularly lethargic or unable to pay attention in class, the parents may attribute that to adjusting to a new school (or adjusting to formal education)

and the demands of life in the new country. They may also indicate that the child has always behaved that way.

Academic Coaches can provide information and support to parents or students why they may have concerns about behavior in school. Lead poisoning should be considered as a possible explanation for the behavior.

### ***Sources of lead poisoning***

Lead is a natural element that had thousands of uses, but it is also a powerful neurotoxin that interferes with the development of the brain and nervous system.

Lead poisoning is not limited to the United States, although industrialization was a major contributor to the use of lead in public facilities, manufacturing plants, and homes. Lead poisoning is a worldwide problem, particularly in countries where there are no regulations about the use of lead.

It is a myth that the problem of lead poisoning is limited to Africa. This myth generated from the death of a Sudanese refugee child in the year 2000. Lead poisoning can be found in both developing countries and in highly industrialized countries anywhere in the world.

Refugee children are twice as likely as U.S. children to have elevated lead levels in their blood. Some are exposed to lead prior to arriving in the United States, while others are exposed once they are resettled. In developing countries, several factors increase the potential for lead exposure:

- environmental pollution
- absent or lax environmental regulations
- hot climates that allow for outdoor living and activities (on ground that may contain lead)
- open housing construction, often with lead-painted materials
- concentration of populations around heavy traffic areas.

Refugee children may have a compromised immune or nutritional status that can cause an increase in vulnerability to lead poisoning. Malnutrition and anemia can enhance lead absorption. Children who mouth or eat non-food items, especially soil, can become exposed to lead.



Leaded gas, leaded solder, and lead paint have been banned in the United States, but the remnants still remain across the country. Smelters, chemical and battery plants, burning of fossil fuels and solid waste, ammunition manufacturing and use, and traditional use of home remedies that contain lead have all contributed to lead in the environment.

There are at least 38 million homes and buildings in the United States that contain lead paint, some of it peeling and covering the area with dust. Leaded gasoline is still in the soil around roads and storage areas. Thousands of lead pipes continue to serve as water service lines in many older United States cities.





The most common risk hazard is living in an older home (built before 1975), especially those homes that were built before 1950 and are in disrepair. Many refugee families are resettled in older housing because of the affordability and availability.

Peeling and chipping paint on the housing exterior and on

walls, banisters, windowsills, and radiators often contain lead. The lead paint starts to chip and peel and gets grounded into dust. The tiny pieces of lead can gather in areas that are not often cleaned, such as corners of windows, between floorboards, and under radiators. The lead dust can become part of the dust in the house and in the soil around the house.



Lead hazards have been found in playgrounds, primarily due to the age of paint on the playground equipment. School districts are responsible for determining the age and condition of the paint, and should be alert to deteriorating paint.

Some dishes and ceramic ware contain lead, even though since 1980 the Federal Drug Administration (FDA) has had limits on lead and cadmium in ceramic ware products. However suspect ceramic ware products can enter the United States, especially if they are brought in personal baggage. A glaze or decoration may have high levels of lead that can get into food, wear off on hands, and leave lead dust.

Lead can be found in the following products, depending upon the year and the source of production:

- Drinking water (from lead pipes)
- Hair dyes
- Miniblinds
- Calcium and other vitamin supplements
- Cleaning products
- Playground equipment
- Necklaces
- Toys
- Dishes and lead crystal
- Eye makeup, lipstick, kohl
- Imported wine containers with lead foil wrappers
- Folk remedies such as “pay-loo-ah” - a red and orange powder used for fever (Asian origin)
- Imported soldered cans containing food



Lead exposure can also occur in various occupations and hobbies:

- Hobbies such as glazed pottery making, stained glasswork, home remodeling, lead soldering, preparation of home remedies
- Employment such as auto repair, welding, bridge reconstruction, painting and remodeling, cable splicing, and foundry work may result in lead dust on clothing and car seats if parents wear uniforms home.
- Lead dust from paint can get on household surfaces, floors, toys, blankets and linens, and even pets. Children tend to spend more time on the floor where lead dust may be present.

So what should the students be told? Younger students should be aware that lead may be in paint, paint chips, broken pottery, and some toys. They should be reassured that parents and the Academic Coaches can talk to them about items in their home to determine if they should be checked for lead.

It is important to avoid scaring young children, but at the same time raise their awareness about how they should think about what they are exposed to at home. Encourage them to wash their hands and keep objects (and fingers) out of their mouths. Tell them to talk to the Academic Coach if they are afraid that something in their home may contain lead.

Older students can be told more information about sources of lead, particularly if they are involved in automobile repair, hobbies, or construction that may expose them to lead. They can also be helpful in assessing their home environments and informing their parents about the dangers of exposure to lead. (Note that *Parent Program 4: Lead Poisoning* is included in the **Welcome to Our Schools Kit**.)

### ***Lead Screening***

The first step to determining if there is a problem to address is screening children and adults for lead. The second step is to assess the environment of the refugee families, including their homes, playgrounds, recreational facilities, religious centers, and other gathering places.

- Federal standards currently stipulate that a refugee medical screening must take place within 90 days after a refugee's arrival (or status granted) in the United States – for children less than 7 at the time of arrival or status granted.
- The contents of the screening vary from state to state, and many states do not specify a blood lead level (BLL) screening for refugee children.
- In New York State, refugee children under 7 should have been tested for lead.
- The Centers for Disease Control and Prevention (CDC) and the American Academy of Pediatrics recommend testing for children who have emigrated from other countries where lead poisoning is present. Recently local and state health organizations have encouraged BLL screening for adults who are refugees, as



well as for all refugee families who may have settled in housing in the United States that may contain lead paint or pipes.

Screening children for exposure to lead is done by a *finger-stick* (or capillary) method. Further testing may be necessary. Instructors can ask students if they remember the simple, quick test that is vital for determining lead levels in the body. Students should be reassured that there are treatments and medications available for treating elevated lead levels.



- Once lead exposure is suspected, further medical evaluation of health history, environment (past and current), family activities and traditions, mother's habits when pregnant, food and folk medicines, and other factors associated with lead exposure need to be assessed. This should be done by a physician in conjunction with lead poisoning specialists from a local health department.
- A repeat blood test should be performed three to six months after refugee children are placed in a residence, to determine if BLLs have been reduced or elevated. Resettlement in housing in the United States may have contributed to higher BLLs that did not exist when the child first arrived. Blood levels can rise quickly, signaling sudden exposure to lead.
- If students are concerned about whether they were tested, or if they think that they might have been exposed to lead after they were tested, they should be encouraged to talk to their Academic Coach.

### ***Environmental assessment and cleaning***

An environmental assessment should be done by a specialist in lead poisoning, but it may not be possible to assess housing before a family is resettled. Older students can be encouraged to take a look at their environment and inform their parents or Academic Coach if they are concerned about possible exposure to lead.

A visual assessment, from floor to ceiling, can be done by walking around the exterior and interior of a building, looking under radiators, on windowsills, in corners, and in other places such as steps, porches, railings, gutters, spouts, doors, roof tiles, or cellar entries, that may not be immediately noticeable. Parents and older children can take note of peeling or chipped paint, dust that has collected, or any area that needs repair.

The instructor should encourage older students to assess all of the places that their family members visit, including child care centers or the homes of babysitters; playgrounds; recreation centers; and the homes of friends and relatives.

It is difficult to simply relocate refugee families to lead-free housing, especially because alternative housing may not be available. At the same time, extensive on-site removal of lead paint can raise the concentration of dust in the home.

Some students may need to assist their parents in getting advice from the health department, housing agencies, and other experts about how to clean up their home environment. If they need assistance in contacting those agencies, they can talk to the Academic Coach.

Parents can scrape and repaint, as long as they receive instructions on how to do the repairs without further exposure to lead. Remind students that lead dust can be created during the paint removal process, and the students themselves should not be involved in doing the repairs.

If the property owner is not able to provide a certificate of compliance that the property is lead safe, then the refugee families need to know who to contact for assistance. The Refugee Resettlement Case Manager can provide information about:

- Who can inspect the property for lead
- What is expected of the families before and after a lead inspection
- How the property owner/landlord will be contacted and what will happen as a result of contacting the property owner
- What will happen to the family if the property is determined to be “high risk” or in need of immediate painting and repair

Students should be told that families should frequently wash all toys, pacifiers, bottles, and other items handled by the children in the family.

Parents should wet wash floors and other surfaces. Vacuum cleaners or sweeping can simply spread the dust.

If a parent or family member works in an environment where there might be lead dust (such as a factory or in a home that is being remodeled) then they should assess their exposure to lead and take precautions. All work clothing should be removed before entering the home, and clothes should be washed separately.

Parents can run tap water for a minute before drinking or cooking with it. If the water has been tested high in lead, install an effective filtering device. Although it is expensive, families may need to switch to bottled water.

Families should not eat canned goods from countries outside of the United States. The ban on lead-soldered cans is not worldwide.

Parents should discard any dishes and ceramic ware in their homes that are chipped or cracked. This may mean that refugee families have to throw out personal items that are meaningful to them, but they must realize that even handling the item can contribute to lead poisoning.

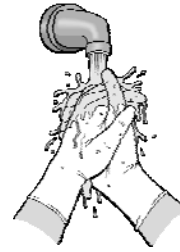
They should not store food in any dishes that might contain lead, or store food in any antiques or collectibles. Any highly decorated or metallic-coated tableware, particularly items made in other countries, should never be used for food or liquids.

Ordinary glassware does not contain lead, but lead is still used to make expensive lead crystal. Families should take the same precautions with crystal. Manufacturers are the best source of information about the contents of eating and cooking utensils.

## Promoting good hygiene and nutrition

Children should be encouraged to wash their hands and keep their hands out of their mouths for general good health and hygiene.

Instructors should keep stressing that students should wash their hands often, regardless of whether they have been exposed to lead or not.



The students can be reminded that infants and children naturally put things in their mouths and should not be punished when they do. Children are curious and reach for things in areas that may not be routinely cleaned, like corners and under windows and radiators. The environment should be safe and clean.

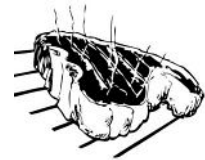
When there is a possibility that students may be exposed to lead, such as on a public playground or in an older building, they should be especially careful about washing their hands and keeping hands out of their mouths. The children may not touch the lead paint directly, but the dust can get on their hands and clothing. (Reassure students that school playgrounds have all been tested for lead.)

In addition, students can slow the absorption of lead in their bodies with healthy eating habits. Children under age 6 will generally absorb/retain about 50% of the lead that they ingest, but that percentage can be slowed with good nutrition. The consumption of fatty foods should be kept to a minimum (but not eliminated, especially for children under age 2), and children should be receiving adequate levels of calcium, iron, vitamin C, and zinc.



A diet deficient in iron and calcium may enhance the amount of lead absorbed. Some of the healthy staples may not be foods that are found in the homes of refugee families because they are not part of the traditional diet. Milk, yogurt, cheese, and green leafy vegetables (spinach, kale, collard greens) are good sources of calcium.

An iron-rich diet will help to reduce the amount of lead in red blood cells. Good sources of iron include red meats, fish, and chicken; iron-fortified cereals; and dried fruits such as raisins and prunes.



Iron is also better absorbed when foods and juices with vitamin C are part of a daily diet. Fruits, vegetables, and juice, particularly oranges, tomatoes, and green peppers, are excellent sources of vitamin C.

A daily vitamin should be part of a healthy routine at home.



# ACTIVITIES

## **ACTIVITY 1: THE FOOD AT SCHOOL**

**Grades K-5, 6-8, 9-12 (90 minutes)**

### **In this activity:**

Students will discover what foods are offered at lunch in the school cafeteria.



Instructors should show samples of a variety of foods from school lunches, including items that may not be familiar to the students, such as milk cartons, ketchup packets, ice cream sandwiches, and peanut butter and jelly. (Check for food allergies, even if the students are not sampling the food.)

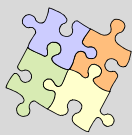
Some students will be familiar with what the school has to offer, or at least familiar with traditional American foods. Others may be wary about what their choices are. They may be resistant to trying new foods. Reassure them that they can bring their own lunch to school, but they should be prepared for questions about what they are eating.

Show the students how they can bring their lunch in a brown paper bag (generally the preferred way of high school students), or a soft lunch box (popular with middle school students), or a hard lunch box (usually brought by elementary students). They will not be able to refrigerate their food, and should wrap food carefully.

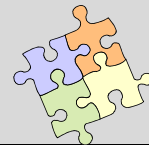
Above all, emphasize the characteristics of a healthy diet.

- **Set up 5 trays of food from the cafeteria and 3 bag lunches.** Two of the bag lunches should be staples of an American lunch diet, such as peanut butter and jelly, potato chips, celery and carrot sticks, cookies, and a carton of milk. One brown bag should have food native to the country of refugee students.
  - **Describe each food**, explaining that different foods are offered every day in school. A school lunch menu is often provided so that students can plan which days they want to buy lunch.
  - **Discuss:**
    - Choices in buying or bringing lunch to school
    - Payment options

- Lunch count that is often taken in homeroom or elementary classrooms
  - Seating in the cafeteria
  - Food options
  - Cleanup
  - Noise level; moving around the cafeteria
  - Lunch aides
  - American student eating habits
  - Suggested foods to pack for lunch
  - Possible reactions to refugee traditional native foods
- Distribute a typical snack from the school cafeteria for students to sample, such as pudding or fruit cup, and discuss healthy eating at school.



## Discussion Questions



### **What foods here look good?**

- The topic of food may be a sensitive subject for students, depending upon their personal history with food. They may have experienced extreme hunger, food sensitivities and allergies, a constant diet of the same food, or limited options from home.
- Students may be embarrassed by their lunch from home. Discuss how healthy eating is important, and the school will arrange for everyone to be able to have a healthy lunch.
- Encourage students to try new foods, even if they do not look appealing. Discuss how to handle a situation if they dislike a new food.

### **What if you cannot buy lunch every day?**

- Explain that if students think they will need to have to skip lunch for financial reasons, they should tell the Academic Coach and arrangements will be made for a free lunch. All arrangements will be confidential.

- The Academic Coach will assist students in arranging for lunch payment and the purchase of lunch tickets or cards.
- Discuss the expense of using vending machines every day, and the impact of snacks on overall health.
- Discuss the cafeteria line, and how it may move quickly. Lunch aides may want immediate decisions about food choices and payment. Inform students that the first few times through the cafeteria line they may feel rushed and confused, but eventually they will recognize the food (because it will keep reappearing throughout the school year) and they will discover what they like.

**What if you are still hungry?**

- Snacking is not permitted in class.
- Students can supplement their lunches by purchasing snacks, but they must be eaten in the cafeteria.
- If students are participating in an after-school program, they might want to pack a snack in their backpack. Remind students about healthy snacks.

## **ACTIVITY 2: VIDEO**

**Grades K-5, 6-8, 9-12 (45 minutes)**



Show the videos ***Refugee Student Interviews*** and ***A Day at School*** (Elementary, Middle or High School).

- Use the ***Guide to the Videos*** for introducing the videos and for follow up discussion.

## **ACTIVITY 3: PERSONAL HYGIENE**

**Grades K-5, 6-8, 9-12 (30 minutes)**

### **In this activity:**

Students will learn about the basics of personal hygiene.

They will also discuss the impact of hygiene on self-confidence and friendships.



- Distribute *Handout 6-1: Staying Healthy*. Describe each item on the handout and explain how they help students stay clean and healthy.
  - Discuss the emphasis that is in American culture on washing daily; keeping hair, hands and face clean; having no body odor; and keeping teeth clean.
  - Discuss the social impact of hygiene.
  - Explain that cultural traditions can be maintained as long as students are clean and tend to their personal hygiene.
  - Discuss access to personal care items.
  - Discuss washing hands in the rest rooms.
  - Students often forget that they should care for their feet, nails, and shoes to maintain personal hygiene.
- Distribute free samples of personal care items, if available.
  - If it seems necessary, demonstrate the use of personal care items.



- Discuss the role of the school nurse. Adolescent girls should meet with the school nurse about personal hygiene. (Determine if school policy requires parental permission.)



## **ACTIVITY 4: GETTING EXERCISE**

**Grades K-5, 6-8, 9-12 (30 minutes)**

### **In this activity:**

Students will have the opportunity to participate in an exercise activity that is fun and entertaining.

They will discover that exercise comes in many forms, including dance.

The students themselves can demonstrate dances of their native countries, or the instructors may want to invite guests to teach dances from around the world.

Classmates can bring music to the class and demonstrate how American students dance when they attend school dances and parties.



- **Demonstrate dances from different cultures.**
- **Demonstrate and teach current American dances.**
  - Discuss dance moves that are inappropriate, including many that are seen on popular television programs. This may be difficult to explain, but students should be aware of what will be unacceptable at school dances, and what is considered to be inappropriate by most adults and students.
  - If the instructors are unable to arrange for guests to demonstrate dances, the students can listen to music from a variety of countries while they toss a tennis ball, playground ball, or beach ball, to the beat of the music. Discuss the many benefits of exercise.

## **ACTIVITY 5: GOOD AND HEALTHY**

**Grades K-5, 6-8, 9-12 (45 minutes)**

### **In this activity:**

Students will review healthy foods as a source of protection from illnesses and lead poisoning.



Before carrying out this activity, make sure that a healthy snack is available to serve everyone at the conclusion of the activity. The students will be looking at food and might get hungry. Check for food allergies in advance. It is best to avoid serving peanut butter or anything with nuts or berries in case students have undiagnosed allergies.

- In the front of the room, display the following snacks:
  - Banana and yogurt
  - Apple and cheese
  - Broccoli and sour cream dip
  - Carrot sticks and soft cheese
  - V-8 juice or other healthy juices (low-sugar)
  - Vegetable soup and milk
- Ask the students to identify the snack items.
  - Ask students to raise their hands to vote for the snack that they would enjoy the most if it were offered to them at home. (Make sure it is clear that they will *not* receive the snack if they vote for it!)
  - Then ask the students to vote on which snack is the healthiest. Ask them which one is better for their health.

The answer is that all of the snacks are healthy, and the foods can be eaten individually or in any combination as a healthy snack.
- Distribute Handout 6-4 *Good Nutrition* and discuss the pictures of food on the handout. Discuss how eating foods that are healthy can build protection from health problems. With older students, discuss the nutrients in the foods that build better health (calcium, iron, vitamin C, zinc, etc.).

Explain to students how a strong, healthy body is better prepared to handle illness, and tell them they should reach for a healthy snack to take care of their health.

- Serve a snack and discuss how the snack will build better health. Compliment the students on taking care of their health.

- While the students are eating their snacks, explain that fresh foods are the best source of vitamins.

Vitamins can be in other prepared foods such as cereals, pasta, cheese, bottled tomato sauce, and canned fruit.

Fresh or frozen meats can also contain important vitamins.

- Show samples of these foods and encourage students to eat a mixture of them daily.
- Explain that sometimes they will not get all of the vitamins that they need from foods, so they should take a daily vitamin. Show different types of vitamins (chewables, cartoon characters, fruit-flavored, etc.) and encourage students to talk to their parents about taking a daily vitamin.

## **ACTIVITY 6: CHOOSING HEALTHY FOODS**

**Grades K-5, 6-8, 9-12**

### **In this activity:**

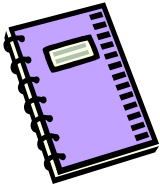
Students will learn how to select foods that are healthy.

They will discover that choosing fresh foods in many different colors can result in a balanced, healthy diet.

- Explain to students that an easy way to eat healthy foods is to choose lots of different colors during the day.
- The healthiest foods are fresh (not from a box or a can) and come in many different colors. Examples are:

Oranges	purple eggplant
Blueberries	green and purple grapes
Strawberries	brown, white, red potatoes
Red, green, yellow, and orange peppers	yams
Greens	carrots
White and brown mushrooms	dairy products
Red and green apples	

- If possible, show examples of the many different colors of fresh foods.
- Distribute handouts 6-5: *Fruit to Color* and 6-6: *Vegetables to Color* for students to color.
- Discuss the names of the fruits and vegetables depicted on the handouts.



## JOURNAL TOPIC

### Grades K-5

Draw a picture of the foods that you will eat at school and the foods that you will eat at home.

### Grades 6-8

Draw or write about your plans for eating lunch at school. Include potential problems and how you will solve them. Describe new foods that you want to try. Choose foods that have good nutrition.

### Grades 9-12

Draw or write about your plans for eating lunch at school. Include potential problems and how you will solve them. Describe new foods that you want to try. Choose foods that have good nutrition.

Draw or write about how you can help to prevent lead poisoning.



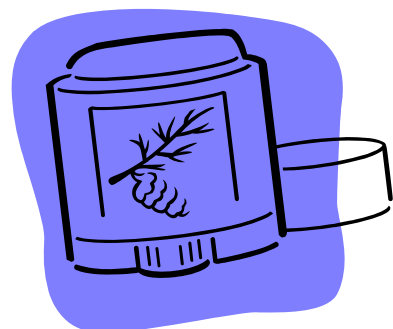
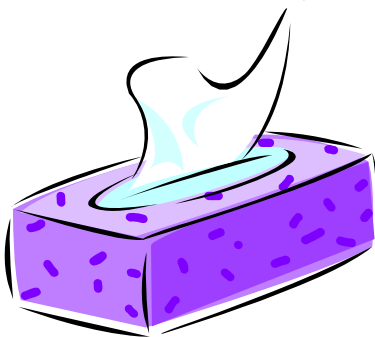
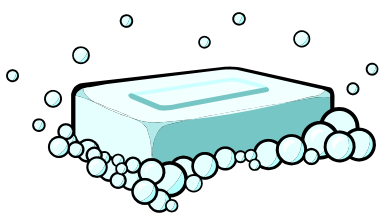
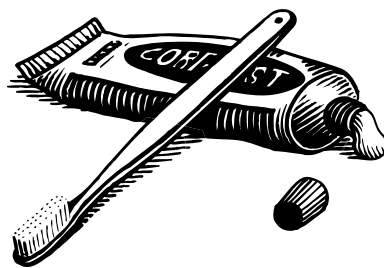
## SUGGESTED ADDITIONAL ACTIVITIES

- Tour the school cafeteria.
- Tour local restaurants, grocery stores, and fast food centers. Discuss healthy eating as you tour.
- Practice moving through the lunch line, paying for food, and eating in the cafeteria.
- Invite dancers or arrange for dance instruction in current American dances that will be seen at school dances and parties.
- Describe “proms” or “formals” or “senior balls” and so forth. If possible, show pictures of special school dances.
- Invite the school nurse to talk about personal hygiene.
- Invite representatives from local community agencies to demonstrate exercise programs that are available to students and families, including basketball, yoga, swimming, ice skating, and dance. Visit the classes if possible, and explain to students how they can enroll. Encourage them to try something new.

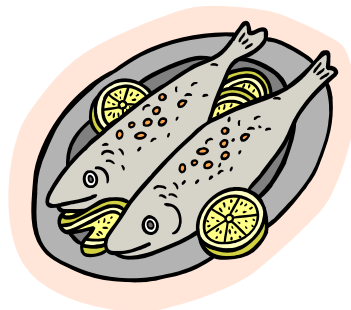
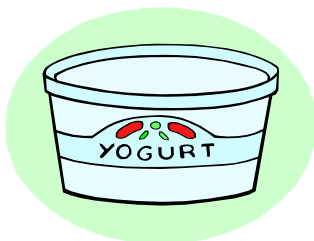
# STAY HEALTHY!



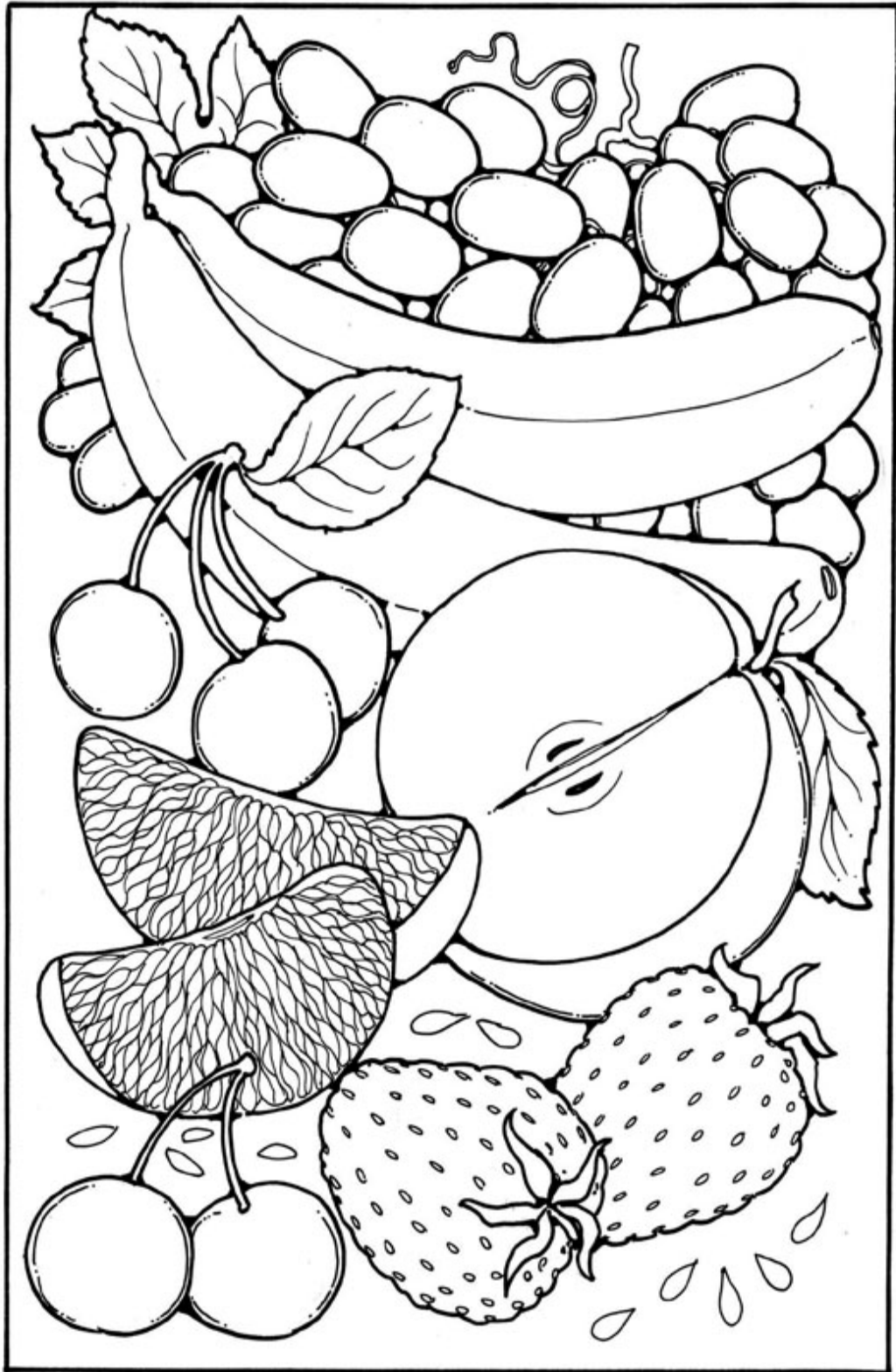
# STAY HEALTHY!



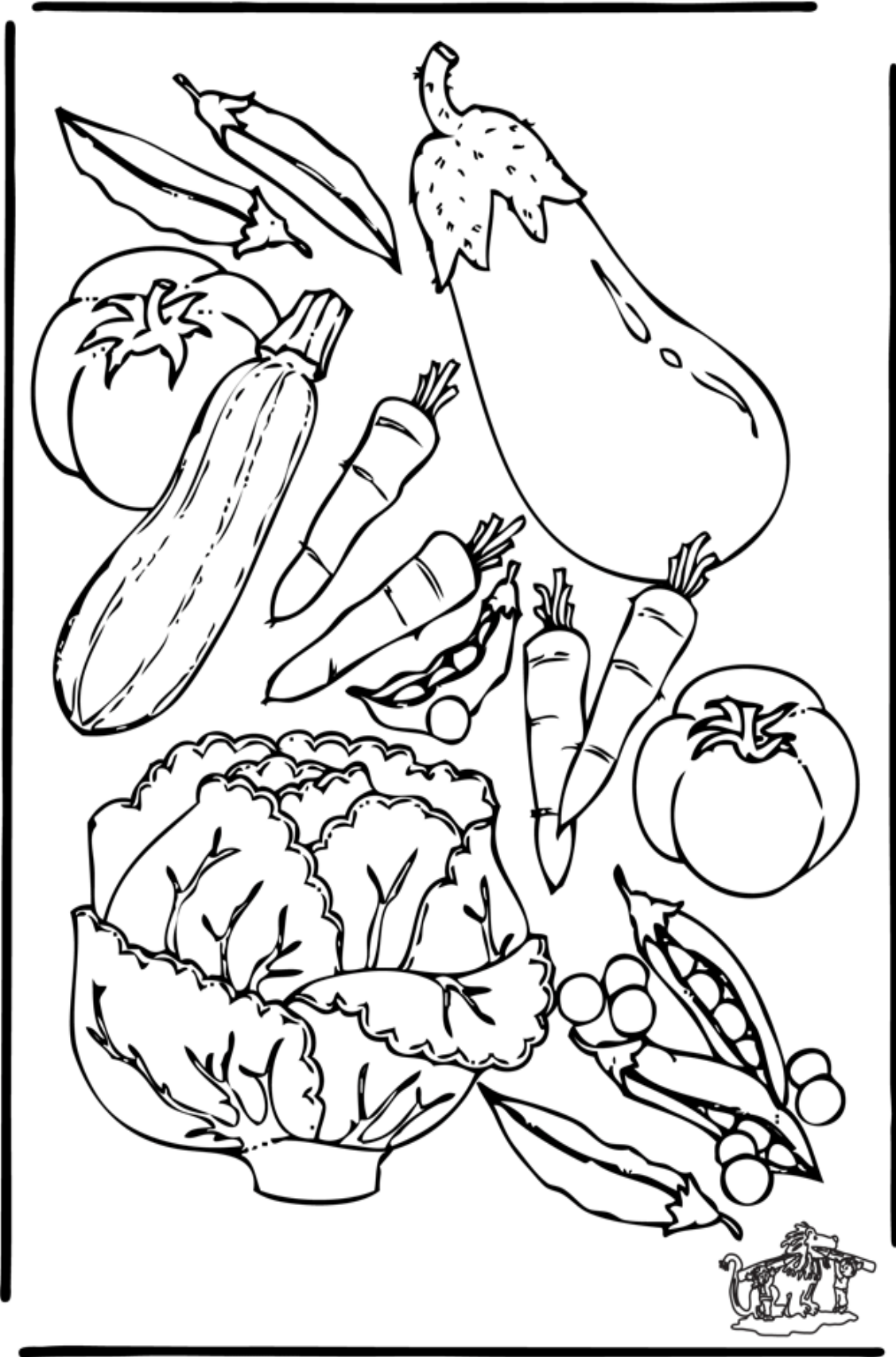
# FOODS THAT ARE GOOD FOR YOUR HEALTH







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Handout 6-6 – Fruit to Color