

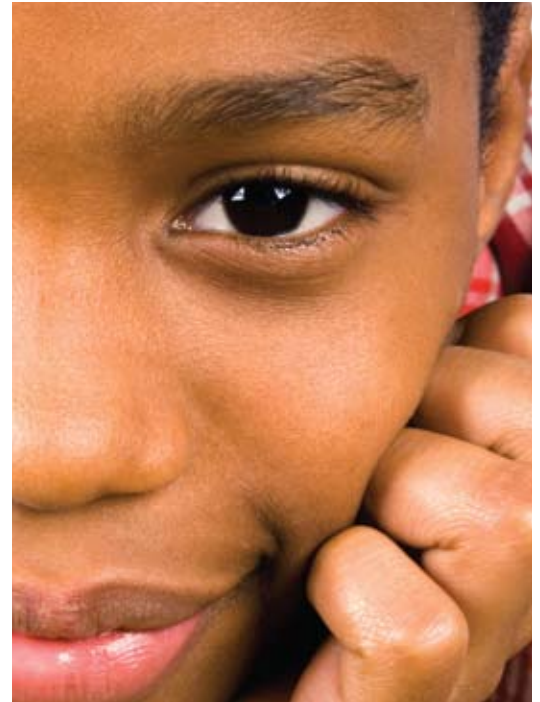
AMERICAN SKIN ASSOCIATION

The Skin You're In

Teaching Guide for Preteens and Young Teens



Includes:
Activities
to promote
healthy skin



Lessons
that align
with
National
Health
Education
Standards



Easy to use
student
worksheets



 SCHOLASTIC

The Skin You're In was made possible
by an educational grant from
Galderma Laboratories, L.P.



National Health Education Standards

The National Health Education Standards are written expectations for what students should know and be able to do to promote personal, family, and community health. The standards provide a framework for curriculum development and selection, instruction, and student assessment in health education.

Standard 1: Students will comprehend concepts related to health promotion and disease prevention to enhance health.

Standard 2: Students will analyze the influence of family, peers, culture, media, technology, and other factors on health.

Standard 3: Students will demonstrate the ability to access health information, products, and services to enhance health.

Standard 4: Students will demonstrate the ability to use interpersonal skills to enhance health and avoid or reduce health risks.

Standard 5: Students will demonstrate the ability to use decision-making skills to enhance health.

Standard 6: Students will demonstrate the ability to use goal-setting skills to enhance health.

Standard 7: Students will demonstrate the ability to practice health-enhancing behaviors and avoid or reduce health risks.

Standard 8: Students will demonstrate the ability to advocate for personal, family, and community health.

SOURCE: THE JOINT COMMITTEE ON NATIONAL HEALTH EDUCATION STANDARDS, *NATIONAL HEALTH EDUCATION STANDARDS: ACHIEVING EXCELLENCE* (2ND EDITION), ATLANTA: AMERICAN CANCER SOCIETY, 2007.

Dear Teacher,

Welcome to *The Skin You're In*, a free program filled with lesson plans and worksheets that align with the National Health Education Standards. These lessons will help preteens and young teens build essential skills in reading comprehension and health awareness. They will also help your students better understand the skin's vital importance to the body's overall health and inspire them to take care of their skin—leading to increased confidence and well-being.

Did you know that the skin is our largest organ? This amazing organ protects our entire body—it prevents germs from entering the body, regulates body temperature and blood flow, and manufactures vitamin D to strengthen bones. The importance of skin to the rest of the body's systems reinforces how essential it is for young people to take proper care of their skin.

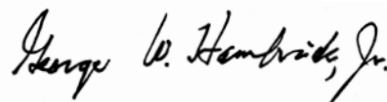
Created by American Skin Association with Scholastic and sponsored by Galderma Laboratories, L.P., this program focuses on the following major skin issues relevant to preteens and teens:

Acne: Eight in 10 teenagers have acne. A short story will challenge students to identify what is true and false about acne and its prevention and treatment.

Sun safety: You will teach students why all forms of tanning are dangerous, while emphasizing the importance of using sunscreen with an SPF of at least 30—even on overcast days. Students will read and discuss a true story about a young woman who battled melanoma as a teen and now speaks out against tanning.

Atopic dermatitis: This itchy, scaly skin condition is more prevalent than many people realize. Our WebQuest will help kids understand what it is and how it can be treated.

Along the way, you and your students will discover facts about the skin that are interesting—and relevant—to this age group. Also, be sure to send home the family quiz.



George W. Hambrick, Jr., MD
Founder & President, American Skin Association

Lesson Overviews for Teachers

Poster: Use the poster to get students thinking and talking about proper ways to take care of their skin. Questions you can ask your class: Do you use sunscreen? If you do, what type do you use? Do you know what the SPF numbers mean? Why do you think skin cancer is something that should concern young people? Why do teens get acne? What do you do when you get a pimple?

Triple Threat

Lesson 1: Acne

Objective: Students will understand the facts about acne: how acne forms, what the different types are, why young people are so susceptible to it, what does not cause it, and the proper ways to care for the skin.

Key Concepts: Acne is a condition of the skin that appears as bumps or pimples in the form of whiteheads, blackheads, or cysts. Almost 8 in 10 teenagers have acne. Acne is a normal part of puberty, the process of physical changes during which a child's body becomes an adult body. Acne outbreaks can be stressful, but learning its causes and proper treatment will help.

Discussion: Have you ever had a conversation with your doctor about the condition of your skin? What did he or she say? What was your reaction the first time you saw a pimple on your face? What are some myths about acne? What helps treat acne?

Critical Thinking: Why is it important for teenagers to treat their acne properly? What are the consequences if they don't?

Lesson 2: Sun Safety

Objective: Students will understand that exposing their bodies to UV rays from the sun and indoor tanning can harm their skin and even lead to skin cancer. They will also learn ways they can protect their skin from UV rays.

Key Concepts: There is no such thing as a healthy tan. Tanned skin

has been permanently damaged by UV rays. UV rays that penetrate the skin come in two forms: Ultraviolet A (UVA) rays damage the DNA of cells in the dermis, the second layer of skin. Ultraviolet B (UVB) rays penetrate the epidermis (the top layer of skin), attack the body's immune system, and interfere with the skin's ability to repair itself. The sun emits UV rays as does indoor tanning.

A dire consequence of too much exposure to UV rays during the teen and preteen years is the development of melanoma, the deadliest form of skin cancer. Melanoma is particularly dangerous, because it can spread easily throughout the body and attack vital organs such as the lungs and brain. One sign of melanoma is a mole on the body that is oddly shaped, contains different colors, and has a diameter of at least 6 millimeters. Protect the body from UV rays by applying sunscreen, covering exposed parts of the body, reducing the body's exposure to the sun, and avoiding indoor tanning.

Discussion: Why is it important to apply sunscreen to exposed parts of your body before going outdoors? Why does the SPF factor of a sunscreen matter? What are the ABCDEs of melanoma?

Critical Thinking: What does Kelli Pedroia's story tell you about the approach many teens take when it comes to exposing their bodies to the sun? How much responsibility should teens take in preventing sunburns? How much responsibility should indoor tanning businesses take for skin cancers?

Lesson 3: Atopic Dermatitis

Objective: Students will be able to define atopic dermatitis, discuss its symptoms and environmental factors that cause it, and talk about treatment.

Key Concepts: Atopic dermatitis is a long-term skin disease that is most common in infants and

children but is not limited to young people. With atopic dermatitis, the skin is dry and itchy and can be cracked and swollen. Doctors don't always agree on what exactly causes atopic dermatitis, but they know that allergies and exposure to harsh soaps, skin-care products, and cleansers can cause the condition to flare. As a result, it's important for individuals to understand their sensitivities and to work with their doctor to find treatments.

Discussion: Why is it important for someone with atopic dermatitis to understand what types of things in their environment cause their disease to flare? If you had a family member with atopic dermatitis, what would you say to him or her?

Critical Thinking: There are many things that can cause atopic dermatitis to flare. How do you think a doctor, specifically a dermatologist, can help someone with atopic dermatitis? How important is it for patients to talk to their doctors about the health of their skin?

Meet Dr. Hambrick

George W. Hambrick, Jr., MD—who will answer a common skin question in each of the three lessons—is the founder and president of American Skin Association. ASA is a leading organization in the fight against melanoma and other forms of skin cancer and disease. Under Dr. Hambrick's leadership, ASA's mission is to advance research, raise public awareness about skin disease, and promote good skin health—particularly among young people.

Dr. Hambrick is one of the country's leading experts on skin disease. He served as president of both the Dermatology Foundation and the Society for Investigative Dermatology. For 11 years, he was a delegate to the American Medical Association.

Acne



Read this story about Sam, a 13-year-old teen. It contains at least four myths about acne. Can you find them?

Sam stumbles into his bathroom after his alarm clock rudely awakens him. It's Wednesday, midway through the school week. Eyes half-closed, Sam peers into the bathroom mirror. His eyes go wide when he sees a whitehead has appeared on his forehead—seemingly overnight! “Ugh,” he grumbles. “A zit. I’d better pop it right away and squeeze all the junk out. That’s the only way to make sure this zit vanishes forever.”

To finish up the job, Sam grabs a washcloth and a bar of soap and gives his face a rough scrub with hot water. “That should do the trick,” he thinks. “I’ll just wash my face harder to get rid of the dirt that must be causing these zits.”

The spot on Sam’s forehead where the pimple used to be is now sore and red, but he’s happy. The whitehead is gone. Skipping breakfast, he grabs his backpack and says goodbye to his parents. As he heads out the door, his mom reminds him that he has a doctor’s appointment after school. “It’s just a routine visit,” she says.

Walking to school, Sam thinks about going to see the doctor. “Should I ask the doctor about the zits I’ve been getting?” he wonders. “Nah, he’s a doctor and he’ll want to know about more important things. Besides, I know how to get rid of my pimples on my own.”

Sam’s thoughts are interrupted by the sight of a group of fellow students on their way to school. Their faces look clear and pimple-free. “Amy never gets zits,” Sam says. “That’s so unfair. How come I’m practically the only one who gets pimples?”

Activity: There are at least four myths about acne and pimples in the story you’ve just read. Can you find them? Write them down.

For further information about acne, visit the KidsHealth website at www.kidshealth.org/kid/grow/body_stuff/acne.html.

Myth 1 _____

Myth 2 _____

Myth 3 _____

Myth 4 _____

Ask Dr. Hambrick

Question: Are blackheads and whiteheads really both acne? They look pretty different from real acne.

Dr. Hambrick: Yes. Both are non-inflammatory acne lesions called comedones. Blackheads are open comedones. Whiteheads are closed comedones that are covered by a normal layer of skin. If you pop a whitehead, it often becomes red and tender when touched. A pimple may also form and fill with pus, making the lesion larger and more tender. Nodules are even larger lesions and often represent cysts which are deep and hard.

Sun Safety



There is no such thing as a healthy tan—in fact, a tan means that your skin is damaged and may forever contain cells whose genetic structure have been permanently damaged by the sun.

The sun gives off invisible rays of ultraviolet light. Ultraviolet B (UVB) rays are short, high-energy wavelengths that are absorbed by the epidermis, the outermost layer of the skin. UVB rays affect the genetic material of the epidermis, which causes damage that may lead to skin cancer, including melanoma. UVB rays can also affect the body's immune system and interfere with the skin's ability to repair itself.

Ultraviolet A (UVA) rays can also harm the skin. Penetrating the skin more deeply than UVB rays, UVA rays damage the DNA of cells in the dermis, the second layer of skin. Exposure to UVA rays in your preteen and teen years can cause wrinkles and play a role in the development of skin cancer.

Always put on sunscreen with a sun protection factor (SPF) of at least 30 before going outdoors. Even on overcast days, UVA and UVB rays can damage your exposed skin.

Kelli Pedroia knows all about the dangers of tanning. Read her cautionary tale below.

The Dangers of Tanning

Spending time in the sun and getting a tan was a normal part of Kelli Pedroia's childhood. "As a child, my parents would put sunscreen on me, but as I became older and more independent, I opposed using it," Kelli says. "I also used tanning beds, starting at age 14 or 15."

When she was 18, Kelli was diagnosed with melanoma, the deadliest form of skin cancer. "I was in shock," she says. Melanoma is dangerous, because it can spread easily to the lymph nodes and other parts of the body. When it spreads, melanoma commonly attacks the liver, lungs, bones, and brain.

One sign of melanoma is a mole that is oddly shaped,

contains different colors, and has a diameter of 6 millimeters or more. Here are the ABCDEs of melanoma:

Asymmetry: Half of the mole does not match the other half.

Border Irregularity: The mole's border is irregular or jagged.

Colors: The mole has a variety of colors. It has shades of brown, tan, black, red, or blue.

Diameter: The mole is 6 millimeters wide (about the width of a pencil eraser) or larger.

Evolution: The mole has either changed color or grown in width or height. Or it is bleeding, crusting, or itchy.

If you have a mole that shows any of the ABCDEs, ask your parents to make a doctor's appointment.

Kelli's melanoma appeared in the form of a red, asymmetrical mole on her right thigh. Doctors operated to remove it. Two years later, doctors removed a second melanoma—this time on her breast. Unfortunately, Kelli had continued to tan her body after the first melanoma was removed. "I thought I was invincible," she admits.

Now 26, Kelli has no evidence of cancer. She cautions teens to learn from her story. "A tan is temporary, but you don't realize the massive amount of permanent damage that is being done underneath the skin," Kelli says. The wife of Boston Red Sox second baseman Dustin Pedroia, Kelli is now working on behalf of the Melanoma Foundation of New England.

She wants teens to know that protecting their bodies from the sun doesn't mean they have to be trapped indoors. "Seek shade," Kelli says. "Cover up, and keep applying sunscreen throughout the day. Being sun smart doesn't mean you can't have fun outdoors."

For further information about sun safety, visit the website for the Centers of Disease Control and Prevention at www.cdc.gov/cancer/skin/basic_info/prevention.htm.

Ask Dr. Hambrick

Question: Why is indoor tanning dangerous? Do only older people get melanoma?

Dr. Hambrick: If a person uses tanning beds before turning 35 years old, his or her risk of getting melanoma increases by 75 percent! Indoor tanning beds and sunlamps emit ultraviolet rays, just as the sun does. Melanoma is linked to a history of severe sunburns, especially sunburns that happen at a young age.

Atopic Dermatitis



Do you ever get itchy, dry rashes on your skin? It could be atopic dermatitis, a long-term skin disease with a tendency to be hereditary. The most common symptoms of atopic dermatitis are dry and itchy skin, as well as rashes on the face, inside the elbows, behind the knees, and on the hands and feet. Scratching skin affected by atopic dermatitis can cause the skin to get red and crack, clear fluid to leak out, and the skin to get crusty and even more itchy.

The cause of atopic dermatitis is not certain, but the condition can be passed down genetically from parents to children. Things in a person's environment can worsen atopic dermatitis: long, hot baths in soapy water and hot showers; wool or manmade fibers; harsh soaps and cleaners; and perfumes and makeup. Stress can also exacerbate atopic dermatitis.

Atopic dermatitis can be treated effectively with a combination of preventative measures and medications. Try to avoid the things that your doctor has determined cause your atopic dermatitis to flare. Maybe the cause is a type of soap, makeup, or per-

fume you're using. You should also be sure to put moisturizer on your body after taking a bath or shower, avoid sweating and then going into a chilled environment, and, if possible, stay away from dry climates for extended periods of time. Medication for atopic dermatitis can be prescribed by a doctor.

Atopic Dermatitis WebQuest

Directions: Read the following questions and statements about atopic dermatitis. Then use the websites listed to find the answers to each question or statement.

1. Is there a cure for atopic dermatitis? _____
2. Can atopic dermatitis be treated? _____
3. Has the number of cases of atopic dermatitis in the United States been increasing or decreasing?

4. What parts of the body are most likely to be affected by atopic dermatitis? _____

5. Name four symptoms of atopic dermatitis. _____

6. What type of doctor is most qualified to treat atopic dermatitis? _____

7. Is atopic dermatitis contagious? _____
8. Can atopic dermatitis be passed on genetically from a parent to a child? _____

Visit the following websites to search for the answers:

- ▶ American Skin Association: www.americanskin.org/resource/childhood.php
- ▶ American Academy of Dermatology: www.aad.org/public/publications/pamphlets/skin_eczema.html
- ▶ National Eczema Association: www.nationaleczema.org/living/all_about_atopic_dermatitis.htm
- ▶ National Institute of Arthritis and Musculoskeletal and Skin Diseases: www.niams.nih.gov/Health_Info/Atopic_Dermatitis/default.asp

Ask Dr. Hambrick

Question: What should I do if I think I have atopic dermatitis?

Dr. Hambrick: If your skin is dry, red, flaky, and itchy, see a doctor. A physician that specializes in diagnosing and treating skin diseases like atopic dermatitis is called a dermatologist. He or she will talk to you about ways to keep your skin healthy and, if necessary, prescribe medications or treatments.

Answers to Student Worksheets

4 Myths About Acne:

1. Sam mistakenly believes that popping and squeezing a whitehead will get rid of it. In fact, squeezing and popping will make his acne even worse.
2. Sam scrubs his skin roughly with hot water. In fact, he should be washing his skin gently with warm water and mild soap.
3. Sam believes that his pediatrician doesn't care about the condition of his skin. Doctors need to know what is going on with their patients so they can help them cope with acne and any other skin problems.
4. Sam thinks that he is the only one who gets pimples. Most teens get acne.

Atopic Dermatitis WebQuest:

1. There is no cure for atopic dermatitis.
2. Atopic dermatitis can be treated with a combination of preventative measures and drug therapy. Moisturizers as well as topical and systemic (oral) anti-inflammatory preparations will provide temporary relief. Also, avoiding contact with items that cause atopic dermatitis to flare—such as perfumes, harsh cleaners, hot baths, and cigarette smoke—is beneficial. Studies also show that stress can exacerbate atopic dermatitis.

3. The number of cases of atopic dermatitis in the U.S. has increased over the past 40 years.
4. Atopic dermatitis most commonly affects the skin on the flexural surfaces of the joints (for example, the inner sides of the elbows and behind the knees), but any body surface can be impacted.
5. Answers will vary. Symptoms include skin that is dry, red, flaky, extremely itchy, inflamed, cracked, and swollen. Another symptom is skin that leaks a fluid when scratched.
6. A dermatologist, a doctor who specializes in treating skin diseases and conditions, is best qualified to treat atopic dermatitis.
7. Atopic dermatitis is not contagious.
8. Atopic dermatitis can be passed on genetically from a parent to a child. A child with one parent who has an atopic condition has a one in four chance of having some form of atopic disease. If both parents are atopic, the child has a greater than one in two chance of being atopic.

PHOTOS: ISTOCKPHOTO®



The Wonders of Skin

The *Wonders of Skin: Looking Good, Being Healthy* is a FREE comprehensive skin health education program for Grades K–12. Developed by American Skin Association and The New York Academy of Medicine, the program includes teaching guides at four levels—primary, upper elementary, middle and high school, on-site professional development for teachers and school nurses, take-home materials for families, and technical assistance to aid in implementation.

For further information, visit American Skin Association's website (www.americanskin.org), e-mail info@americanskin.org, or call (212) 889-4858.

