

**Feedback on Current Health TEKS and Commissioner Health TEKS Study**

**Recommendation (K-12)**

#s	Areas	Feedback
1	Framework proposed in the <i>Commissioner's Health Study Recommendations</i> .	The framework covers major areas of health education for K-12. The 6 strands provide a balance and does not veer too deep into specific related courses, such as science, biology and anatomy where students learn more in depth content for mastery in the courses. The proposed Commissioner's Health Study Recommendations provide the appropriate approach of introduction, learning and application for students to develop a culture of health.
2	Proposed Framework on complete and logical development of concepts appropriate for health education.	<p>The proposed framework contains strong indicators for K-12 students to acquire health information and skills that will enable them to become healthy adults and learn about behaviors that will positively impact their overall health and wellbeing. For maximum logical development of concepts appropriate for health education, there needs to be a slight change in how the strands are taught. Currently the strands are sequenced as:</p> <ul style="list-style-type: none"> <li>• Physical Health and Hygiene</li> <li>• Mental Health and Wellness</li> <li>• Healthy Eating and Physical Activity</li> <li>• Injury and Violence Prevention and Safety</li> <li>• Alcohol, Tobacco, and Other Drugs</li> <li>• Reproductive and Sexual Health</li> </ul> <p>Learning about healthy eating and developing a lifestyle of physical activity earlier within the framework, will prevent many diseases such as diabetes and obesity that is now prevalent in Texas children. To that effect the logical development of</p>

		<p>concepts appropriate for health education should be sequenced to provide earlier exposure to healthy eating and physical activity in this order:</p> <ul style="list-style-type: none"> <li>• Physical Health and Hygiene</li> <li>• Healthy Eating and Physical Activity</li> <li>• Mental Health and Wellness</li> <li>• Injury and Violence Prevention and Safety</li> <li>• Alcohol, Tobacco, and Other Drugs</li> <li>• Reproductive and Sexual Health</li> </ul>
3	<p>Topics/Concepts from current TEKS that fit into proposed new framework.</p>	<ul style="list-style-type: none"> <li>• The topic/concept of “<b>Bullying</b>” from the current TEKS fits into the proposed new framework perfectly in the <b>Mental Health and Wellness strand</b>.</li> <li>• The topic/concept of “<b>Healthy/Unhealthy Dietary</b>” practices from the current TEKS fits into the proposed new framework perfectly in the <b>Healthy Eating and Physical Activity strand</b>.</li> <li>• The topic/concept of “<b>Health Promotion and Disease Prevention</b> from the current TEKS fits into the proposed new framework perfectly in the <b>Physical Health and Hygiene strand</b>.</li> </ul>
4	<p>Recommendation for where in the proposed new framework for topics/concepts be addressed.</p>	<p>Recommendations for where in the proposed new framework these topics/concepts (<b>please see number 3 above</b>) should be addressed are provided.</p>
5	<p>Specific topics or concepts missing from both the proposed framework and the current TEKS.</p>	<p>Research continues to show the compounding effect of cyber bullying on our youth across the nation. The following topics or concepts are missing from both the proposed framework and the current TEKS: <b>Cyberbullying and Digital citizenship</b>. Both topics directly and indirectly contribute to the overall mental</p>

		health and wellness of our youth. Both topics would fit well in the Mental Health and Wellness strand. The 2016 published research from Tracy, Vaillancourt, PhD, Robert Faris, PhD, and Faye Mishna, PhD validates the implications of cyber bullying to the overall health of our youth. Reference article: <i>Cyberbullying in Children and Youth: Implications for Health and Clinical Practice (2017)</i> .
6	Concepts or topics in either proposed framework or current TEKS that are not essential or unnecessarily duplicative and can be eliminated.	The commissioner is to be commended for convening a robust committee of experts for the Health Education Advisory Committee to provide recommendations. Their insights, guidance and direction has provided a good conceptual framework for the official review of the Health Education TEKS. Conclusively, there is nothing to eliminate or duplicative in either the proposed framework or the current TEKS.
7	Other suggestions for ways in which the health education TEKS can be improved	(1) This suggestion is already part of the <i>Commissioner's Health Study Recommendations</i> – the necessity to include diabetes and obesity literacy as part of the K-12 health education TEKS. Back in 1998 when the Health Education TEKS were first adopted, diabetes was not a health crisis. Today, in 2019, diabetes is a national crisis. Texas ranks #14 in obesity with 33% of it's population obese. That number is even <b>more staggering for ages 10-17</b> , that places Texas at #7 and #5 for high school students who are obese. Furthermore, according to the National Initiative for Children's Healthcare Quality, Texas ranks 32 in overall prevalence with 32.2% of children considered either overweight or obese. There is a strong relationship between obesity and diabetes. According to the Center for Disease Control and Prevention (Behavioral Risk Factor Surveillance System), Texas ranks #41 in the nation in health rankings for diabetes. Texas currently has a diabetes epidemic, with a recorded 3,041,042 people living with diabetes (that is 11.44% of total population living with diabetes). Of these numbers, an estimated 663,000 people in Texas have diabetes but do not know it, hence greatly increasing their health risk. The prevalence of diabetes cannot be over emphasized. Diabetes is the 6th leading cause of death in Texas. Demographically, minority populations are more affected by diabetes; with 15.1% American Indians, 12.1% Hispanics and 17.0% African Americans. This problem matters to the overall well-being of our students. Furthermore, this diabetes crisis is an economic burden to many affected families in Texas. Including diabetes and obesity education in the Health Education TEKS is not just an improvement but a

		<p>mandatory step to ensure the overall health of our K-12 students and Texas economy.</p> <p>(2) The current TEKS separates 6<sup>th</sup> Grade TEKS from 7<sup>th</sup> &amp; 8 Grades that are combined. The 6<sup>th</sup>, 7<sup>th</sup> &amp; 8<sup>th</sup> Grades TEKS address health education in 14 areas of the Student Expectations. Suggestion will be to combine all 3 grade levels as Middle School (6, 7, 8) with same required essential knowledge and skills. According to the Association for Middle Level Education, middle school students in grades 6, 7 &amp; 8 are facing basically the same developmental phase in terms of the impact of puberty on their social, emotional and intellectual lives. Combining all 3 grade levels helps to streamline repetition and conveys the understanding of their social, emotional, metacognitive and neurological growth.</p>
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**Reference**

Vaillancourt, T., Faris, R., & Mishna, F. (2017). Cyberbullying in Children and Youth: Implications for Health and Clinical Practice. *Canadian journal of psychiatry. Revue canadienne de psychiatrie*, 62(6), 368–373. doi:10.1177/0706743716684791