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Texas Essential Knowledge and Skills
Health Education Content Advisor Feedback

August 2019

The Commissioner's Health TEKS Study Recommendations were very clear and concise. The recommendations provide a good starting point for this process and clearly define the additional statutory requirements that have been "imposed on the SBOE and on school districts that impact the teaching of health" in Texas. Health education is compulsory in kindergarten through eighth grade; thereafter, high schoolers have the option to enroll in health elective courses. Therefore, all the key health concepts should be introduced as early as possible in age-appropriate manners and continued through middle school.

There are many current areas within the current TEKS that can fit into the proposed new framework. **Specifically, the concepts such as the value of well-developed interpersonal skills, personal responsibility for their own behaviors, and self-expression are incorporated throughout all grade levels in the current TEKS and can touch all six knowledge and skill strands.**

In addition to what is outlined in the Commissioner's Health TEKS Study, and Consensus Recommendations, there are a few topic areas that should be included in the current TEKS to bring them up to date and make them relevant for current and future students.

Mental Health

It has been demonstrated that Texas youth have attempted suicide over 150 percent more than the U.S. YRBS. Further, neuropsychiatric illness such as depression and anxiety are abundant in our youth.

To combat this, there needs to be more emphasis on mental health. It is important to identify depression, anxiety, and its triggers, such as bullying, lack of sleep, standardized exams, and over-abundance of 'busywork' at the expense of healthier, interactive, learning alternatives.

Technology & Social Media

Throughout the current TEKS there are broad discussions on technology and the media. For example, in Section 115.5. Health Education, Grade 3, (7) Influencing Factors it states, "The student comprehends ways in which media and technology influence individual and community health." Over the past decade, social media platforms have grown in importance in our society. In many ways, many people receive their news and other important information on these social media platforms. It is important, especially in the areas of health education, that the TEKS specifically acknowledge the term "social media"

The Health TEKS Study Recommendations does mention the term "social media" once under "Risks and Protective Factors" (page 7), but I believe that we must be aware that the role of social media platforms in educating the public on health issues will continue to dramatically increase in the next few years. We should ensure that we adopt clear language and expectations for students on understanding how this technology platform can touch all issues of health. This includes topic areas such as bullying, healthy eating decisions, violence prevention, mental health, health literacy, and proper hygiene.

The Sanctity of the Doctor-Patient Relationship

Many hot-button and provocative health educational issues can be mitigated by emphasizing the importance and sanctity of the patient's relationship with their physician. This is particularly true as students enter adolescence, but the concept of ownership of one's body and the role a physician plays in helping maintain health and wellness should start in elementary school. No school curriculum can, nor should,

enter into the realm of encouraging students to diagnose themselves and determine their own course of care independent of the guidance of a trusted physician.

Accessing the Healthcare System and Understanding the Roles of Members of the Healthcare Team

Over the past decade, the composition of who and what makes up a comprehensive 'health care team' has evolved. There is a rapidly changing development of health practitioners licensed by the State of Texas who provide care to individuals and their families. Each class of practitioner provides a different level of service, and this is often unclear to the lay population.

Students should be educated on the different healthcare practitioners, their roles, and the legal statutory responsibilities and scope of practice of each type of practitioner is licensed to provide in the State of Texas. Descriptions of the practitioners and their statutory abilities should be developed and shared with students. The list of practitioners should include, but not be limited to, the following:

- **Physicians** — MD and DOs and the various areas of specialties
- **Physician Assistants**
- **Nurses** — Licensed Vocational Nurses, Registered Nurses, and advance practice registered nurses including NPs, Midwives, and CRNAs
- **Chiropractors** and alternative health providers
- **Health technicians** — such as respiratory therapists, ultrasound technician, advanced imagine technicians
- **EMS Professionals** — including emergency medical technicians, paramedics, police officers, fire-fighters
- **Dietitians and Nutritionists**
- **Psychologists** — including Counselors, Social Workers, and Licensed Therapists
- **Dentists**
- **Podiatrists**
- **Optometrists and Audiologists**
- **Pharmacists**

In addition to educating students on the specific roles and responsibilities of each professional that make up the modern comprehensive healthcare team, it will also **introduce students to the myriad of potential career opportunities in healthcare that are available to them.**

Appropriate use of the EMS System and Emergency Departments

Our public education systems have done an amazing job in educating the public on the existence of our emergency medical system and how to access it through the 911 system. There is a rising problem that people are unable to determine a true medical emergency and often activate the EMS system with 911 calls that are not necessary. This causes unnecessary visits to our community emergency medicine departments and associated higher healthcare costs. **Introductions and standards should be developed to educate high school students on what constitutes a medical emergency and when it is appropriate to activate the EMS system with 911 calls.**

Further, it should be made known that there are various access points into our healthcare system, such as primary care provider offices, retail medical clinics, employee healthcare clinics, urgent care centers for children, urgent care centers for adults, and various types of emergency departments. It is important for society (and for individuals) to access services at appropriate levels of care, with appropriate providers.

Community and Environmental Impacts on Health

The current TEKS and proposed recommendations should include essential skills that center around our relationship with our environment and community and how it impacts health and wellbeing. This should include awareness of various beneficial community resources and amenities. Additionally, environmental factors that adversely affect health should also be discussed such as air and water pollution, and lack of necessary resources.

There are many stories that show the rising number of asthma cases in our youth. For example, on September 26, 2018 the Texas Standard published “Kids in South Dallas Schools Experience Consistently High Asthma Rates. A New Study Seeks Solutions”. The story states the following:

Students in Dallas schools have consistently high rates of asthma. In Dallas ISD, some 9.5 percent of students have the condition. That compares to an average of 8.3 percent nationwide.

It's not just a health issue – it's also taking a toll on education. Respiratory issues are a leading cause of absenteeism among students in Dallas ISD. But now, scientists are launching a study to try to reduce the impact of asthma among school-aged children in the region. Breathe Easy Dallas will examine DISD to determine which students are most affected, and how to help them.

The new TEKS standards should include introductions and standards in all grade levels that introduce students to the connection between their environment and their health.

Head Injuries and Concussions

Head injuries are one of the most common causes of morbidity and mortality, especially in young people. Concussions and brain contusions are well-recognized risks of many common extracurricular activities and sports. Long term brain damage can be a negative consequence. In making decisions to engage in these high-risk activities, students should have more information about the risks and consequences of repeated head injuries and concussions.

Further, it is common for children to sustain traumatic brain injuries outside of organized sports; therefore, they should be able to recognize the dangers, warnings, and signs/symptoms of head injury in themselves, and each other, so proper action can be taken. Avoiding activities that increase the risk of head injuries offers a method of decreasing incidence, but even when engaged in such activities, it is important for them to know to report head injuries to their parents and/or coaches.

Students should be required, at the middle and high school levels, to have knowledge and skill statements on concussion/head-injury symptoms, causes, and long term cognitive and mental health sequelae associated with them. Student expectations should include a clear understanding of concussions and their short- and long-term health risks.

Sexual and Reproductive Health

The statutory requirements state that “abstinence from sexual activity must be presented as the preferred choice of behavior in relationships of unmarried people of school age” and allows individual districts to teach abstinence only.

The Health TEKS Study Recommendations clearly states that data demonstrates that our youth are “more likely to participate in health risk behaviors that contribute to health problems.” In the area of sexual health, such as “Did not use a condom at last sex,” our youth are significantly taking a higher risk in these areas.

We must consider and adopt better standards that ensure that our youth are not participating in health risk behaviors in the area of reproductive and sexual health. As a physician, I agree with the opening sentence of the Health TEKS Study Recommendations that states, “achieving a culture of health can be promoted through a science-based approach.” **A science-based approach must include a robust effort to ensure that ALL our students complete a health educational course of study that properly informs them on all the proper ways to utilize different forms of contraception and protection that can prevent unwanted pregnancies and the spread of STDs.**

Further, as a physician that sees many young people with no knowledge of how STDs are spread, or the signs/symptoms of said diseases, **it is important to incorporate more comprehensive and complete information about the various STDs into the course of study so students are better able to identify when treatment is necessary. Additionally, information about the risks of sex, such as more information about the negative consequences like STDs, will have the added benefit in supporting an abstinence mind-set from a more practical (rather than religious) point of view.** Per policy, sexual education is a parental opt-in curriculum. Therefore, since the parent has opted in, it should be a comprehensive conversation and should be taught to all students regardless of district. It is illogical and damaging to provide incomplete information or infuse other ulterior motives into this instruction.

Health Disparities

As Texas continues to become a very culturally diverse society, we should ensure that we teach some level of cultural competency throughout our health education curriculum. As a physician, I am constantly educating our community and my peers, dispelling damaging stereotypes that are pervasive in our society that hinder equitable access to wellness tools, jeopardizes quality care, and negatively impacts health outcomes. Health disparities are preventable differences in health access and outcomes that negatively impact various groups of people. Blacks, Latinos, LBGTQ, and women suffer worse health outcomes due to societal misunderstanding, exclusion, and lack of appreciation of their experience living in bodies which are often overlooked and devalued.

For example, in 2016, a study was published that demonstrated that white medical students and residents still believed that black patients feel less pain. This study demonstrated that there are still many in our society who “believe that the black body is biologically and fundamentally different from the white body and that race is a fixed marker of group membership, rooted in biology.” This stereotype and erroneous belief within our population directly contributes to disparities in care and patient health outcomes.

We should be proactive in ensuring that our health education standards provide our students with clear information to overcome damaging stereotypes and misinformation that interfere with health acquisition and maintenance. As such, comprehensive cultural competency should be incorporated across all grade levels with clear knowledge/skill statements and student expectations.

1. Hart, Alexandra. “Kids in South Dallas Schools Experience Consistently High Asthma Rates.” *Texas Standard*. September 26, 2018

2. Hoffman, Kelly. Trawalter, Sophie. *et al.* “Racial bias in pain assessment and treatment recommendations, and false beliefs about biological differences between blacks and whites.” *Proceedings of the National Academy of Sciences of the United States of America*. April 19, 2016