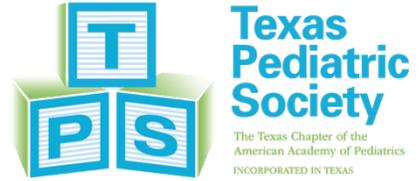




Physicians Caring for Texans



June 28, 2020

Comments to the Texas Education Agency and State Board of Education Regarding Health Education Texas Essential Knowledge and Skills (TEKS) Workgroup E Draft

Dear Commissioner Morath, Chairman Ellis, and State Board of Education Members,

On behalf of more than 53,000 physicians in Texas, the Texas Medical Association (TMA) and Texas Pediatric Society (TPS) appreciate the State Board of Education, Texas Education Agency staff, all content experts, and workgroup participants for their collective effort to revise the statewide health education standards. The Workgroup E draft makes many substantial improvements on the current TEKS. We also applaud the board’s effort to adapt public hearings to pandemic circumstances and accommodate stakeholder input electronically. Texas physicians are grateful for the opportunity to comment.

It is our goal to ensure the TEKS permit medically accurate, developmentally appropriate classroom instruction. We believe standards that foster critical thinking and real-world applications of health knowledge and skills will best position Texas students for healthy, productive futures. Toward this shared goal, our comments highlight areas where Workgroup E’s draft substantially improves upon current TEKS, as well as areas that could be improved with revision.

Our comments are organized according to the six strands in Workgroup E’s draft. Each section begins with a table summarizing recommendations by topic area, followed by physicians’ specific comments on each topic.

Strand 1. Physical Health and Wellness

Topic Area	Physician Recommendations on Workgroup E Draft
Immunizations and Infection Control	Adopt with minor revisions
Preventive Health	Adopt with minor revisions
Environmental Health	Needs revision
Anatomy and Physiology	Needs revision

Immunizations and Infection Control

Physicians enthusiastically support adding immunizations to student expectations on infectious disease prevention. Overall, we observed the immunization and infection control language in the draft TEKS is much stronger, introduced earlier, and appears at nearly every grade level. However, compared to the current TEKS, the Workgroup E draft delays to later grades the expectation that students apply, practice, or use critical thinking to prevent the spread of germs. The student expectations also repeat at Kindergarten and Grade 1 and again at Grade 2 and Grade 3, indicating no student growth is expected at these intervals.

We recommend adopting Workgroup E’s stronger immunization language, with revisions to increase complexity and growth expected at each grade level. This can be accomplished by reverting back to verbs in the current TEKS that ask students to practice or apply their knowledge of personal hygiene practices earlier than Grade 5. Additionally, we recommend inserting specific examples of vaccine-preventable diseases

directly in the student expectations at intermediate grades, such as influenza, measles, and human papillomavirus (HPV).

We recommend adoption as-written of the draft student expectations related to vector-borne diseases, such as those transmitted by ticks and mosquitos.

Preventive Health

The preventive health TEKS in upper grades are well written and expect students to demonstrate more critical thinking on the relationship between health promotion and disease prevention than the current TEKS.

We believe these student expectations could be strengthened further by listing personal hygiene, oral hygiene, and sleep as examples of positive health behaviors at all early and intermediate grades. Sleep, in particular, is a critically important health maintenance behavior in adolescence.¹ In addition, students at intermediate and upper grades should be expected to draw connections between preventive health behaviors and reduced risk for specific chronic and lifestyle-related illnesses, such as cancer and diabetes.

Environmental Health

Physicians are concerned that the current Workgroup E draft appears to eliminate nearly all student expectations in the current TEKS connecting environmental hazards to overall health. Student expectations referencing air pollution, ultraviolet rays, and untreated drinking water are eliminated. The remaining references to environmental health contain unclear phrasing and seem oddly placed (e.g. in the Mental Health and Wellness or the Injury, Violence Prevention and Safety strands).

Workgroup E notes the deleted student expectations have been “addressed in other strands.” We would benefit from clarification on Workgroup E’s interpretation of which remaining strands address environmental standards.

We strongly recommend the Physical Health and Hygiene strand contain student expectations from Kindergarten through high school on the physical environment and health. Students should be expected to identify common environmental hazards and how to avoid them at early elementary grades, then progress at intermediate grades to identifying the body systems they affect and the health problems they can cause. For example, the biological relationships between air pollution and asthma, or between ultraviolet radiation and skin cancer, are important to emphasize in Grades 4-6. Students in Grades 7 and later can be expected to apply knowledge of environmental health to effects on community and global health.

We also distinguish environmental health hazards from safety hazards and are concerned environmental hazards would not be adequately addressed in the language remaining in the Injury, Violence Prevention and Safety Strand.

- ***Environmental hazards*** that should be explicitly addressed in the Physical Health and Hygiene TEKS include clean and sanitary environments, air pollution, untreated drinking water, and ultraviolet radiation.
- ***Safety hazards*** that should be explicitly addressed in the Injury, Violence Prevention and Safety TEKS include accident prevention, bicycle safety, swimming safety, motor vehicle safety, and safety around household chemicals.

Anatomy and Physiology

The current TEKS expect students to name, identify, and describe major body structures beginning in Kindergarten through Grade 2. Workgroup E’s draft delays introduction of major body organs, systems, and their functions until Grades 3-5. Student expectations to apply knowledge of major body systems are also delayed from Grade 4 currently to Grades 6-8 in Workgroup E’s draft.

It is critical to spend early elementary grades laying the groundwork for students to recognize proper anatomical terms for all organs and body systems and describe their functions. Physicians do not support delaying introduction of these student expectations to Grade 3.

¹ Carskadon, M. A. (2011). Sleep in adolescents: The perfect storm. *Pediatric Clinics*, 58(3), 637-647.

We recommend retaining the current TEKS sequencing that expects students to name, identify, and describe the primary function of body systems and organs in Kindergarten, Grade 1, and Grade 2, respectively. In Grades 3-5, students can be expected to explain or differentiate functions of various body systems, and to explain that body systems are interrelated. The student expectations in Grade 6 and later are satisfactory as written. We note this sequencing would lay a better foundation for other strands in which students are expected to relate personal behaviors to health of body systems, such as in the preventive health, healthy eating, and physical activity strands.

Workgroup E members indicated they did not reach consensus on when to introduce proper terminology for reproductive organs. In physicians' view, students should at minimum be expected to use proper terminology and describe functions for reproductive organs before puberty-related changes begin. For many children, onset of puberty occurs at Grade 4. Our members also note it is also more challenging for children to identify, refuse, and describe inappropriate touch to an adult when they are not equipped with proper anatomical terms. For these reasons, our members recommend introducing terms for reproductive, urinary, and endocrine organs no later than Grade 2 and expecting students to describe their functions no later than Grade 3.

Strand 2. Mental Health and Wellness

Topic Area	Physician Recommendations on Workgroup E Draft
Social-Emotional Development	Adopt with minor revisions
Self-Regulation	Adopt with minor revisions
Self-Esteem	Adopt with minor revisions
Healthy and Unhealthy Relationships	Adopt with minor revisions
Stress, Anxiety, Depression, Grief and Loss	Adopt with minor revisions
Factors that Influence Mental Health and Wellness	Needs revision
Self-Harm	Needs revision

Social-emotional Development, Self-regulation, and Self-esteem

Physicians praise the addition of student expectations beginning in Kindergarten to promote social-emotional development, emotional regulation, and positive self-concept. We believe this reflects a substantial improvement on the current TEKS. We note these strands appear well-aligned across grade levels and are phrased age-appropriately.

We suggest modifying the self-regulation TEKS to expect students to demonstrate or practice various calming and coping strategies at upper elementary and intermediate grades, especially as older students may benefit from different strategies than younger students. The current TEKS include “demonstrate” and “practice” verbs only at Kindergarten and Grade 1.

Healthy and Unhealthy Relationships

Workgroup E’s draft removes several TEKS in Kindergarten through Grade 5 expecting students to communicate personal boundaries, practice refusal skills, and notify a trusted adult when made to feel uncomfortable or unsafe by another person. The draft mentions these strands were removed because they are addressed in other strands, such as Injury, Violence Prevention, and Safety and Reproductive and Sexual Health.

We note boundary violations can occur in any relationship or interaction, not just between romantic partners. Boundary violations can also be emotionally harmful even without a direct threat to safety. Stable, nurturing relationships where boundaries are respected buffer against stress and improve emotional outcomes.² Therefore, physicians view these concepts as integral to mental health, and advocate for their inclusion in the Mental Health and Wellness strand.

² Centers for Disease Control and Prevention. (2019). [Essentials for Childhood: Creating Safe, Stable, Nurturing Relationships and Environments](#).

We recommend re-inserting Mental Health and Wellness expectations in Kindergarten through Grade 4 on clearly communicating personal boundaries and refusing unwanted touch. These expectations should also include appropriate ways to respond when personal boundaries are violated. We encourage aligning these standards with standards on personal boundaries in romantic relationships that begin at Grade 5.

Stress, Anxiety, Depression, Grief and Loss

Physicians strongly support adding new student expectations on managing stress, anxiety, depression, and dealing with grief and loss. We support adopting Workgroup E's proposed language and applaud the substantial improvement on previous TEKS.

In the physical health TEKS, students beginning at Grade 4 are expected to “explain actions to take when illness occurs” for physical conditions such as asthma, and we suspect the mental health TEKS could benefit from a similar phrase. We believe it is important to normalize seeking help for physical health and mental health concerns equally, and at early ages.

Factors that Contribute to Mental Health and Wellness

We concur with the [TEA Content Advisor Consensus Recommendations](#) that TEKS describing the factors contributing to mental health and wellness contain medical inaccuracies and out-of-date information. We recommend re-writing the TEKS in this topic area. TMA and TPS member physicians with mental health expertise would be eager to assist with a top-to-bottom revision.

Our physicians agree with the content advisor consensus recommendations that a person's thought processes, feelings, and behaviors influence mental health. We further encourage instruction on interrelated factors that can influence mental wellness,³ including:

- Biological factors, such as genes and brain activity;
- Individual behaviors, such as diet, exercise, sleep, and use of alcohol or drugs;
- Adverse childhood experiences, such as abuse, neglect, and trauma;
- Interpersonal factors, such as bullying, personal relationships, having few friends, and feeling lonely or isolated;
- Supportive or hostile school, work, home, and community environments; and
- Societal factors, such as poverty, homelessness, or discrimination.

We observe only a handful of the above factors are accurately described in the current TEKS.

We concur with content advisors that instruction on this topic should begin at Kindergarten. In early grades, mental health and wellness can be discussed in general terms as differences in ways people think, behave, and cope with stress. Students can be expected to name and identify common mental health conditions, such as anxiety and depression at Grade 2, the same grade level they are expected to identify physical illnesses such as asthma and diabetes.

Self-harm

Physicians support adding student expectations on self-harm and appreciate the intent to address suicide prevention more directly than the current TEKS. However, we wish to emphasize that not all people who self-harm express conscious suicidal intent or a desire to end their lives, although risk of suicide may be higher in people who self-harm.⁴

We recommend extracting self-harm from suicide prevention and integrating self-harm into the TEKS on healthy self-concept. Consider reframing the self-harm TEKS more positively, expecting students to explain that self-harm behaviors can occur when someone is struggling to cope with uncomfortable emotions or lacking support they need.

We support introducing student expectations on suicide prevention at Grade 4, continuing through high school. The draft notes Workgroup E disagreed on whether to include [CDC Risk Factors for Suicide](#)

³ Centers for Disease Control and Prevention. (2018). [Learn about mental health: Mental health basics.](#)

⁴ National Alliance on Mental Illness. (2015). [Self-harm.](#)

specifically; we observe that this list may be written for adult or professional audiences and recommend if CDC guidelines are used, the terms should be modified to be age appropriate.

Strand 3. Healthy Eating and Physical Activity

Topic Area	Physician Recommendations on Workgroup E Draft
Essential Nutrients	Adopt as written
Portion Sizes and Daily Recommended Amounts	Adopt as written
Dietary Choices	Adopt with minor revisions
Physical Activity	Adopt with minor revisions <i>and</i> convene auxiliary workgroup
Chronic Conditions	Adopt with minor revisions
Eating Disorders	Needs revision

Essential Nutrients, Portion Sizes and Daily Recommended Amounts, and Dietary Choices

Physicians strongly support the addition of student expectations beginning in Kindergarten to identify the importance of hydration and choosing water over sugar-sweetened beverages, to relate portion and plate sizes to everyday objects, and addressing healthier swaps for foods that can be high in fat and sodium. These student expectations substantially improve on the current TEKS.

We strongly recommend adoption, with minor revisions recommended to the Dietary Choices sub-strand. Students in Grade 1 could be asked to “identify ingredients and preparations that make foods and drinks unhealthy” to permit discussion of deep-fat frying. Grades 2-4 standards should be rewritten using the verbs “describe,” “compare”, or “differentiate” to ensure students must perform a measurable action to demonstrate mastery. Finally, the Grade 5 student expectation to “identify caffeinated beverages and their effects” could be improved by asking students to describe healthy limits of caffeine consumption or explain why caffeinated beverage intake should be moderated.

We recommend adopting as written the student expectations at Grades 6 and above.

Physical Activity and Chronic Conditions

Workgroup E’s draft strengthens student expectations in intermediate and upper grades for daily physical activity. Physicians agree with these changes and note the benefits of physically active children often extend to the entire family. In any student expectations to develop individual fitness profiles or fitness plans, it may be beneficial to ask students to also consider the activity levels of those in their household and identify activities that can be done as a family.

Physicians also recommend re-inserting language emphasizing the importance of limiting screen time that appears to have been eliminated in Workgroup E’s draft. Physicians feel it is important for the TEKS to reflect explicitly that physical activity and limiting screen time are complementary concepts.

Finally, and most essentially, **we recommend that the Texas Education Agency convene an auxiliary workgroup over the summer to confirm alignment between the revised Health Education and Physical Education TEKS.** Workgroup E’s draft notes that several student expectations on physical activity at lower grades were proposed for elimination on the basis that these concepts are addressed in the physical education TEKS; however, it is not clear that physical education standards in early grades adequately cover the items proposed for deletion in the Health Education draft. We believe physical education and health education instruction should align and reinforce each other and recommend additional work to ensure this occurs.

Eating Disorders

Several TEKS appear to misapply medical terminology related to eating disorders and conflate unhealthy eating habits and behaviors with eating disorders, and physicians recommend revision.

Eating disorders are serious mental illnesses related to eating, and are distinguished by significant psychosocial impairment, such as weight and shape overconcern, intense fear of gaining weight, or extreme eating behaviors.⁵ The eating disorder standard at Grade 4 expects students to “differentiate between healthy and unhealthy eating habits,” which uses vague terms with no clear relationship to the distinguishing features of disordered eating. Therefore, we feel this Grade 4 student expectation is neither precise nor foundational to eating disorders. We recommend this be extracted from the eating disorders standards and either deleted or integrated into another nutrition strand.

The Grade 6 and Grade 7-8 student expectations list “bulimia, anorexia, and overeating” as examples of eating disorders. Overeating is not a recognized eating disorder diagnosis in the Diagnostic and Statistical Manual of Mental Disorders (5th Edition) and should be extracted from this list and integrated into another nutrition strand. We recommend listing binge-eating disorder in place of overeating, due to its distinct features from anorexia or bulimia and its relatively higher prevalence in males.⁶ We would discourage any implied connection between binge-eating disorder and overweight or obesity, which are not clinical features of mental disorders.⁷

Overall, physicians felt the eating disorders standards could have more clearly emphasized their mental health-related features. It is possible they are more appropriately discussed in the Mental Health and Wellness strand.

Strand 4. Injury, Violence Prevention, and Safety

Topic Area	Physician Recommendations on Workgroup E Draft
First Aid	Adopt as written
Safety Awareness	Adopt as written
Human Trafficking and Gangs	Adopt with minor revisions
Situational and Weapon Awareness and Safety	Adopt with minor revisions
Child Abuse, Neglect, and Family Violence	Needs revision
Environmental and Community Health	Needs revision

First Aid and Safety Awareness

Physicians concurred with changes in Workgroup E’s draft to streamline, update, and strengthen language in the current TEKS. Overall, we support adoption as written. Instruction on use of an automated external defibrillator could possibly be introduced earlier at the required health class in Grades 7-8, instead of the Health 1 high school elective.

Human Trafficking and Gangs

Physicians support the addition of TEKS on human trafficking at Grade 4 and continuing through high school, although we could benefit from clarification on the reason for listing it alongside gangs, violence, weapons, and drugs. An expectation asking students to explain the importance of laws protecting victims of human trafficking may be appropriate, similar to those included in TEKS related to child abuse.

Situational and Weapon Awareness and Safety

We support Workgroup E’s changes requiring instruction on hazards of unsupervised and improper handling of guns and other weapons. Physicians recommend also adding firearms to the list of dangerous objects students in Kindergarten and Grade 1 must identify, alongside scissors, knives, and screwdrivers.

⁵ Diagnostic and Statistical Manual of Mental Disorders, 5th Edition (DSM-5)

⁶ Binge-Eating Disorder (BED) describes recurrent episodes of binge-eating at least once a week for three months or more, marked psychosocial distress regarding the binge eating, and does not include inappropriate compensatory behaviors (e.g. vomiting, fasting) as seen in bulimia nervosa. Approximate gender distribution of BED cases is 2:1 female-to-male, as opposed to 10:1 female-to-male gender ratio observed in anorexia and bulimia.

⁷ The clinical terms overeating and binge-eating are not interchangeable. Binge-eating episodes are characterized by overeating **and** a sense of lack of control when eating or feeling that one cannot stop eating.

Child Abuse, Neglect, and Family Violence

Physicians support replacing all instances of the term “abuse” with “abuse and neglect,” and agree with the addition of new student expectations on reporting abuse and neglect to a parent or trusted adult. However, the Workgroup E draft appears to eliminate mention of specific types of child abuse introduced at Grade 4 and relocates sexual abuse to a separate strand of student expectations introduced in the Reproductive and Sexual Health TEKS.

We believe it is important for the standards to name forms of abuse and violence – including physical, emotional and sexual. While sexual abuse can be reinforced and in the Reproductive and Sexual Health TEKS at Grade 5 and beyond, elementary students need to be equipped at minimum with skills to recognize sexual abuse and seek assistance. Likewise, physicians believe instruction on family and household violence should begin earlier than Grade 5.

We also observed that standards in upper grades focus on “strategies for coping” with abuse or violence in the household. We distinguish coping skills, which support mental well-being and resilience, from help-seeking actions to keep injuries and violence from occurring. Since these TEKS fall under Injury, Violence Prevention, and Safety, we recommend more emphasis on help-seeking skills, such as identifying community resources available to intervene and support victims of violence and abuse. Coping skills are more appropriately addressed in the Mental Health and Wellness strands.

Environmental and Community Health

As mentioned on p. 2, Workgroup E’s draft appears to eliminate nearly all student expectations in the current TEKS connecting environmental hazards to overall health. One of the few remaining strands referencing safe environments appears in this strand. We note it uses vague language and is not vertically aligned through all grades.

We recommend revising the environmental safety standards so that students in early grades are expected to name, identify, and describe how to avoid common safety hazards, including bicycle safety, swimming safety, motor vehicle safety, and safety around household chemicals. These expectations should progress to more complex instruction at later grades, expecting students to explain the relationship between hazard avoidance, injury prevention, and overall health.

Strand 5. Alcohol, Tobacco, and Other Drugs

Topic Area	Physician Recommendations on Workgroup E Draft
Over the Counter and Prescription Drugs	Adopt with minor revisions
Physical and Mental Harms of Dangerous Substances, Illegal Drugs, Alcohol and Tobacco	Adopt with minor revisions
Legal Ramifications	Adopt as written
Help-Seeking and Treatment	Adopt as written
Reporting	Adopt as written
Benefits of Avoiding Dangerous Substances	Adopt as written

Over the Counter and Prescription Drugs

We support adding student expectations to describe appropriate medication use beginning in Kindergarten, interpret medication labels beginning at Grade 5, and new student expectations on safe storage and disposal of medication. We applaud the comprehensive additions and improved vertical alignment.

Physicians would prefer to see the student expectation to investigate the potential negative effects of combining medications moved earlier to Grades 6, 7, and 8. An estimated 15% of high school students in Texas have used prescription pain medication nonmedically,⁸ and nationally, approximately 7 out of 10 teen

⁸ Texas Department of State Health Services. (2017). [Texas Youth Risk Behavior Survey, Illicit Drug Use](#)

nonmedical opioid users say they combine prescription opioids with other substances.⁹ Polydrug combinations involving opioids have high poisoning and lethal overdose potential.

Physical and Mental Harms of Dangerous Substances, Illegal Drugs, Alcohol and Tobacco

Among many strong improvements made to this section, physicians especially applaud the addition of vaping into all student expectations in Grades 1-8. While Workgroup E’s draft requires instruction on the harmful effects of alcohol, tobacco, other drugs, and dangerous substances, it lists vaping as an optional example of a dangerous substance that could be taught. Vaping is also listed in the sub-strand title as a “current trend.”

While physicians understand vaping is a relatively recent phenomenon, we discourage describing it as a current trend or phrasing the TEKS such that instruction on vaping is optional. Electronic vaping devices, combustible tobacco, and smokeless tobacco are all highly addictive nicotine products. Currently, over 10% of Texas high school students say they are electronic vapor product users¹⁰ and there is no evidence at this time to support declining youth use. We strongly encourage rephrasing the TEKS so that vaping is included alongside tobacco as a required instructional element.

Legal Ramifications, Help-Seeking and Treatment, Reporting, and Benefits of Avoiding Dangerous Substances

The current TEKS contain scarce mention of alcohol, tobacco, or substance use treatment, reporting dangerous situations, and health benefits of avoiding dangerous substances. Workgroup E’s draft makes numerous essential improvements and additions in these areas. In particular, we applaud the addition of student expectations from Grade 1 to high school to describe signs of drug poisoning and overdose, and to identify how to respond. We recommend adopting language in these strands as written.

Strand 6. Reproductive and Sexual Health

Topic Area	Physician Recommendations on Workgroup E Draft
Sexual Abuse, Harassment, and Dating Violence	Adopt with minor revisions
Personal Boundaries and Refusal Skills	Adopt with minor revisions
Decision-Making and Consent	Adopt with minor revisions
Puberty and Adolescent Development	Adopt with minor revisions
Fertilization, Healthy Pregnancy, and Fetal Development	Adopt with minor revisions
Teen Pregnancy	Adopt with minor revisions
Sexually Transmitted Infections	Needs revision
Emotional Risks	Needs revision
Abstinence and Contraception	Needs revision
Legal Risks	Needs revision

Sexual Abuse, Harassment, and Dating Violence

Student expectations on sexual abuse, harassment, and dating violence have been improved in Workgroup E’s draft. In particular, we applaud revised TEKS in intermediate grades on the dynamics of abuse, exploitation, and unhealthy relationships. We support adopting the standards as written, though we recommend that sexual abuse – along with other forms of abuse and violence – be introduced to students at Grade 4 instead of Grade 5.

Personal Boundaries and Refusal Skills

New student expectations on applying personal boundaries and refusal skills in dating or romantic relationships improve substantially on the current TEKS. However, physicians would prefer to see instruction on personal boundaries, bodily autonomy, and refusing unwanted touch introduced earlier than

⁹ National Institute on Drug Abuse. (2013). [Teens mix prescription opioids with other substances.](#)

¹⁰ Texas Department of State Health Services. (2017). [Texas Youth Risk Behavior Survey, Tobacco Use](#)

5th grade. In early elementary these concepts can be introduced outside of dating or romantic relationship, and at 5th grade students can begin to apply these concepts to romantic or dating relationships.

In the Healthy and Unhealthy Relationships sub-strand on p. 3, we recommend a series of TEKS that expect younger elementary students to demonstrate communication of personal boundaries and clear refusal of unwanted touch without specific reference to dating or romantic relationships. We believe the standards in this section on dating and romantic relationships should be vertically integrated with those skills.

Decision-Making and Consent

Physicians strongly support adding new standards on boundaries and consent for physical intimacy where none previously existed. Physicians believe instruction should prepare students to recognize affirmative consent and understand affirmative consent is required in all physically intimate encounters.

The student expectation at Grade 5 offers a strong foundation for setting physical boundaries during intimate activities, but physicians believe the upper-grades standards could promote more real-world application, such as identifying characteristics of affirmative consent and interpreting when situations fall short of affirmative consent or legal consent.

We recommend augmenting student expectation in Grade 6 to include both the definition of consent *and* its characteristics; for example, the expectation could read “define consent as it relates to physical intimacy and identify words and actions used to set personal boundaries during physical intimacy.” In Grades 7-8, students can be expected to differentiate whether consent has been given and apply their knowledge of consent to real-world scenarios.

We also support including discussion of legal consent to sexual activity among minors. We realize the draft TEKS address legal consent in a separate strand (see p. 11). However, we also recommend these laws be addressed in consent instruction to promote awareness that consent has both interpersonal and legal dimensions.

Puberty and Adolescent Development

As mentioned on p. 2 in the Anatomy and Physiology TEKS, physicians believe instruction on physiological changes associated with puberty needs to occur before onset of puberty. Grade 5 is simply too late by this standard, as for many children onset of puberty occurs at Grade 4 or earlier. In general, physicians recommend Grade 3 as the ideal time to introduce puberty, adolescent development, and menses. Student expectations on menses should also mention menstrual hygiene, identifying menstrual products, and describing their safe and recommended use.

In general, physicians praised the student expectations on puberty and adolescent development as well-written, medically accurate, and a substantial improvement upon the current TEKS. We recommend adopting them as written but at earlier grades.

Fertilization, Healthy Pregnancy, and Fetal Development

Physicians applaud adding new student expectations to describe the physical and emotional signs of pregnancy and the importance of telling a trusted adult, prompt testing, and early prenatal care. We recommend modifying this Grade 7-8 student expectation to explicitly include “telling a trusted adult, such as a health care professional” to emphasize a health care professional should be notified in the event a pregnancy is suspected. We recommend introducing this particular strand of student expectations at Grade 6, to align with other student expectations on teen pregnancy.

We recommend rearranging the sequence of TEKS in this section to introduce sexual intercourse prior to cellular fertilization, as cellular fertilization could be confusing for students when the events leading up to fertilization are not clear.

We also support adding student expectations in Grade 7-8 to identify the harmful effects of tobacco, alcohol, and other drugs on fetal development, but note the student expectation to “explain fetal development from conception through pregnancy and birth” appears to have been deleted. The deleted standard seems

foundational to understanding adverse effects of toxic substances on a developing fetus, and we recommend reinserting it at Grade 6, one grade earlier.

Physicians observed these TEKS permit medically accurate instruction and believe they substantially improve on the current TEKS, which include scarce mention of these concepts. Apart from changes suggested above, physicians recommend adoption as written.

Teen Pregnancy

The current TEKS do not include any student expectations on teen pregnancy, and we support the addition of new TEKS expecting students to consider the relationship between sexual activity, teen pregnancy, and effects of pregnancy on other life domains.

We recommend use of the term “teen parenthood” in addition to or instead of “teen pregnancy” where possible. We believe this change permits instruction directed more neutrally toward teen girls and teen boys, and encompasses parental responsibilities during pregnancy and after delivery.

Physicians also applauded medically-accurate and neutral language in Grades 7-8 student expectations to describe options available to teen parents, such as adoption.

Sexually Transmitted Infections

Physicians recommend exclusive use of the clinical term “sexually transmitted infections” (STIs) instead of “sexually transmitted diseases” throughout this section. Workgroup E’s draft improves on the existing TEKS by defining STIs, modes of transmission, symptoms, and the importance of STI testing. However, physicians recommend revisions to improve precision and medical accuracy.

The Grade 7-8 standard to “list the signs and symptoms of the most prevalent STDs/STIs for which students are most at risk, including HPV and HIV/AIDS” should be revised to eliminate the phrases “most prevalent” and “most at risk,” as these are ambiguous and differ based on individual or community risk. The current phrasing could also be interpreted to mean students are at greatest risk of HIV/AIDS, when in fact gonorrhea and chlamydia tend to be most prevalent in this age group.¹¹

Furthermore, physicians recommend the TEKS at Grade 7-8 also list the STIs currently named in the Health 1 elective student expectation. These include HPV, HIV/AIDS, chlamydia, gonorrhea, and herpes. We recommend replacing “protozoans” with the more precise term “trichomoniasis,” a protozoan parasitic infection. Omitting the complete list of infections from the standards or only listing them in elective high school classes removes assurance they will be included in instruction for all students. Physicians believe these details represent the minimum detail necessary for comprehensive STI instruction.

We concur with the [TEA Content Advisor Consensus Recommendations](#) that examples of modes of STI transmission, including skin-to-skin contact, oral sex, vaginal sex and anal sex should be included in Grades 7-8 and Health 1 TEKS. Workgroup E’s draft deletes the examples and notes workgroup members believed listing the various modes of transmission would be redundant. Physicians would prefer the TEKS explicitly list these modes of transmission to ensure all are included in classroom instruction. We believe anal sex is essential to include in this list because it is the highest-risk sexual behavior for HIV transmission.¹²

Finally, physicians observed the TEKS reference the “long term and lifetime effects” of STIs but give relatively little weight to treatment or effective STI prevention methods, including condoms and the HPV vaccine to prevent cervical cancer. We recommend modifying the TEKS to emphasize the importance of prevention methods and treatment for STIs, noting that minors in Texas have the right to consent to STI testing and treatment for STIs that are required to be reported by law.^{13 14}

¹¹ Texas Department of State Health Services. (2018). [Texas DSHS HIV/STD Program Surveillance Reports](#).

¹² Centers for Disease Control and Prevention. (2020). [Anal sex and HIV risk](#).

¹³ Centers for Disease Control and Prevention. (2020). [Minors’ consent laws for HIV/STD Services](#).

¹⁴ Texas Family Code § 32.003.

Emotional Risks

We understand the Workgroups drafted this section to conform to language in [Texas Education Code Chapter 28.004 \(e\)\(1-5\)](#). We note the statute language presumes sexual encounters between unmarried persons of school age are emotionally traumatic. A more accurate presentation of the concept in statute is to describe sexual activity as ***potentially*** traumatic in unmarried persons of school age, especially in sexual encounters where personal boundaries, affirmative consent, laws, and safety are not respected. If permissible, physicians would prefer TEKS that describe sexual activity and emotional trauma in language of possibilities and risk factors rather than absolute terms.

Abstinence and Contraception

TMA and TPS members support comprehensive human sexuality education, which includes addressing abstinence and availability of reproductive health choices. Physicians strongly support the addition of new student expectations at Grades 7-8 and Health 1 to identify and describe various contraceptive methods. We also observe the draft TEKS achieve stronger vertical alignment, complexity, and real-world application in the strands related to abstinence. Physicians agree that abstinence from sexual activity is the only 100% effective method to prevent pregnancy and STIs, and support describing effectiveness of contraceptive methods in terms of typical human use reality rates.

Physicians understand the TEKS conform to language in [Texas Education Code Chapter 28.004 \(e\)\(1-5\)](#) requiring instruction “devote more attention to abstinence from sexual activity than any other behavior.” In the present draft, we note four separate strands of TEKS each beginning at Grade 6 related to abstinence and one required standard related to contraception in Grade 7-8. We wonder if the heavy relative weight toward abstinence could lead to an imbalance of instructional time spent on contraception and other reproductive health choices. Physicians support adding more student expectations on contraception and other reproductive health choices while still keeping the majority of TEKS weighted toward abstinence.

Finally, physicians believe the medical accuracy of TEKS related to emotional benefits of abstinence can be improved by phrasing them according to evidence that low self-esteem and depression is associated with earlier sexual initiation and sexual risk-taking behaviors.^{15 16 17} Instead, students could be expected to describe that sexual activity and risk-taking in order to cope with emotional problems can indicate someone is not receiving the social and emotional support they need, and propose alternate coping strategies to early sexual initiation.

Legal Risks

Physicians strongly support new student expectations adding increased specificity on legal implications of adolescent sexual activity, sexual harassment, abuse, and rape.

We ask that the standards be written to specifically encompass the legal implications in Texas Penal Code Sections 21.11, 22.011, and 22.021 as they relate to sexual activity between minors, in addition to any other relevant laws. Texas Penal Code [Section 21.011](#) (Indecency with a Child) and Penal Code [Section 22.011](#) (Sexual Assault) define the legal age of consent in Texas to engage in sexual activity with another person, which is 17. Aggravated Sexual Assault may be charged under Penal Code [Section 22.021](#) if the child is under the age of 14, regardless of consent.

Furthermore, we are concerned describing sexual harassment, rape, and abuse as “unacceptable behaviors” in the Grades 7-8 student expectations could be perceived as a statement that these actions are merely indiscretions; we suggest describing them more precisely as illegal behaviors or crimes. We also suggest adding sexual assault to the list of illegal behaviors of a sexual nature and using the term “rape” without the modifier “acquaintance rape.”

¹⁵ Kosunen, E., Kaltiala-Heino, R., Rimpelä, M., & Laippala, P. (2003). Risk-taking sexual behaviour and self-reported depression in middle adolescence—a school-based survey. *Child care, Health and Development*, 29(5), 337-344.

¹⁶ Kaltiala-Heino, R., Kosunen, E., & Rimpelä, M. (2003). Pubertal timing, sexual behaviour and self-reported depression in middle adolescence. *Journal of Adolescence*, 26(5), 531-545.

¹⁷ Hallfors, D. D., Waller, M. W., Ford, C. A., Halpern, C. T., Brodish, P. H., & Iritani, B. (2004). Adolescent depression and suicide risk: Association with sex and drug behavior. *American Journal of Preventive Medicine*, 27(3), 224-231.

Conclusion

The physicians of Texas sincerely appreciate the thought, care, and collaboration that went into this draft and we are eager to work with TEA staff, SBOE members, and our state’s health education leaders on constructive improvements to the draft TEKS. We share a common goal to achieve comprehensive, high-quality health instruction for millions of Texas students, and sincerely appreciate the opportunity to comment.

Please contact Troy Alexander, troy.alexander@texmed.org, Anna Stelter, anna.stelter@texmed.org, and Clayton Travis, clayton.travis@txpeds.org with inquiries about recommendations in this letter. We look forward to any response, comments, or questions you may have for physicians.

Kind regards,

A handwritten signature in black ink, appearing to read "Diana L. Fite, MD". The signature is fluid and cursive, with a large loop at the beginning and a trailing "MD" at the end.

Diana L. Fite, MD
President, Texas Medical Association

A handwritten signature in black ink, appearing to read "Tammy Camp, MD". The signature is written in a cursive, slightly slanted style, with "MD" clearly visible at the end.

Tammy Camp, MD
President, Texas Pediatric Society