

Health Education TEKS (K-12): Content Advisors Draft Recommendations Review

Introduction: This feedback covers review of draft recommendations developed by the workgroups. The current continuum draft is from Workgroup F. This review takes into consideration the continuum draft recommendations (A, B, C, D, E) and suggestions from various sources from the State Board of Education (SBOE) members. The entire review process was built upon the framework proposed in the **Commissioner's Health Study Recommendations**. This review on the final recommendations examines deletions of student expectations, additions of student expectations and/ or new content, and the movement of student expectations either within a strand or to another strand. This approach allowed for the examination of the standards for both vertical and horizontal alignments.

(A) Introduction: The four major statements in the introduction of the health education TEKS is comprehensive in nature. Specifically, the language is concise and promotes the intended positive mindset expected for students to develop and sustain health promoting behaviors throughout their lives. Furthermore, the fact that the essential skills are mentioned at this point and emphasized all through the six strands is a great way to highlight them for teachers up front. Also, the fourth introduction statement follows standards of curriculum development because it gives teachers a quick overview of the intent of the Health Education TEKS. For reference fourth statement reads: statement containing the word “including” reference content that must be mastered while those containing the phrase “such as” are intended as possible illustrative examples. Lastly, the approach of analysis conducted by Workgroup F on the prior recommendation draft (Workgroup E) and suggestions for improvement were all made in the final recommendations.

(B) Feedback Response 1: The revisions made by Workgroup F improved the complete and logical development of the health education concepts. Workgroup F utilized suggestions from SBOE and stakeholders to the full extent. For the suggestions that were not incorporated into these final recommendations draft, Workgroup F made reasonable rationale to why those suggestions were not incorporated. For example, Workgroup made an addition to the topic, “*Preventative Health*” in the **Physical Health and Hygiene Strand**. Additionally, in the **Physical Health and Hygiene Strand**, the Workgroup added a new student expectation to address the current health related issues in S.E.Grade 6.2.D. stating students understand how to identify current health related issues and recommendations or guidelines. In the **Healthy Eating and Physical Activity Strand**, under chronic conditions topic, the Workgroup improved the standards on obesity by adding a student expectation at Grade 3 to introduce the topic of obesity earlier and reinstated the student expectation for Grades K-3 addressing habits that help individuals stay healthy such as proper amount of sleep and daily physical activity. On the other hand, the Workgroup provided the rationale for recommendations that were not incorporated. In the **Injury and**

Violence Prevention and Safety Strand under First Aid topic, the Workgroup explained their determination of the student expectation as appropriate on the verb “role-play” for Grade K as more prescriptive and maintained the current verb for the student expectation to provide more autonomy to teachers to select the activity for the student expectation. Allowances for teacher autonomy is a great rationale for not incorporating the recommended change.

(C) Feedback Response 2: Accurate vocabulary and terminology are used throughout the revisions to the recommendations for consistency. Furthermore, the Workgroup addressed revisions related to vocabulary and terminology as part of the suggestion provided by SBOE. For example, the Workgroup added necessary vocabulary to help clarify the student expectation Grade 7.5.A. and Grade 8.5.A in the **Mental Health and Wellness Strand**. The vocabulary “biological” was added to the topic *Genetics or Hereditary* to clarify the student expectation: *“The student is expected to understand genetic and biological factors on the potential development of mental health and wellness conditions.”*

(D) Feedback Response 3: The health education concepts are introduced at the appropriate grade level in the final revisions. Workgroup F ensured placement of concepts at appropriate grade levels. For example, in the **Reproductive and Sexual Health Strand** under STDs/STIs topic, the workgroup ensured the student expectations were covered in middle and high school to address the distinction between both concepts/terms. The Workgroup stated that STIs are the infections that may be transmitted (with or without symptoms) while STD are the disease that the infecting agents cause. Hence, the Workgroup separated the terms in the student expectation to support the distinction. Furthermore, in the same **Reproductive and Sexual Health Strand**, the Workgroup added a student expectation in middle school (Grade 6) to include goal setting under the Pregnancy topic. These are some examples of the appropriateness of concepts in the final recommendations draft.

(E) Feedback Response 4: The revisions to the student expectations (SEs) are clear and specific in the final revisions. The Workgroup improved the last recommendations draft from Workgroup E by removing any ambiguities in the student expectations and ensuring they are appropriate and well aligned (both vertically and horizontally). For example, in the **Injury and Violence Prevention and Safety Strand**, Workgroup F clarified the student expectations in the *Bullying, Cyberbullying and Harassment* topic for K and Grade 1 by replacing “list” with “discuss” in prior recommendations draft (1.16.B.) and simplified K.1.B. with a clearly defined outcome for the student expectation by inserting “ways to discourage” instead of the prior “replacement behaviors.” Furthermore, in the same **Injury and Violence Prevention and Safety Strand**, the workgroup modified wording for clarity in SE Grade 2.15.A. based on the recommendation to identify responses to unsafe requests in that student expectation.

(F) Feedback Response 5: The final recommendations draft for the Health Education TEKS is comprehensive with no remaining gaps that should be addressed for Grades K-12. Specifically, the main gap at the onset of the review pointed to the need for the update of the health education TEKS with current scientific data that Texas students need in order to promote a healthy lifestyle. For example, when the Health Education TEKS were created there was minimal information on diabetes, obesity, and all related topics to guide students on these topics. This crucial gap has been filled with updated research-based information. For example, diabetes and obesity are addressed across multiple strands such as Strand 1: Preventative Health (Topic), Strand 2: Long Term Illness/Chronic Conditions (Topic), Strand 3: (i) Chronic Conditions (Topic) and (ii) Heredity/Genetics Diabetes (Topic). Also, the gap and need for high school students to be able to navigate the health care above what the health education standards provided was filled with the design of a new one-half credit course for high school students. Finally, the gap for a continuum in the health education standards in relation to connection of concepts across grade levels was duly addressed. The final recommendations draft now has strands formatted in a way that allows for progression of the learning objectives in accordance with students age and grade. For example, in the **Mental Health and Wellness Strand**, the topics of long-term illness and chronic conditions is addressed from **Grade 3-12**.

(G) Feedback Response 6: There are no final suggestions for ways in which the health education TEKS can be improved. Each of the Workgroups have worked diligently addressing areas of suggestions and recommendations by all stakeholders.

References:

1. Commissioner's Health TEKS Study Recommendations.
2. Health Education TEKS Review Work Group A Draft Recommendations.
3. Health Education TEKS Review Work Group B Draft Recommendations.
4. Health Education TEKS Review Work Group C Draft Recommendations.
5. Health Education TEKS Review Work Group D Draft Recommendations.
6. Health Education TEKS Review Work Group E Draft Recommendations.
7. Health Education TEKS Review Work Group F Draft Recommendations.