

I would like to start first with what an honorable and humbling experience for me as a Syrian Immigrant to the US to be able to serve with peers next to me in the State of Texas. I am the product of the American dream and proud to be a practicing physician serving at a boarder-town in Texas caring for Women's Health and Obesity Disease for Men and Women. Both my kids are enrolled in public schools and therefore I have a vested interest in providing work to help them and all the kids with the best recommendations to help them for their future. I truly want to thank the TEA and SBOE for allowing me and my peers to be able have an input in updating and making recommendations to the New TEKS for the state of Texas students. Dear content advisors and SBOE members, after careful review of provided sources leading to Commissioner's recommendation article here are my recommendations to TEKS and SBOE:

1. Physical Health and Hygiene strand recommendations: I support the education of the **11 organ systems instead of 10 as listed**. By adding reproductive system education, when age appropriate, into the curriculum the complete overview of health education will be provided. It is significantly more informative and productive to introduce the reproductive system education in a controlled environment at school instead of allowing the children to depend on media, peer pressure and experimentation for knowledge that will most likely lead to increase rate of unintended pregnancies and increase in STD transmission.
2. Mental Health and Wellness: I support the commissioner's recommendations but I also would like to introduce the concept of "**Safe Haven**" to all students who are affected by Emotional, physical and psychological violence. I educate my patients to this concept in the event of suicidality, homicidal ideation and any form of violence. This concept when applied corrected will give anyone in need the resources and support. Safe Haven concept could be applied to the school system with little effort to designate a location/person/group to acknowledge the issues and make recommendations. Positive wording and sense of assurance with the use of "safe haven" would impact many students who might otherwise be deterred to reach for help.
3. Healthy Eating and Physical Activities: literacy of physical health education and benefits of exercising is a must but I would extend this and encourage the SBOE to make recommendations of mandatory, when physically appropriate, 30 min exercise daily to all students to embed a health habit in young students that would possibly flourish into a daily habit outside of school environment later in life. Teaching the student to individualize the caloric intake and help them a balanced nutritional caloric intake would start in the classroom and cafeteria at school. Eliminating sugary drinks, juices, and Coca Cola/Pepsi products while supplying water and fresh fruits would be appropriate to start treating early childhood obesity and prevention of adolescent obesity. Guidelines by American Academy of Pediatrics and American Board of Obesity Medicine for nutritional guidelines and obesity prevention would be a starting point to build the healthy physical and nutritional status of students in state of Texas.
4. Injury and Violence Prevention and Safety: I agree and support the commissioner's recommendations.
5. Alcohol, Tobacco, and other Drugs: I agree and support the recommendation by the commissioner's report.
6. Reproductive and Sexual Health:
  - The results from the survey conducted by the commissioner was, at no surprise, reflecting the most important issues our students are facing and needing help during the time they spend in the school. The previous TEKS recommendations were placed in 1998 with hope

the make change to those issues our teen facing at school, but it is clear from Table.1 that students in Texas have a higher tendency of risky behavior when compared to national data. Why is that? The most prominent figures are related to sexual activity behavior. Almost %40 have had sex, >%50 did not use condoms, and >%85 did not use OCP. With these figures in mind it becomes a burden on our shoulders this time to produce recommendations to SBOE that would encompass up-to-date data and medically accurate information to teach our students in a controlled, school based, environment instead turning a blind eye to the fact that more and more young teens are seeking risky behaviors without proper knowledge of consequences of their actions. A stronger emphasis to an old method, that lead the state to become one of the highest teen pregnancy/childhood obesity/increase risky behavior, will not serve our state well and will not produce any different result then the previous recommendations.

- In the **“Texas Essential Knowledge and Skills for Health Education”** there is a sequential progression of introduction of information as pertinent/appropriate to student age, as well as stagnant/limited information on the prevention of STD spread, teen pregnancy, and sexual education. For two decades the Abstinence method has been the cornerstone and only method allowed to be discussed/thought to our children at schools. This concept is introduced in Middle School as noted in section 115.22/b/7/H to educate students about “consequences of sexual activity and benefits of abstinence”; as the development of cognitive behavior and physiology of the student progress noted in all the way up to section 115.33/c/13/D but the solution listed has been on education/awareness of abstinence only as the “only method”. The results of this incomplete education/awareness/and restricted policy have led the state of Texas to become one of the highest states in Teen pregnancy rate. An updated educational program encompassing up to date medically approved and supported information by ACOG, ACOOG, CDC and HHS is more valuable to protect the health of our teen students and their future and to better the “culture of health” for the state of Texas. Withholding information from our students would only set them at a disadvantage when it comes to real life challenges.
- The commissioner’s report mentioned “achieving a culture of health can be promoted through science-based approach.” Under the section of “reproductive and sexual health” the commissioner lists “while the parents and families are the primary educators regarding their children reproductive health, schools can play an important role.” The report was short in establishing a link alternative to abstinence method to help in prevention and decrease in teen pregnancy and transmission in STDs. As listed in Human Sexuality Instruction (TEC 28.004/e/1,2,3,4,5) it is important to list abstinence as Preferred choice/behavior but alternative educational/informative list of methods are listed such as Condoms, contraception. While state law does say abstinence must be promoted as the primary option, this does not prohibit school districts from teaching students about contraception/barriers if they choose to. The TEC28.004/e/5 states to “Teach contraception and condoms use in terms of human use reality.” As per SBOE and TEKS statutes listed our Health Education curriculum delivers an incomplete and biased information to students at school therefore no allowing them to be exposed to alternative options of protecting themselves.

- Application of this recommendation would require application to medically approved/sound/tested/and scientific methods to help achieve this goal.
  - o ACOG (Committee-Opinions #699, May 2017): with the historic low incidence rate of adolescent birth rate and young adults (15-19) as equal to 22.3 per 1,000 women in late 2015, Texas remained number #4 state out of all states with teen pregnancy in the year 2016 as reported by the CDC (Martin JA, Hamilton BE, Osterman MJ, Driscoll AK, Mathews TJ. Births: final data for 2015. Natl Vital Stat Rep 2017;66:1. Available at: [https://www.cdc.gov/nchs/data/nvsr/nvsr66/nvsr66\\_01.pdf](https://www.cdc.gov/nchs/data/nvsr/nvsr66/nvsr66_01.pdf). Retrieved 7/31/19). The reported results from this committee opinion was attributed to effective teen contraceptive use.
- The US Center of Disease and Control lists evidence-based teen pregnancy prevention programs that includes: youth-friendly contraceptive and reproductive health services, abstinence education programs, clinic-based programs, and sexuality education. The suggested reasons are not fully understood but a major contribution was attributed to more teen using abstinence and more teen utilizing birth control as a form of contraception. (<https://www.cdc.gov/teenpregnancy/about/index.htm>, Retrieved on 7/31/19)
- Empowering self-awareness and legal rights to our students will only protect them from real life challenges. The concept of “**consent**” should be listed as one of the tools to empower our students. Lack of consensual relationship could only mean, under the law, as Sexual Assault. Therefore, introducing this concept would become prudent at the appropriate age to allow any student, male or female, to recognize when a Sexual Assault is taking place. Empowering our students with information and their legal rights will benefit, all genders, to help decrease the number of teen pregnancies, sexual assault, STD transmission and in turn help improve the state of Texas.
- It is in my opinion that providing the student, when age appropriate, with information on sexuality/sexual health/consenting/contraception methods/and abstinence is what the TEKS new foundation recommendation should be. Repetition and continuation of old methods without fully disclosing information to the young minds of alternatives to Abstinence such as contraceptive methods would be setting these same students at a disadvantage to face reality and life. In the 21<sup>st</sup> century an improvement to the current status-quo is highly recommended and it is burden on our shoulders to deliver this message to the schools of Texas arming them with new information the follows the guidelines of statute and help protect our teen Texans from unintended pregnancies, spread of STDs, and improve quality of life of all teens (irrespective of background, native language, gender, color, religion and ethnicity) and allow them to have higher rate of high school graduation and become a productive part of our society.

Sincerely,

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