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Understanding Engagement in Grade 8 Health Education

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Abstract

Set in the context of Comprehensive School Health, the purpose of this study is to examine what makes learning engaging for grade 8 health education students, and to develop a deeper understanding of how a teacher plans for and supports student engagement in health education. This is a bound case study that captures the circumstances and conditions of a commonplace classroom over seven weeks. Twenty-two students volunteered; 11 girls and 11 boys as well as the teacher. Four techniques were used to gather data including interviews, focus groups, a researcher's journal and observations, and field notes of health lessons. The data suggests that planning for engagement in health education is related to four interdependent and interconnected ideals, behaviours and emotions, categorized as the following: Enjoyable Learning, Purposeful Learning, Planning for Student Voice and Choice and Planning Supportive Learning Environments.

Keywords: health education, engagement, teacher planning

Résumé

S'inscrivant dans la philosophie de l'approche globale de la santé en milieu scolaire, cette étude examine ce qui rend les cours de santé intéressants aux yeux d'élèves de 8^e année et tente d'expliquer de façon approfondie comment s'y prennent les enseignantes et enseignants pour planifier et encourager l'engagement des élèves dans ces cours de santé. Cette étude de cas s'intéresse aux circonstances et conditions qui caractérisent une classe régulière pour une période de sept semaines. Vingt-deux élèves ont accepté de participer à la recherche : 11 filles et 11 garçons ainsi que leur enseignant. On a eu recours à quatre techniques pour recueillir les données, soit des entrevues, des groupes de consultation, la tenue d'un journal avec les observations du chercheur et la prise de notes sur le terrain pendant les cours de santé. Les données portent à croire que la planification pour susciter l'engagement des élèves aux cours de santé est associée aux quatre comportements, émotions et idéaux interdépendants et interreliés suivants : un apprentissage agréable, un apprentissage utile, une planification qui donne une voix et des choix aux élèves et la planification d'un environnement d'apprentissage qui offre un soutien aux élèves.

Mots clés : éducation à la santé, engagement, planification des enseignants

Introduction

Comprehensive School Health and Health Promoting Schools are two conceptual frameworks that are widely used to guide policy and practice in school health education in Canada (Bassett-Gunter, Maske, Yessis, Stockton, 2012; Hobin, 2012). Within these frameworks school health programs are generally designed to improve health literacy, health outcomes, education achievement and/or social outcomes (Kolbe, 2005). Ostensibly, health education can be defined as “any combination of learning experiences designed to help individuals and communities improve their health, by increasing their knowledge or influencing their attitudes.” (WHO, 2014). Although the school community health frameworks are composed of several components¹, the teaching and learning and/or education pillar is central to this study.

Saskatchewan teachers are mandated by law to teach the provincial curricula, including 100 minutes of health education per week at the middle level (grades 6-9). With a focus on curriculum outcomes and through the Continuous Improvement Framework, questions concerning the relationship among learning outcomes, accountability, and student engagement are critical (Ministry of Education, 2012). Notably, health education curricula have been developed to provide opportunities for students to build knowledge, abilities, and inquiring habits of mind that lead to deeper understanding of their world and human experiences. Additionally, inquiry-based learning experiences in health education build on students’ inherent sense of curiosity and wonder while empowering them to take ownership of and engage in their learning. Therefore, the underlying premise assumes that through these inquiry approaches, students become active and engaged participants in a collaborative search for meaning and understanding. Health education is not always meaningful for students (Kilborn, 2012) but to find meaning for subject such as health education, they must be engaged in learning (Willms, Friesen, & Milton, 2009). Part of understanding the teacher and learning pillar in Health Promoting Schools, considers how young people best learn in the 21st century and how to make “...schools catalysts for vibrant engagement, not simply achievement” (Hamlyn, 2008, p. 2). The purpose of this study is to examine what makes learning engaging for grade 8 health education students, and to develop a deeper understanding of how a teacher plans for and supports student engagement in health education.

Defining Engagement

Understanding how student engagement has been defined and categorized is an important step to understand how teachers plan learning opportunities that enhance engagement. Student engagement has been described as the students’ relationships with the aspects of school community (Libbey, 2004); school structures (Yazzie-Mintz, 2006); learning, curriculum and content (Brady, 2006); pedagogy (Marks, 2000); and the opportunities to learn (Canadian School Health Knowledge Network, 2002). The extent to which students are engaged in their learning is dependent on the quality, depth, and breadth of the relationship among these components. There is general agreement in the research that student engagement produces positive outcomes, such as increased involvement and quality of effort, yet there is disagreement about what is actually considered student engagement.

¹Core Components of a Healthy School Community include (a) healthy policy, (b) environment: social and physical, (c) teaching and learning/education, (d) community partnerships and services and (e) evidence. (Bassett-Gunter, Maske, Yessis, & Stockton, 2012)

Engagement is a diversely interpreted concept. Klem and Connel (2004) state: "...it is difficult to disentangle the effects of the overlapping components/dimensions of engagement" (p. 272). Each of the dimensions "frame the conditions and outcomes of engagement differently, and when considered together they offer distinct perspectives in their stance toward students" (Dunleavy & Milton, 2009, p. 6). The literature even suggests that the term engagement should be reserved specifically for work where multiple components are present. The fusion of behaviour with emotion and cognition as the foundation of the understanding of engagement is "valuable because it may provide a richer characterization ...than is possible in research on single components" as dimensions are also complementary (Fredericks et al, 2004). Efforts to clarify definitions are complicated somewhat by the fluidity of each of the components of engagement. Many academics, including Dunleavy (2008), assert that the "multidimensional concept [in each component] ...incorporates the social, behavioural, and emotional aspects of learning" (p.23). What can be said is that, whether considered alone or in unison, the varying conceptions of engagement draw increased attention to the importance of students' realities in schools and the similarities within their realities.

Understanding Dimensions of Student Engagement

Willms, Friesen, & Milton, (2009) suggest that within any one, two, three (or more) dimensions of engagement, students can be deeply, moderately, and superficially engaged. Furthermore, this same study also reports that students can be engaged in some ways and disengaged in others, or they can be disengaged in one or more of the dimensions altogether (Willms et al., 2009). A comprehensive presentation of the individual dimensions of engagement categorized as behavioural, emotional, and intellectual dimensions, and the interplay amongst them is the focus of the next section.

Behavioural dimension of engagement. Researchers typically define behavioural engagement in three ways: positive conduct and adhering to classroom norms (e.g., following procedures); involvement in learning and related learning tasks including behaviours such as attention, concentration, contribution, effort, and persistence; and finally, student participation in school-related activities such as sports, clubs, and committees as isolated measurements of engagements. These measurements may indicate engagement in the learning process such as enjoying researching on the internet, but not necessarily engagement in the learning outcomes within the provincial curricula (Fisher et al., 1980; Fredericks et al., 2004; Krause, 2005; McIntyre, Copenhaver, Byrd & Norris, 1983).

This dimensional conceptualization of engagement as a set of observable behaviours is limiting as it does not "help us to better understand the complexity of children's experiences in school and to design more specifically targeted and nuanced interventions" to increase student engagement (Fredericks et al., 2004, p. 61). Behavioural engagement, unlike its intellectual counterpart, can include busy work and hands-on activities that do not necessarily lead to engagement in learning.

Emotional dimension of engagement. Emotional engagement, like behavioural engagement, is also often criticized as a stand-alone mode (Harris, 2008). Part of this criticism comes from knowing students who were enthusiastic or optimistic about school yet nevertheless failed to learn. However, researchers tend to agree that emotional engagement refers to students' affective reactions to learning and school (Fredericks et al., 2004, Yazzie-Mintz, 2006). These attitudes and emotions include "heightened levels of positive emotion during completion of an activity, demonstrated by enthusiasm, optimism, curiosity, and interest" (Klem & Connell, 2004,

p. 262). Libbey (2004) adds to Klem and Connell's (2004) explanation of this aspect by considering terms that are often used synonymously with the concept of engagement to include school attachment, school bonding, and school connection. Students' investment in, and their emotional reactions to learning have been presented in the research in at least two ways: individual interest refers to relatively stable and enduring feelings about different activities while situational interest, in contrast, tends to be more context specific (Chapman, 2003). Emotional engagement "tend[s] to be general and not differentiated by domain or activity" and the definitions used do not differentiate between personal (e.g., consistent choices) and situational (e.g., novelty of an activity) interest (Fredericks et al., 2004, p. 63).

Intellectual dimension of engagement. A distinction needs to be made between efforts that are primarily behavioural, or as Kirkpatrick-Johnson et al. (2001) label it, procedural or simply doing the work, and efforts that are substantive and focused on learning and understanding. Students' cognitive investment in learning – the focus on learning and understanding – has been studied by many researchers (Kirkpatrick-Johnson et al., 2001; Meece, Blumefeld & Hoyle, 1988). This focus on the "psychological investment in learning, a desire to go beyond the requirements, and a preference for challenge" (Fredericks et al., 2004, p. 63) considers students' "willingness to invest in their education, to comprehend complex ideas and master difficult skills" (Atweh et al., 2007). Within these definitions, the specific strategies and skills that illustrate intellectual engagement include examples such as flexibility in problem-solving, self-regulating, planning and monitoring one's cognition, preference for hard work, positive coping in the face of failure, and mastering the knowledge and skills. Students who "adopt learning rather than performance goals are focused on learning, mastering the task, understanding and trying to accomplish something that is challenging" (Meece et al., 1988).

Understanding Engagement through Flow Theory

Student engagement can also be understood from the perspective of flow theory (Shernoff, Csikszentmihalyi, Schneider, & Steele-Shernoff, 2003). The concept of "flow" - as in being "in the flow" – is defined as the experience of optimal fulfillment and engagement. Flow, whether in creative arts, athletic competition, engaging work, or spiritual practice is a deep and uniquely human motivation to excel, exceed, and triumph over limitation. Based on flow theory, flow occurs when the point of balance among the challenge, the task, and the required skills matches the simultaneous experience of "concentration, interest, and enjoyment" (Shernoff et al., 2003, p. 160). Flow theory, as a classroom factor, helps explain the extent to which teaching practices are associated with and connected to students' intellectual engagement. Flow in this context is more specifically characterized as "an engrossing experience during which energy, thought, and creativity are focused on the project or goal" (Pottruck Technology Resource Center, 2004, p. 1).

The genuine work of teaching and student engagement can be messy, complex, and challenging. Yet, engagement is also a process that may lead to academic success and the likelihood of future engagement. This ongoing cyclical process emphasizes how engagement, and/or disengagement, do not happen by accident, but happen by design, or lack thereof. Engagement requires teachers to plan for it. For that reason, the purpose of this study is to examine what makes learning engaging for grade 8 health education students, and to develop a

deeper understanding of how a teacher plans for and supports student engagement in health education.

Method

Design

This study is a bound case study (Stake, 2005) that captures the circumstances and conditions of a commonplace situation: namely a grade 8 health education classroom in Saskatchewan. Set within a constructivist perspective, case study research begins with the desire to “derive an up-close or otherwise in-depth understanding of a single or small number of cases, set in their real-world contexts” (Yin, 2012, p. 4). This understanding also encompasses important contextual conditions that are examined within real-life situations through multiple sources of evidence with the data needing to converge in a triangulating fashion (Yin, 2009; Yin 2012). The essence of a case study “is that it tries to illuminate a decision or set of decisions; why they were taken, how they were implemented, and with what result” (Yin, 2009, p. 17). Ultimately, a case study seeks to engage with and describe the complexity of social activity in order to represent the meanings that individuals bring to particular settings (Somekh & Lewin, 2005). Given the single classroom context, the real-world circumstances and the exploration of the way a teacher plans for and supports student engagement, case study provided an appropriate framework to guide the research.

The students. All of the students in this grade 8 class were invited to participate in the study. These students were the senior classroom in an urban elementary school, consisting of Kindergarten through grade 8. Selecting this particular grade level was purposeful because “disengagement from education increases as students progress through school, with a particular escalation in the problem in middle years” (Bland et al., 2009, p. 237). Twenty-two of the 24 students volunteered; 11 girls and 11 boys. Their ages ranged from 13-15 years old. Six of the students spoke English as an additional language and three of the six were newcomers to Canada. All students participated in the health class but only those students who returned the signed consent form from their guardian/parent participated in the focus group and observation sessions.

The teacher. The participant teacher, Claire², has been a middle-level teacher for the majority of her career. She has a Masters Degree in Education and was in her 26th year of teaching. She was the only Grade 8 teacher in her school (in a school of 24.3 full-time equivalent staff) and taught all Grade 8 subjects except physical education and French. Her teaching career included teaching health education at various grade levels. She also participated as a provincial Health Education Catalyst Teacher for four years during two phases of curriculum renewal in 1998 and again in 2009. Over the span of her career she also participated on a variety of health-related advisory committees.

Data Collection

Four techniques were used to gather data including interviews, focus groups, a researcher’s journal and observations, and field notes of health lessons. All of the data collection took place at the school over seven weeks. The interview questions were shared with the teacher in advance via email and all of the interviews and focus groups were audiotape and transcribed verbatim.

² Pseudonym

Interviews. In total, five semi-structured interviews were conducted with the teacher to develop a deeper understanding how she planned for student engagement in health education. Building upon Charmaz's (2006) suggestions for developing effective interview questions, multiple open-ended questions and sub-questions guided the discussions to create thick, contextual descriptions. The interviews typically lasted 20-30 minutes.

Observation and field notes. The researcher conducted four, 50-minute observations of the health education class. Classroom observations provided the opportunity to watch for evidence of the teacher's plans and support for engagement in her class. Before each class, as part of the teacher interview, the teacher described what she had planned for the health education lesson, and how planning for engagement might be observable in her pedagogical strategies. After each of the observations, the process of recording data became more planned and systematic as patterns and discrepancies emerged between what the teacher and students said during the interviews and what was observable. The researcher attempted to be unobtrusive as possible. However, Rallis and Rossman (2003) suggest that participants likely do not act the same when they know they are being observed. Nevertheless, observing what the participants did and said during class allowed for augmented analysis to what was shared in the focus group discussions.

Focus groups. Only students participated in the focus groups. There were eight focus group discussions, three of which were with the whole class and five were with small groups of students. In the context of the focus group, the researcher used a variety of activities and questions to engage the students in a discussion about what makes learning about health engaging for them. The focus group conversations lasted from 14-26 minutes. Although there were times of unstructured discussion, the focus groups were primarily guided by semi-structure interview questions such as "Do you feel that your health education class is engaging?" and "What makes your health education class engaging?" As the categories developed additional questions were posed such as "Do you know when your teacher has planned for engagement and when she hasn't?" and "If you are interested in a topic, does that mean you will automatically be engaged in the learning?" The research process was modified part way through the study to adapt to the size of the focus group discussions to ensure all voices were being heard. The smaller groups offered a space for students where English was an additional language more time to process and express their ideas.

Researcher's journal. The researcher also maintained a journal where reflections about the research process, including data collection and analysis were recorded. Throughout the data collection process journal reflections were shared with a critical friend who provided a constructive and supportive space to rethink and reframe ideas (Schuck & Russell, 2005). The purpose of the critical friend was to ask provocative questions for reflection, not to build consensus. Grounded in a constructivist perspective, this study inherently assumes that the research is a creation of the shared experiences of the participants and the researcher. Constructivists see relationships between facts and values and they acknowledge that what they see – and what they do not see – is influenced by values. Constructivists also attempt to become aware of personal presuppositions and to grapple with how they shape the research (Charmaz, 2006). Sharing the journal with the critical friend augmented the multiple realities and multiple ways of interpreting a specific set of data (Corbin & Holt, 2005).

Data Analysis

This study adopted data analysis techniques often associated with Grounded Theory (GT). It is not uncommon for GT strategies to be used in case study data analysis because GT strategies complement other approaches to qualitative data analysis that require the researcher to analyze data through their “interpretive portrayal of the studied world” (Charmaz, 2006, p. 10). Concept identification, also known as “open coding” or “initial coding” began with the first interview with the teacher and was developed more fully in the initial class observation and focus discussion with the students (Corbin & Holt, 2005 p. 50). Charmaz (2006) and Strauss & Corbin (1998), suggest the use of several analytical tools including 1) comparison 2) waving the red flag 3) coding and 4) theoretical sampling to facilitate the coding process and assist in the probing and organizing of data. Finding comparisons involves looking for similarities and differences among ideas and/or comparing categories to similar or different concepts (Strauss & Corbin, 1998). “Waving the Red Flag” refers to the process of recognizing when biases, assumptions, and beliefs are intruding into the analysis (Strauss & Corbin, 1998, p. 97, Somekh & Lewin, 2005). Coding in this study helped specify properties and dimensions of a category for the purpose of relating categories to subcategories and organizing the data in a particular conceptual way. Once the initial coding was complete, nine categories were interpreted from the data. At this point, theoretical sampling was used to gather more data that focuses on the larger categories which emerged as themes (Charmaz, 2006).

Findings

Four themes emerged from the data to illuminate what makes learning engaging for students and how the teacher planned for and supported student engagement in health education. The data suggest that planning for engagement is related to four interdependent and interconnected ideal behaviours and emotions, categorized as follows: enjoyable learning, purposeful learning, planning for student voice and choice, and planning supportive learning environments.

Enjoyable Learning

During one of the classroom observations, the students were in the midst of a body image unit. Claire liked to have the students work in groups and in this class, like many others, she asked her students to divide into groups based on individual interest in a particular topic (e.g., nutrition, body image, physical activity). Many students immediately formed small groups while other students were either undecided or reluctant. For those who had not chosen a group, Claire suggested they “should think carefully about the topic [they] want to work on but also pick the group that looks like it would be the most fun.” Her prompting for students to make choices based on the opportunity to have fun was a theme throughout her discussions. It was very clear – students wanted their learning to be fun if they were going to be engaged. As one student explained,

My favourite things to do to get me really engaged are acting – of course – and being active, like in my karate class. It is also much funner if you were in partners and changed the work to a game. If we did a game like rotating each other’s bodies or something like that, I would go for that.

Students, when given the opportunity, actually discussed their wish list of what they would like to see to make their health education classes, more enjoyable and therefore, more engaging. Their definition of fun included various interactive learning strategies that built understanding through dynamic, hands on tasks. Students were quick to note that passive learning, which included merely observing a learning process or just viewing/listening to information was not fun. This student stated, “My favourite thing is doing a game by like exercising - moving as we learn.” Another student also supported this idea. She believed that “games made learning fun” and claimed “it [health education] is much funner if you were in partners and changed the work to a game ... then I would be up for that.”

At times, enjoyable learning and purposeful learning appeared as two intertwined factors influencing what students thought was engaging.

Purposeful Learning

Purposeful learning was defined by the opportunity to explore topics that were significant to the students’ lives. Students spoke about being interested in the topic, such as,

If you have an interest in some topic or like participate a lot in a topic and you don’t want to leave it, but if we have a zone in the area of the class, people would want to learn more and want to be at school more often instead of being at home to play games. It’s like when you have interest, it is everything to you.

It was also noted “if the most engaging topics are those that are interesting, that is what will engage kids in health education. If you just speak and have interesting stuff then everyone else will be engaged and following along with what the teachers are doing”. A student succinctly synthesized this particular part of the conversations by stating, “situations are really engaging only if the topic interests me.”

Students valued understanding why they were learning particular concepts. It was clear that what they were learning in health education was important to them. This purpose for learning is described as,

Stuff that connects to your life does matter ...you could be in a situation sometimes where what you learn could be in use, but for that person that doesn’t really pay attention in class but has that situation, it is over, and they can’t do nothing about it (Student).

In what became an unplanned brainstorming activity during the focus group, students briefly expressed numerous suggestions that were determined, through sorting, to be primarily related to one or more of the following: self and identity, appearance and body image, athletic pursuits, careers, outdoors and the environment, and sexual health.

The students emphasized that for health education to be really engaging, the learning needed to have a purpose. Students not only wanted to enjoy (i.e., have fun) what they were doing but also claimed they needed to care about, feel connected to, and have some ownership for what they were learning. The students spoke about how health education should, and at times does, connect to their personal lives, and at these times, they are engaged in what they are learning. One young girl, who often talked about her passion for sports, and in particular soccer, commented that “lots of what we learn in health education allows me to reflect on how I like to play sports and that if I am healthy, I can better achieve my best.” Health education was also

purposeful for her because “when I play sports, there are things I need to know and practise that I learn in health education and it helps you be aware of what you do know and to set goals in the future so you do better.” Another student reported on the current unit on body image, saying, “what we’re learning - it connects to my life because it depends on what I am eating and my body image and that is what we are learning to control our eating habits and how we feel about ourselves.” This relationship to learning being purposeful was also noted in one student’s description of how health education “helps me to become a better person, be positive, and to learn different lifestyles.

Additionally, a number of students suggested that a desire for good marks automatically made any learning purposeful. Their motivation to get an “A” meant they would likely be engaged in the learning. These students wanted to, as one student offered, “get good work [so] they get recognized outside of school because our parents care if we are successful.” It was also suggested that students earned good marks by learning and understanding, and that the learning and understanding is what was important – whether they were engaged or not. One student noted, “I think for all of us here we all want to get good marks and that but it’s kinda not really about good marks – but if you learn and you understand what you are doing, you will get good marks and I think that’s what matters to all of us.”

Not all students agreed that wanting good marks made learning purposeful or engaging. One student challenged his peers to think more deeply and suggested that for some students, it was more important to complete the work than to be engaged in it. He also believed that the work may not require engagement by the student, and that marks are not always a motivator for engagement. As he stated,

It all depends how good you are ...but you can do all that but your marks might still be a D ...but it is sometimes more important to get done and then you get an A. We know that if we do it [the work] we will get a better future and we want a better future even if we don’t want to learn stuff.

Overall the assumption was that engagement was often synonymous with achievement and that if students earned good marks and found meaning in the content they would be more likely to engage in learning. The students also differentiated between purposeful learning and compliant behaviours. Completing work on time and being on task did not necessarily mean the students were engaged. One of students indicated that her behaviour was often just a “fairy tale of make believe”, where she would pretend to be engaged because she had learned that was how to please the teacher. Her “fairy tale” comment demonstrates the complex nature of engagement and challenge for teachers who strive to plan for and support student engagement in health education. As the next section suggests, planning for and supporting student engagement is not the same as planning for compliance.

Teaching for Engagement in Health Education

Although Claire was aware of the concept of engagement and that the focus of the study was to develop a deeper understanding of engagement in health education, she did not purport to be a guru of engagement. Rather, she offered her teacher practice and perspective as a way for the researcher to develop a deeper understanding of how a teacher plans for and supports student engagement in health education. Two themes emerged in the data and, though interdependent, are separated within this section for the purpose of identification and discussion and derive from the concepts of enjoyable learning and purposeful learning as discussed earlier. The themes are

related to 1) the educator's flexibility in the planning for student voice and choice, and 2) establishing supportive learning environments.

Planning for student voice and choice. Claire claimed that her "planning comes from students' lives so I try to ...I always question the teachers who do all their planning in the summer months and then they have never met the kids. I don't understand that. How can you plan units that connect to them?" The students reinforced that Claire actually follows through with engaging students in conversation about the learning choices available to them. This student remarked, "She asks us what we want to do ...well she did ...she asked us what we wanted to do in this unit."

Throughout this study, Claire described how cultivating individualized connections with her students is important for student engagement and learning. These connections allow Claire to uncover student interests and embed these interests in the learning program. For example, Claire described a student who "does" school really well: he earned good marks and worked hard to finish assignments quickly but they were frequently not completed to his potential. His attendance was inconsistent and he was certain that he could, as Claire stated, "take a day off every couple of weeks because [he] know[s] it all." Claire deliberately sought out opportunities to get to know him better and discovered that he was interested in and very passionate about the health and well-being of animals. The flexibility in her planning and the attentiveness to his interests allowed her to adapt the learning task to better individualize his learning. This youth was encouraged to investigate, document, and communicate what he knew and what he was learning about animals. His research into a local no-kill shelter for animals was not a part of Claire's initial planning, but the flexibility in her planning allowed this student to become engaged in his learning and attend school more regularly.

In the focus group discussions, students shared how they thought the teacher should make the learning relevant by planning around their interests, including comments such as "the teacher should try to work around so you can still have the same topic but dissolve it into everyone's interest – although I know that might be a little hard" or comments such as she "asks us what we want to do." Planning to make student's learning relevant and cultivating interest was not only achieved in Claire's flexibility but in other planning as well. For example, she planned lessons based on current and local news ensuring that the content was relevant to the students. In one body-image lesson she used an advertisement from a local business to capture the student's interest.

Claire also planned lessons using the renewed provincial health education curriculum. The curriculum shift from learning objectives to learning outcomes and, as she claimed, "knowing what students need to know by the end of the year instead of what the teacher is supposed to do," provide some freedom to teach to students' interests. She continued by claiming the flexibility provided within the curriculum allows the "kids to sort of lead [her] through it" and although you can find "...some people [who] think of the curriculum as being you know, constricting but really it's a guide for, you know, remaining focused as an educator and it actually provides a freedom to adapt what you are doing to students' needs and interests." Claire's planning for engagement did include busywork that she described as "filling in the blanks or doing crossword puzzles" but focused on starting where students were at using "multi-entry activities that are inquiry based, and problem-solving. She suggested that the curriculum outcomes were broad enough that there can be "...multi-entry and multi-exit, so everybody can come in on whatever level they are on and they can be engaged because ...not that I don't have to be able to do this to do it. I don't have to be able to do that."

According to Claire, collaboration begins with students' involvement in the actual planning process, and making decisions about both what will be learned, as explored earlier, and how it will be learned. Claire shared a number of stories where she had carefully planned for particular learning experiences only to discover that her students wanted to take the learning in a new and often "not thought of before" direction. Claire now refers to her flexibility in planning as a "road map" so she knows where she wants to go but there are many paths that individual students can follow/create to get where they need to go.

Also, Claire's planning style supported "student choice and voice" in her grade 8 health education classroom. Students highlighted that being able to make decisions regarding student learning should be part of every teacher's regular planning. Students talked about "sometimes we get to pick like for projects and all that other stuff." Claire called this flexibility a "multi-entry" into the learning. The student participants described it simply as teachers need to be flexible and "work around individual interests by keeping the same topic and dissolving into everyone's interests" while also recognizing "that may be kind of hard."

Establishing supportive learning environments.

Creating supportive environments was another theme that emerged from the data. Based on the participants' comments about the earlier concepts of personal and purposeful learning, students and their teacher co-constructed a focus on creating learning environments that facilitate, as the students named it, "ownership of learning." Clearly, the students and their teacher recognized that students cannot be forced to engage or to learn, and they asserted that they are "responsible to want to learn" and own their learning by "borrowing it [knowledge] to develop new learnings." Two students articulated and others nodded in agreement that the teacher was partially responsible for their learning and engagement. One student suggested "mostly our teacher is responsible but also mostly ourselves because we are engaged in this project so we actually took the steps of learning all of it so we know what we are doing."

A peer in the same focus group added that learning was a shared responsibility with home, school, and self. His "teacher is probably the most responsible and yet myself, yes, but I will have to also say my parents 'cause they will push me to do my best and yah, but I do say that myself is pretty important." Another student stated, "I think that we are responsible for our learning and other people should help us, but if you don't know what to do, you can ask a friend," and another added that "our parents encourage us to be engaged but it's not really forcing us – it is for our own good."

Another way supportive learning environments were established in this class was through discussions. The students and Claire had frequent conversations and journaling opportunities to reflect on what could and what should be done differently in this health class. These conversations encouraged students to ask questions about their learning and engagement. Claire told me she often asks questions such as, "How do you know that you're engaged and what if you're not and you don't want to be?" and "What works and you know, what would you, what would you recommend we try next time?" Students commented that they appreciated these discussions and recognized the importance of planning more opportunities to discuss how they felt about learning. Claire's appreciation for these conversations was also evident when she commented, "It just makes me happy to read through journals or to read through the stuff they are working on ...to hear how you explain this ...it's so beautiful."

Supportive environments were also established when Claire encouraged the students to take risks and challenge themselves to learn and think in new ways. The students knew that

making mistakes was okay in her classroom. One student commented, “It’s okay to be wrong and sometimes we can try to do things and then even if we do it wrong, we will get commended for trying and then shown how to do it right.” This permission to take risks and make mistakes was described by one student who claimed, “If you make mistakes, someone’s not going to say you made a mistake and you are getting a zero. We learn by making mistakes. We don’t learn by going a 100 percent or copying off of something.” The participants’ perspectives on taking risks were echoed when Claire described how she regularly reminds her students that “there is nothing you can do here that is going to be the end of the world ...your partner will not leave you, and your boss will not fire you. This is not going to happen in grade 8 ...I have made mistakes and guess what? It’s not the end of the world.” Claire believed that when their teacher values students and other students, listened to and encouraged to learn and take risks, and allowed opportunities to make and learn from mistakes, they develop a respect for themselves, others, and cultivate an engagement in the learning.

Discussion

Herbert & Lohrmann, (2011) suggests that effective health education occurs when teachers employ a wide repertoire of learning strategies and involve students in practice. Adding to the body of literature regarding effective health education, this study found that health education was engaging when students’ enjoy the topic and when they could relate learning to their lives. Claire’s health education program like many health programs, aims to engage students in quality learning experiences to achieve health and learning outcomes (Gleddie, 2009; Yardly, 2011). Yet, students do not always find health education meaningful (Kilborn, 2012). Exploring how Claire planned for student engagement in health sheds light on particular nuances of teaching that offer insight into the considerations for supporting engagement in health education. First, she built a supportive learning community making learning comfortable and collaborative. She also prioritized establishing a sense of ownership, that is, making learning student-centered and meaningful. Finally, Claire practised what Schelechy, (2011) calls design for learning, rather than specific lesson planning.

Make Learning Comfortable and Collaborative

By making learning comfortable and collaborative in process, Claire’s students found ways to work cooperatively and productively together. Students who were encouraged to take risks and were supported in their mistakes were likely to participate, take risks, challenge themselves, and view mistakes as learning opportunities. Planning for and supporting this kind of learning community is essential for student engagement. Balancing each student’s sense of individuality with his/her membership within a learning community is one way teachers can support student engagement.

Group work can entice students to learn but can also distract students from the learning. Group work may be an important pedagogical strategy when it is a carefully planned learning interaction. Notably, for many students, learning with others attaches positive emotions and creates encouraging environments to what otherwise might be a negative and isolating experience (Igle & Urquhart, 2012). It was noted in the classroom observations in this study that group work is not always a positive learning experience for all students. Students who are quiet, learning to speak the English language, or who do not have many friends may not feel part of the learning community, may be hesitant or not invited to participate in class, may feel hesitant to

contribute, or may become disengaged in the task or in the learning. Teachers must negotiate these dynamic relationships and spaces every day. Based on the findings, creating a learning environment that supports inclusion, permits students to take risks, promotes positive relationships, and acknowledges and builds upon prior experiences is critical when planning for and supporting student engagement. Student engagement is much more complicated than just putting people into groups and having them learn together.

Making Learning Theirs and Making It Meaningful

Students in this study established a sense of ownership of their learning through Claire's responsive approaches to teaching and her consistent requests for student input into learning. The outcomes in the provincial curricula are not subject to negotiation and there are often competing provincial and local initiatives that exist in schools. Nevertheless, sharing responsibility and allowing ownership was evident in Claire's respect of her students' opinions and suggestions, as she designed work that was worthy of their time and consideration.

Planning for student ownership is closely linked to the concepts of voice and choice. Students felt that their ownership of learning was nurtured when they were involved in the decision making. The experience of owning their learning was reinforced when they had choice in selecting the task, including selecting their groups, and in understanding the rationale behind what they were doing.

Shifting from Planning to Designing

Engagement takes more than planning. This study shows that engagement was more likely to occur in the presence of learning opportunities that begin with the thoughtful and intentional design for learning (Schlechty, 2011). There are notable distinctions between planning and designing.

Design begins with students and the needs of students. Planning begins with goals, outcomes, programs, and activities. Design seeks alternatives and invites invention. Planning seeks to limit alternatives and encourages conformity. Design is a heuristic task (flexibility to experiment) whereas planning is an algorithmic task (linear preconceived process) (Schlechty, 2011, p. 106)

This study's research question "How do teachers plan for and support student engagement in health education?" should likely have been asked as "How do teachers design student learning to support student engagement in health education?" Instead of research that focuses on what teachers can and should do in the classroom, it is important to reframe this dialogue to examine the roles and expertise of teachers. For example, using the term designer instead of planner reframes the roles and the responsibilities of teachers. According to Schlechty, (2011) to be a designer of learning, a teacher must understand the big picture that is provided by the experiences and backgrounds of their students and by the curriculum outcomes and indicators. Claire, as a designer of learning, viewed the classroom as a place of possibilities of engagement for all students. Consistent with Schlechty's notion of designing for engagement, the students stated that they were more engaged when they played a role in determining the direction of their learning and when they were collaborators rather than passive recipients in the classroom. Additionally, students who participated in decision making and pursued their own interests stated that they were more engaged. The design of learning can reflect the qualities that seem especially important to the creation of engaging work for students, including providing

opportunities to draw upon students' background knowledge and experiences, to meet the needs of the students, and to allow a shared ownership of the teaching and learning.

Although the findings from this study cannot be generalized, this case study may prompt health educators to pause to reflect as they design learning and create classrooms of engaged learners. Health teachers might contemplate whether they tend to “plan” for and support student engagement in the procedural aspects of the task, or “design” for student engagement while incorporating the emotional aspects of engagement. This study provided insight into understanding how a teacher, in designing for engagement in health education, required mindfulness and an ability to assist students relate to and see themselves and their families reflected in what was interesting and important to them.

Conclusion

Teaching and learning for engagement is a complex endeavour. The student participants in this study, described engagement in terms of enjoyment and purposeful learning and the teacher worked to ensure student voice and choice and supportive learning environments. It may take time for health educators to learn the about their students - to have a relational awareness of who they are, where they come from, what they believe, and why they believe it but it is under these designing conditions where it is possible to imagine “flow” in health education. That is, optimal fulfillment and engagement occurs, and where learning and health action moves outside the classroom walls to the home and community.

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