NZHEA TRCC Course Directors' Report: Empowering Health Education October 1-3, 2018

1. Course details:

| Course title	**Empowering Health Education**
Written by	Rachael Dixon and Jenny Robertson
Date and venue	1-3 October, 2018; Quality Hotel Parnell, Auckland.
Planning committee	Rachael Dixon, Jenny Robertson, Kata O'Donnell, Jess Lythe, Kathryn Wells.
TRCC committee and staff involvement	Eseta Fuli, Kiriana McGregor, Kathryn Levy.
Participants	114

2. Course Objectives:

Provide opportunities to deepen understanding and knowledge to enhance teaching and learning in Health Education. Key outcomes:

1. Deepening understanding of the underlying concepts
2. Effective pedagogy
3. Leading Health Education learning
4. Building confidence and empowering learners
5. Networking.

3. How effective do you think the course was in meeting the course objectives?

Overall participants rated the course as highly appropriate and effective (N=67). See following graph.

Was the programme appropriate and effective

Rating	Value
1 - No	0
2	0
3	3
4	37
5 - Yes	60
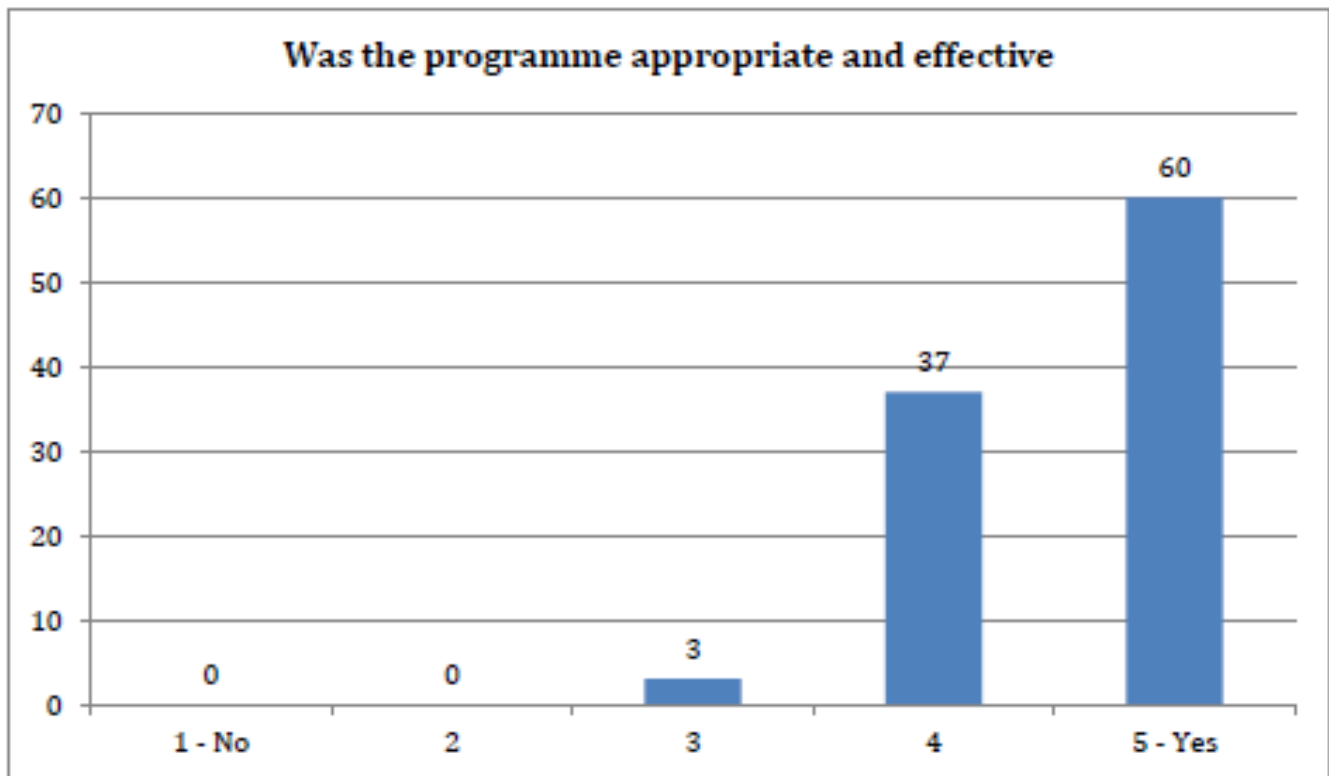
100% stated 3 or above. 97% stated 4 or above

The pre and post course survey data (based on the 55 participants who completed both surveys) indicate positive shifts across the 12 domains that were measured. A comment on data that measured the key outcomes is as follows:

Course Objectives	Comment
1. Deepening understanding of the (HPE) underlying concepts	*There was a markedly positive shift in this area, with participants gaining knowledge in relation to the underlying concepts.* **Survey item 1. How would you rate your current knowledge of the HPE underlying concepts?** • those answering needs development or developing reduced from 28% to 5% • those answering good or above increased from 82% to 95% • with those answering very good or above increasing from 40% to 60% **Survey item 2.** (Noting that the underlying concepts noted in item 1 need to be applied to these key areas of learning.) **How would you rate your knowledge of mental health, sexuality education and food and nutrition key areas of learning in HPE?)** • answering needs development or developing reduced from 20% to 13% • those answering good or above increased from 80% to 87% • with those answering very good or above increasing from 30% to 52%
2. Effective pedagogy	*Participants reported a positive shift in the teaching and learning strategies applicable to Health Education; and in gathering evidence of effectiveness of their programme.* **Survey item 3. How would you rate your knowledge and skills in a wide range of responsive teaching and learning strategies applicable to health education?**

		• those answering needs development or developing reduced from 35% to 15%
		• those answering good or above increased from 65% to 85%
		• with those answering very good or above increasing from 22% to 54%
		Survey item 7. How would you rate your ability to judge the educational effectiveness of your teaching programme (ie gather a range of evidence forms students that shows they are learning and making progress, as well as student voice that talks to learners' engagement in learning)? • those answering needs development or developing reduced from 33% to 11% • those answering good or above increased from 67% to 89% • with those answering very good or above increasing from 25% to 44%
3.	Leading Health Education learning	*This question about leading learning was asked in relation to programme design, resourcing and assessment. Participants reported a positive shift in their ability to develop coherent programmes for junior and senior students (including NCEA), and have knowledge of resources that support programme design.* **Survey item 5. How would you rate your ability to design learning programmes with a coherent pathways for junior students?** • those answering needs development or developing reduced from 35% to 20% • those answering good or above increased from 65% to 80% • with those answering very good or above increasing from 30% to 46% **Survey item 6. How would you rate your ability to design learning programmes with a coherent pathways for senior students?** • those answering needs development or developing reduced from 44% to 22% • those answering good or above increased from 56% to 78% • with those answering very good or above increasing from 20% to 40% **Survey item 8. How would you rate your confidence in using the health education NCEA Achievement Standards?** • those answering needs development or developing reduced from 29% to 13% • those answering good or above increased from 71% to 87% • with those answering very good or above increasing from 42% to 49% **Survey item 9. How would you rate your knowledge of a wide range of NZC relevant health education teaching and learning resources and other support materials?** • those answering needs development or developing reduced from 36% to 20% • those answering good or above increased from 64% to 80% • with those answering very good or above increasing from 22% to 45%
4.	Building confidence and empowering learners	*This was asked in relation to programme design and whole school approaches to promoting wellbeing. Participants reported a positive shift in their ability to design learning programmes to meet diverse learner needs and how their programme contributes to whole school approaches to promoting student wellbeing.* **Survey item 4. How would you rate your ability to design learning programmes that respond to the diverse needs of all learners in health education at your**

	school?
	• those answering needs development or developing reduced from 31% to 23%
	• those answering good or above increased from 69% to 77%
	• with those answering very good or above increasing from 27% to 46%
	Survey item 10. How would you rate your understanding of the way aspects of your teaching and learning programme may contribute to whole school approaches to the promotion of wellbeing of student wellbeing?
	• those answering needs development or developing reduced from 36% to 20%
	• those answering good or above increased from 64% to 80%
	• with those answering very good or above increasing from 22% to 45%
5. Networking	*Again, positive shifts in the two questions around networks of support. This indicates that the course outcome to provide an effective networking opportunity was met.*
	Survey item 11. How would you rate your network of support with other health education teachers within and/or across schools?
	• those answering needs development or developing reduced from 40% to 24%
	• those answering good or above increased from 60% to 76%
	• with those answering very good or above increasing from 20% to 54%
	Survey item 12. How would you rate the range of people (within and out of school) who can support you if you have questions about specific aspects of your health education teaching?
	• those answering needs development or developing reduced from 22% to 11%
	• those answering good or above increased from 79% to 89%
	• with those answering very good or above increasing from 44% to 64%

4. General Comments on the programme

We were pleased with the variety of presentations, as well as the number of presentations, within the programme. We felt that we provided a well-rounded programme to cater for a variety of health teachers, from beginner to experienced; from those who taught junior secondary only, to those who taught to year 13.

Picking up on some comments from participants, with our reflection added:

Participant comment	Our reflection
Useful to have resources provided	On the one hand, while it was great that teachers were able to go away from the course with a wide variety of resources and teaching ideas, we would like teachers to also see the value in reflecting upon their practice – it's not just about the 'resources'.
	We are aware of a culture of 'high dependency' among some health education teachers evident in some of the comments about resourcing – which we already have a lot of. It rather assumes some teachers think that just having lots of resources makes them more effective teachers, rather than the critical selection and use of these. This possibly speaks to a wider culture of PLD in the schools teachers are in and what they understand constitutes effective PLD.
Ben Birks Ang's presentation -	In hindsight, this session would have been valuable for everyone to attend as

excellent	a keynote-type session.
Keynotes? Guest speakers?	See above. We saw more value in having health teachers present, but future courses could have other presenters from the health education community. It seems as though people didn't realise the Monday AM was a keynote-type presentation? The mantra of 'for teachers by teachers' seemed to be lost on some. We note a persistent culture (present in the PE offerings that many of these teachers attend) for traditional conference type formats where the audience is spoken at rather than actively engaged in a professional learning process. We have some reservations about this. With online webinars etc some of these sorts of presentations are now easily accessed online – if teachers are spending time and resource to come together we would prefer to prioritise those professional learning opportunities that are not experienced and satisfied by other means, and people/organisations who they already know of/have access to. Instead we are trying to mobilise the expertise within the sector – rather than rely on external providers who often have little knowledge of the curriculum and the schooling context in which teachers work.
Well-planned and designed workshops with diverse content. Calibre of presenters, professional way of presenting.	Agree.
Shorter presentations Some 90 mins, some 45?	We decided that a more intensive programme was preferable to shorter workshops. 90 minute sessions allowed for more robust discussion, networking, and deeper exploration of the topic. In context of a TRCC course (not 'conference') we still see value in a longer sessions to develop teachers' professional knowledge. We express some concerns about the desire of some teachers to have short sessions (which lack depth and offer no more than what can probably be accessed online) instead of an extended time to have learning conversations to help process the material presented. See also comment about keynotes.
Too many presentations on at once	Due to expected numbers, we needed to offer 3-4 workshops in each session. In hindsight we could have offered more sessions as a "repeat" session (as we did on Monday PM). We see it as a comment on a highly successful programme that teachers thought they wanted to go to multiple presentations in one time slot – the drop off toward the end of the course was minimal - which is a good sign.
Ensure the brief of each workshop met the content	Good point – something to remind presenters of as they designed their sessions.
Wanted to be talked at more – wanted information rather than facilitation/discussion	This is an interesting comment given the contrasting comments above, made by several participants. We wanted to model effective pedagogy in health education, thus saw it as a strength to have discussion-based, constructivist sessions, rather than a didactic approach.
Networking	The opportunity to coming face to face and work with people in this way still seems to have a lot of purpose and support.

5. Presenters and abstract of each presentation

Session 1	Personnel	Abstract
Panel: Who are we? We explore our identity as health educators and reflect on where health education has come from and where	Kata O'Donnell - Tamaki College, Debbie Jones - Lincoln High School and NZHEA Kaiārahi, Rachael Dixon – NZHEA co-	

we want to go in the future.	chairperson.	
Session 2	**Personnel**	**Abstract**
Underlying concepts year 9-11 (for teachers new to health education):	Kata O'Donnell - Tamaki College,	An introduction to the underlying concepts for teachers new to health education - how the underlying concepts 'play out' at year 9 - 11 and some activities that can be used with students.
Underlying concepts year 9-11:	Michelle Ferris - Samuel Marsden Collegiate (Wellington)	Deepen understanding of how the underlying concepts 'play out' at year 9 - 11 and engage in some activities that can be used with students.
Underlying concepts year 12-13:	Annie MacFarlane - Tamatea High School (Napier)	Explore the conceptual understanding needed by students in year 12 and 13 and engage in some activities that can be used at these levels.
Connecting with the community: guest speakers, health promotion & trips:	Shelley Hunt – Gisborne Girls' High School	How can first hand experiences enhance learning? By sharing examples of community speakers, field trips and health education EOTC experiences, teachers will be inspired to incorporate these into their practice.
Session 3	**Personnel**	**Abstract**
Underlying concepts year 9-11 (2b repeat):	Michelle Ferris - Samuel Marsden Collegiate (Wellington)	Deepen understanding of how the underlying concepts 'play out' at year 9 - 11 and engage in some activities that can be used with students.
Underlying concepts year 12-13 (2c repeat):	Annie MacFarlane - Tamatea High School (Napier)	Explore the conceptual understanding needed by students in year 12 and 13 and engage in some activities that can be used at these levels.
Health promotion as a concept and context:	Rachael Dixon – NZHEA Chairperson, University of Otago	Deepen teacher understanding of health promotion as understood in NZC health education terms and explore learning contexts for students across the secondary level.
Health education 'treatment' of bio-medical issues:	Jenny Robertson – University of Auckland and University of Waikato, NZHEA exec member	Identify how the HPE underlying concepts need to be applied to biomedical health contexts, in order for learning to meet the intent of HPE and use the concepts of hauora and the SEP (in particular) to decide the suitability of other biomedical health contexts for learning in health education.
Session 4	**Personnel**	**Abstract**
Student panel and debrief in groups: Exploring students' perspectives of health education. Followed by debrief in small groups.	Ngahuia Mita – ex Gisborne Girls' High School, Claudia Goff – ex MAGS, Clearissa Thompson – Tamaki College, Tayla O'Brien & Tom Shankland – MAGS	
Session 5	**Personnel**	**Abstract**
Mental health education and hauora: A resource for teaching about interpersonal skills, resilience, and wellbeing:	Katie Fitzpatrick & Rachel Riedel - University of Auckland	Come away from the session having taken part in a range of teaching activities for exploring resilience concepts that can be used in the classroom.
Sexuality education – relationships:	Georgia Dougherty – Orewa College (Auckland)	Come away from the session having taken part in a number of teaching activities for sexuality education with a focus on relationships that can be used in the classroom.
Food and nutrition - determinants of health in a food context:	Kathryn Levy - TRCC and Onslow College (Wellington)	Come away from the session having taken part in a number of teaching activities for food and nutrition that can be used in the classroom.
Integrating health sector	Rachael Dixon - NZHEA	Come away from the session having taken part in a

resources into health education:	Chairperson, University of Otago	number of activities that explore good practice in assessing suitability of health sector resources for use in health classrooms; and ideas for adapting resources to meet students' learning needs.
Session 6		
Mental health – resilience:	Liv Wells – Burnside High School (Christchurch)	Come away from the session having taken part in a number of teaching activities for exploring mental health/resilience concepts that can be used in the classroom.
Food and nutrition - evaluating conflicting nutritional information/critical thinking:	Kathryn Levy – TRCC and Onslow College (Wellington)	Come away from the session having taken part in a number of teaching activities for food and nutrition that can be used in the classroom.
Project-based learning in health education:	Aimee Snelgrove & Faye Walker – Alfriston College (Auckland)	Build knowledge of project based learning as a concept and key skills the learners and teachers need to possess/develop to enable this. Imagine what project based learning could look like in your health classroom.
Sexuality education - gender:	Jess Lythe – Mt Albert Grammar School, Auckland & Jenny Robertson - University of Auckland and University of Waikato, NZHEA exec member	Come away from the session having taken part in a number of teaching activities for sexuality education with a focus on gender issues that can be used in the classroom.
Session 7	**Personnel**	**Abstract**
Multi-NCEA level courses:	Debbie Jones – NZHEA kaiārahi, Lincoln High School (Christchurch)	Increase your confidence and explore creative ideas for teaching engaging multi-level NCEA courses (that preserve teacher sanity and student achievement).
Year 9 and 10 health education:	Shelley Hunt – Gisborne Girls' High School	Explore making the most of limited time in year 9 & 10 health, relevant learning contexts that engage learners and influence them to select health education for NCEA.
Cross-curricular learning:	Jayne Dunbar – Hobsonville Point High School (Auckland)	Leave the session inspired to be creative with combining meaningful and purposeful health education learning with other subjects/contexts across the curriculum.
Session 8	**Personnel**	**Abstract**
NCEA health education for beginners:	Rachael Dixon - NZHEA Chairperson, University of Otago	Deepen knowledge and understanding with a participant needs-based discussion around planning, thematic learning, adapting/writing own assessments, modelling how to break down an Achievement Standard, moderation and external assessment, literacy, step ups between level 1, 2 and 3.
Leading learning in health education:	Shelley Hunt – Gisborne Girls' High School	Understand how effective leaders of health education create a culture of improvement within their subject teachers to make pedagogy exciting. We'll also cover advocating for the subject, and connecting with other middle leaders so learning extends beyond class time.
HPE Scholarship:	Tonya den Baars – St Mary's College (Auckland)	Explore issues relevant to health students submitting for the HPE scholarship and come away with increased knowledge and confidence for putting finishing touches on 2018 submissions, and/or offering scholarship in 2019.

Session 9	Personnel	Abstract
Unconference.	All participants	This is an opportunity to work in small groups on an area of shared interest.

Session 10	Personnel	Abstract
NCEA level 1:	Debbie Jones – NZHEA kaiārahi, Lincoln High School (Christchurch)	Come prepared to discuss issues related to the level selected – this is a less structured session, depending on participants' needs and interests for discussion. For example, planning, internal assessment methods, preparing for the externals, cross-subject/curricular learning and assessment, using one context for two assessments, using external content with internal standards, concepts, critical thinking, literacy.
NCEA level 2:	Jess Lythe - Mt Albert Grammar School (Auckland)	
NCEA level 3:	Michelle Ferris – Samuel Marsden Collegiate (Wellington)	
Whole School Approach to promoting well-being:	Ben Birks Ang – Odyssey House and NZ Drug Foundation (supported by Jenny Robertson)	Leave with a deeper understanding from having explored what is meant by a 'whole school approach' (WSA) to promoting student wellbeing, and what contexts appear to be in and out of scope for an education-based WSA. We'll also consider recent NZ reports (e.g. ERO and NZCER) that focus on WSA to promoting wellbeing and the role and place of health education within these.

6. A summary of your reflections on presenters, what they offered and how they were received

- We were very pleased with the quality and range of presentations. As indicated above, the presenters had planned their sessions well, and used a range of tools and strategies as they presented.
- We were also able to get national wide coverage with a range of teachers form provincial areas, teachers form larger cities and teacher educators at universities.

7. Suggestions

Suggestions related to:	Implications and recommendations for future courses
Course length	Some feedback indicated that a two-day course would be preferable, as the course was quite full on, and there was a lot to digest.
Course size	It might be useful to have a smaller course run (maximum 60 people) in order to then have less content/fewer presentations on at one time.
Primary	We originally intended to include primary but other evidence from other health education events during the planning stages of this course suggested that support from the primary sector for subject specialist course would be minimal. There are pros and cons to having a broader intended audience – if we had included primary it would have been likely to have very few participants from this level.
Session and break lengths	Timing of the days is definitely something to consider. People commented that the morning tea break was too long. The Tuesday was a very full-on day, with four sessions.
Building teacher capacity for high quality professional learning	Build teacher capacity to understand effective PLD and the inquiry based nature of this – how being presented at is of limited use until that information is actively 'learned', critiqued, and incorporated into practice.

We thank the TRCC for the opportunity to run this course and look forward to finding ways to work together in the future.