Health Education NCEA LEVEL 3

Handbook for teachers

NZHEA
NZ HEALTH EDUCATION ASSOCIATION

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Health Education NCEA LEVEL 3: Handbook for teachers

Developed with the support of **Networks of Expertise**, the Ministry of Education PLD fund

NZHEA website https://healtheducation.org.nz/

The materials in this resource are a (re)compilation of:
NZQA and Ministry of Education assessment materials, recent NZHEA newsletter articles, NZQA reports and updates, and various NZHEA planning and PLD materials (including the previous Year 12&13 NCEA guide from 2012, and the PLD PPTs from 2022).

Efforts will be made to update this resource annually if/where required.

Updates for 2026

- **RAMP** (Review and Maintenance Programme) – AS91462 (International health issue) – change of wording from determinants to factors
- **Moderation report** – detailed guidance on AS91464 (ethical issues)
- Note that the changes to the new Year 0-10 HPE curriculum have NO implications for these Achievement Standards which were developed from the NZC (2007). This will remain so until they expire and the Phase 5 Health Education curriculum and the new assessment system is implemented.

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Contents

	Page
Introduction	**4**
1. The HPE Underlying Concepts	6
2. NCEA essentials	17
3. The principles of internal and external assessment marking	20
4. Looking after literacy	27
5. Using evidence	33
Achievement Standards	
AS91461 3.1 Analyse a New Zealand health issue.	37
AS91462 3.2 Analyse an international health issue.	48
AS91463 3.3 Evaluate health practices currently used in New Zealand.	63
AS91464 3.4 Analyse a contemporary ethical issue in relation to well-being.	76
AS91465 3.5 Evaluate models for health promotion.	92

Introduction

Scrolling though the NZHEA archive it was apparent that the last time NZHEA produced a guide for NCEA Levels 2&3 was 2012! Our resourcing focus in recent years has been to support the introduction of Level 1 Health Studies – *short life we now realise that 'subject' will have*.

While it feels like we've been constantly resourcing Health Education for Years 12&13 (and NCEA Levels 2&3) in various ways with our Networks of Expertise funding, we are reminded - on occasion - that this material is spread across many different sources.

These (separate) NCEA Level 2 and Level 3 Handbooks are a compilation of everything we have that is (still) current. As a compilation from multiple sources it is a little unevenly written and formatted and, as a resource with a short shelf life, we have not invested in any substantial editing – *which is by way of an apology for the odd typo.*

Please note that within each Achievement Standard section we have tried to keep a similar format, albeit that internal and external assessments require some different consideration. There is some repetition within sections where we have reproduced a newsletter article for example, but for coherence we have left these items intact and not deleted repeated material.

The introduction section is much the same for each volume, with only a few level-specific differences.
September 2025

Why produce this resource now?

With the announcement mid 2025 of a new senior secondary assessment system we know there are substantial changes ahead. These changes will affect both the senior curriculum as well as the current NCEA system. However, the current NCEA standards and Levels 6-8 of the New Zealand Curriculum (2007) that these standards draw from, still need to keep us going for another few years. The proposal is as follows:

Year level	Qualification	Year of implementation	At the time of revising this resource at the beginning of 2026, that means (including the current year) there is another ...
Year 11	Foundational Award	2028	2 years of NCEA Level 1 Health Studies standards
Year 12	New Zealand Certificate of Education	2029	3 years of the Level 2 Health standards
Year 13	New Zealand Advanced Certificate of Education	2030	4 years of the Level 3 Health standards

... unless other changes are made in the interim!

So the answer to *why now* is simply that we still need to keep breathing life into standards which will be close on 30 years old by the time they are replaced by a new qualification, noting that with few changes to the HPE learning area between the 1999 and 2007 curriculum statements, many of the original Achievement Standards from the early 2000s had little change with the alignment of standards to the NZC 2007. Most are that old!

Periodically the RAMP (Review and Maintenance Programme) has made minor changes to the standards and although regular submissions are made about further possible changes, it is not expected than anything substantial (if anything) will be changed at this time, unless anything is deemed no longer fit for purpose.

Purpose of this handbook is to provide some reminders and common messaging around the:

- Ways the NZC 2007 underlying concepts are still essential for framing and 'levelling' NCEA standards
- NCEA related information common across all standards
- Principles of internal and external assessment marking
- Importance of literacy

For each Achievement Standard there is:

- An overview of the deliberate acts of teaching needed to develop essential knowledge
- Pointers about the standards to aid understanding and intent
- [*For internally assessed standards*] Pointers about the wording of assessment tasks
- An indication of useful sources of information and teaching materials
- Advice and guidance specific to the standard related to the above points, gleaned from several years of supporting teachers

For reference, the Level 2&3 Achievement Standards that Health Education will continue to use are as follows:

Level 2	**Level 3**
AS91235 **2.1** Analyse an adolescent health issue. 5 credits External	AS91461 **3.1** Analyse a New Zealand health issue. 5 credits Internal
AS91236 **2.2** Evaluate factors that influence people's ability to manage change. 5 credits Internal	AS91462 **3.2** Analyse an international health issue. 5 credits External
AS91237 **2.3** Take action to enhance an aspect of people's well-being within the school or wider community. 5 credits Internal	AS91463 **3.3** Evaluate health practices currently used in New Zealand. 5 credits Internal
AS91238 **2.4** Analyse an interpersonal issue(s) that places personal safety at risk. 4 credits External	AS91464 **3.4** Analyse a contemporary ethical issue in relation to well-being. 4 credits Internal
AS91239 **2.5** Analyse issues related to sexuality and gender to develop strategies for addressing the issues. 5 credits Internal	AS91465 **3.5** Evaluate models for health promotion. 5 credits External

1. The HPE Underlying Concepts

The following framework is originally from the NZHEA resource *Understanding the Underlying Concepts in Health Education: A New Zealand Health Education Association position statement to support teaching and learning in The New Zealand Curriculum* (2021).

	NZC Level 6 (NCEA Level 1)	NZC Level 7 (NCEA level 2)	NZC level 8 (NCEA Level 3)
	Year 11	Year 12	Year 13
Hauora	• Students are able to apply all dimensions of hauora and wellbeing, described by te whare tapa whā, to a wide range of different health and wellbeing contexts, and explain how these dimensions are interconnected. They show clear understanding of the need for balance between and across the dimensions. *NB. The spiritual wellbeing dimension is now well understood and students can confidently express ideas related to this dimension.*	• The progression to levels 7&8 of the curriculum is shown through a holistic understanding of hauora and this is evident in all student learning artefacts. While students may still unpack and explore health and wellbeing contexts in relation to the dimensions and the inter-relatedness of these, for assessment purposes and when making judgements about level of achievement, the expectation is that a holistic understanding of wellbeing can be 'read' into student learning artefacts, without them explicitly stating it like they have at lower levels of the NZC. • Students may also be exploring other theoretical, indigenous and cultural models of health and wellbeing to variously compare and contrast the features of each, evaluating their relevance and application to particular wellbeing contexts, and for specific populations.	
Socioecological perspective (SEP) See further discussion following	• Most focus is on detailed understanding of the personal and interpersonal considerations of health and wellbeing issues with a basic understanding of the way community/societal factors are implicated or feature in wellbeing issues (e.g. media, culture, laws, helping agencies, community resources).	• The learning focus is an overall view of the inter-relatedness of the personal/individual, interpersonal, and community/ societal aspects of an issue. • Some evidence is used to support these ideas. It may not be the most critical data related to the issue but achievement shows these ideas are in development.	• Most focus and emphasis is on the broader societal consideration of issues. Any considerations of interpersonal/others and individual/personal are in relation to those broader societal understandings. Where relevant to the topic, consideration of the social determinants of health feature. A strong (critical) evidence base using quantitative and quantitative data adds to these SEP understandings.
Health Promotion (HP)	• Health promoting actions suggested for a range of issues reflect the SEP understanding noted above. Students can name skills used for promoting wellbeing at a personal and interpersonal level, and identify community/society structures and organisations that could support wellbeing in a range of contexts. • Individually students are able to use data to decide a personal wellbeing goal and design an action plan to achieve this goal, implement the plan and evaluate the process and impact of their actions.	• Health promoting actions suggested for a range of issues reflect the SEP and show basic understanding of how these actions need to target the factors that caused or influenced the issue in the first place. • Working in groups students use data to decide a (school) community wellbeing goal and design an action plan to achieve this goal, implement the plan and evaluate the process and impact of their actions.	• Students learn about models of health promotion (e.g. charters framed around sets of principles, models developed from academic theory and research, and indigenous models) as way to understand the approaches to health promotion that are more effective, and more applicable to particular contexts. They learn to analyse current health promotion campaigns and design health promotion approaches for their (school) community in consideration of these models. See the AS91465 (Health 3.5) section for more details.
Attitudes and values (A&V)	• Most focus on attitudes and values is around ideas to do with respect, and care and concern for self and others, and community/society.	• Ideas to do with respect, and care and concern for self and others are embedded across all learning.	• The values of social justice are embedded across all learning. • Most focus is given to attitudes and values linked with ideas about inequity and how and

	• Ideas about fairness feature in relevant contexts as do ideas about inclusiveness.	• The values of social justice become a key focus for learning especially those values related to inclusiveness and non-discrimination. These are explicit among the health promoting actions recommended for addressing issues studied.	why some people do not have the same experience of health and wellbeing as others. These ideas are most visible when explaining the factors that influence health and wellbeing issues, and the actions needed to achieve more equitable health and wellbeing outcomes for all people. • Students also show an introductory understanding of thinking ethically and using ethical principles to explore different perspectives on issues.
OVERALL	• Students are learning about issues that have relevance for them as adolescents. They may not have personal experience of the issues integral to the topics studied, but they are issues relevant for people their age, in their community, and in New Zealand. • They are able to think critically about all topic material studied using the structure and direction provided by learning activities. They can respond to critical thinking questions like: who is advantaged (who benefits) and who is disadvantaged, or what is fair and unfair about situations and why? What can be done to improve wellbeing in this situation?	• Students are considering issues that have relevance for them as well as issues beyond what is immediately familiar, but still applicable to school-aged adolescents - both locally and nationally. • They are able to think critically and more independently about all topic material studied which is shown in their ability to apply the underlying concepts in valid and relevant ways. They are able to respond meaningfully to a range of critical thinking questions to analyse situations, and to consider in more depth why or how wellbeing situations arise, what sustains them, and what can be done to improve wellbeing. • Across all learning there is clear evidence that they have an understanding of the four underlying concepts.	• Students are considering issues beyond what is immediately familiar to them - both nationally and internationally. • They are able to think critically and independently about all topic material studied which is shown in their ability to see issues from multiple perspectives, use ethical principles to illustrate how people think and understand issues differently, and critically analyse and evaluate situations. • Across all learning there is clear evidence that all four underlying concepts have come together and that these are being used to frame and shape their learning about health and wellbeing topics.

With the socioecological perspective being all-important for NCEA assessments, the following pages provide a more detailed explanation of this concept, and how/ where consideration of the (social) determinants of health feature.

- The socioecological perspective (SEP) as a foundation concept
- The determinants of health (DoH) as a general idea
- The social determinants of health (as an all-encompassing idea interconnected) NCEA Levels 1-3

Socioecological perspective (SEP)

The HPE SEP is an overarching (or underlying) concept that we use to consider all manner of things in our social environment that impact health and wellbeing, such as the actions of individuals and interactions between people (ie relationships) that enable them to contribute to/be supported by communities in ways that enhance wellbeing … and so on.

- Socio = to do with people
- Ecological = to do with the environment
- Socio-ecological = factors related to people in their social environment.

Interestingly, since the SEP was added to the NZC in the late 1990s it has become far more widely used, arguably due to the widespread adoption of Urie Bronfenbrenner's ecological approach. There are many versions of the SEP accessible online, some simple like the NZC version and the example below, some very complex when there is context specific detail added to each layer.

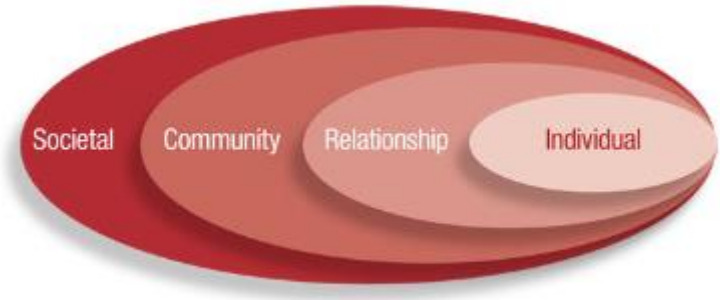


Figure 1.2. The Social-Ecological Model: A Framework for Prevention

The SEP is embedded in the structure of the current curriculum through the Strands and Achievement Objectives - Strand A (self/individual), Strand C (others/interpersonal), and Strand D (community/society) all of which are applied in developmentally relevant ways and to age-appropriate health and wellbeing contexts. Teachers at all levels – primary and secondary - have always been encouraged to plan health education units by drawing from across these strands and therefore give effect to the intent of the SEP.

The SEP has proven to be one of the more useful underlying concepts for 'levelling' learning across the curriculum because (apart from the obviousness of age-appropriate topics) the all-encompassing nature of the SEP gives us a lot of scope to make learning progressively more complex across the curriculum levels.

NCEA Level 1	NCEA Level 2	NCEA Level 3
A basic understanding of the SEP and the way personal, interpersonal and societal aspects of a situation (the influences or the strategies) is required. Also required are some basic examples of how P-IP-S factors might interconnect – how one helps another, or how several factors together may compound a situation – for better or worse. That something is P-IP or S should be self-evident to the person reading a student response, and students should be able to identify examples of P-IP-S in a sample of text or video. Societal factors need only relate to obvious and Year 11 familiar ideas like media, advertising, cultural views, laws (for example).	The SEP dominates level 2 understanding of health contexts. There should be a balance of ideas across P-IP-S. There should be some consideration of the evidence (ie examples) to support claims to something being P-IP-S. The basic determinants of health political, economic cultural/social norms and social environment (physical environment doesn't feature in many Level 2 context) **can be introduced but there is no specific requirements for this**. Avoid forcing the DoH to fit where it doesn't. It's more important that students have a good understanding of the SEP and can apply that to influences and strategies and see how it all connects.	The SEP still features in various ways across most Level 3 standards, although it may have other ideas added to give it more focus – the determinants of health being one such example. Think of the DoH as providing a sort of evidence base for the SEP. For 3.1 the shift to 'factors' is simply intended to give more scope for topics and issues where the DoH are not a neat fit, and where issues of economic inequity in particular are not really a feature e.g. some gender issues, social media etc. which are dominated by culture/social norms and perhaps legislation that does or does not regulate the situation, and a range of other social factors. Although it is still expected that most Level 3 factors will be dominated by societal factors of some sort, it is most important that students base their ideas on **what the evidence shows** so it's not a matter of forcing something like the DoH onto an issue, but looking at the evidence and asking what are the main P-IP and (especially) S factors at play here? Some may incidentally be related to DoH ideas but whether they are or aren't, is not the point.
Ideas for classroom teaching and learning Once a basic understanding of what is meant by P-IP-S is established, provide plenty of practice recognising P-IP-S influences in written text, photos and video. Learn about P-IP strategies and what to apply is which situation and include some consideration of how P and IP skills can be used to help create healthy and safe communities, as well as strategies communities/society' can use to help individuals.	**Ideas for classroom teaching and learning** As for level 1 with more emphasis on evidence - drawn from the source material - and how things interconnect. Optional – develop a basic understanding of the DoH list and then using images and short pieces of video or short news articles, identify which DoH might be present and why.	**Ideas for classroom teaching and learning** Reiterate Level 1-2 SEP understanding and then …. See DoH ….

*__Factors__ are just 'things' – which in a HEd context means *things* like, personal, interpersonal and societal influences or strategies. Factors may include specifically named DoH, or they may not.

NCEA progression

As we progress learning toward the upper levels of the curriculum and across NCEA levels, learning about health needs to be increasingly supported by, and focused on, high quality and reputable evidence all of which becomes an integral part of the learning. At lower levels evidence may just inform what teachers teach, but at senior secondary levels, students are increasingly learning about this evidence for themselves, where the focus on evidence is for reasons of subject credibility, safety and ethics, and to challenge the misinformation that pervades understandings of health and wellbeing.

This is where – and why – we add in the DoH/SDH as it is a huge international source of evidence that helps explain aspects of the SEP in topic/context specific ways.

Determinants of Health (DoH)

We usually introduce the basics of the DoH in year 12 - at NZC Level 7 (NCEA Level 2). **Although it is not a specific requirement that students must show understanding of the DoH in NCEA assessments at this level, it's good to get them using some of the ideas.**

Unfortunately our older Health Education resources that featured the DoH such as *Social Issues: Alcohol, Taking Action: Making Meaning Making a Difference*, and the ESA (later Learn Well) study guides and workbooks all contain material that has become dated in its approach.

As a first port of call for DoH understanding, the World Health Organization (WHO) website (see extract below) is recommended https://www.who.int/news-room/questions-and-answers/item/determinants-of-health but note there is a need to 'unpack' what they list *as the* ***social and economic environment*** to draw out ideas around the way polices and cultural norms all contribute to this. Note also that the terms 'determinants' and 'factors' tend to be used interchangeably in the literature.

The 'separate' determinants (or factors) – *not that they should be thought of separate but to help students develop their knowledge we need to start somewhere* are:	**Implications for Health Education**
a) Social and economic determinants • Economic factors • Political factors • Cultural factors (or social norms) • Social environment factors (or psychological or psychosocial environment)	**This is the main focus for health education** because these are the factors (the determinants) that can be changed through political and social action to being about improved health outcomes. Note that the **'social determinants of health'** overview below combines these *social and economic determinants* with the *personal determinants* below.
b) Physical environment determinants	These only have occasional relevance for health education when the topic for investigation or study includes consideration of safe water and clean air, healthy workplaces, safe houses, communities and roads all contribute to good health. *Don't confuse this with the social environment*.
c) Personal determinants • Genetics and factors like age and biological sex • Lifestyle choices	These determinants can be mentioned in topic relevant ways, but they need to be understood as not being the most useful focus if looking for actions to improve the health of population groups because: • Things like genetics, age and biological sex cannot be changed so it is a matter of working with these and changing factors that can be changed ie the social and economic determinants. • People's lifestyle 'choices' are, often as not, determined by the broader social and economic factors above. That is, form many people and in many health-related situations, 'choices' have often been made for people based on their social and economic situation.

The 'DoH' is more an entry point because it's a nice tidy list and each determinant can be considered by itself (although they all tend to interconnect in various context specific ways). For over 20 years we used much the same framing and explanation of the DoH (based on some 1990s World Health Organization material).

Where things have become a little confusing is around some of the more contemporary usage of terminology (compared to older resourcing from the early 2000s), especially around the term 'social determinants of health'. The older list of individual DoHs treated the 'social determinants' as one type of determinant on a list with others like political, economic, cultural and environmental factors.

However, more recently the term 'social determinants' has been used as the umbrella term for all determinants and to show how they all interconnect (see some diagrams following). **So it is suggested a term like 'social environment' is used if referring to individual determinants** as its not talking about the whole interconnected nature of the social determinants of health as an overarching framework. 'Social environment determinants' on the list of individual DoH is referring more to ideas like social inclusion, social cohesion, and the quality of social interactions between people in the workplace and in communities, how safe and supportive or how stressful the environment is.

The other wording confusion is over **'environmental' determinants** which, digging into the evidence, is specifically about the **physical environment** and whether people have clean water to drink, unpolluted air to breathe, and soil to grow crops in, etc. So to save confusion it pays to be specific about the 'physical environment' on this DoH list.

NCEA Level 1	NCEA Level 2	NCEA Level 3
No requirement to teach DoH and no NCEA expectations.	Introduction of ideas is optional – but this is NOT a requirement and DoH understandings are not a requirement of Level 2 NCEA. Note that the 2.2 (changes/resilience) EN mentions it as an example of the way excellence may be shown but unless the change situation is impacted by something like poverty, the DoH do not apply here. Do not force the DoH to 'fit' learning for this standard.	Understanding the DoH is essential for **3.2 international health** issue because these situations require understanding the big picture. Realistically, students only need to respond with individual DoH in the exam. However, if the topic is something like poverty (as had been the case for several years), it helps to understanding how all the DoH fit together which is where the big picture and interconnected understanding of the DoH – as the social determinants of health - help (*or confuse – it is complex*)! For **3.1 NZ health issue** the DoH are optional – **they can still be used where the evidence shows they apply**, otherwise a broader understanding of SEP factors (which may mor may not reflect the wording used in a list of the DoH) can be used.
	Ideas for classroom teaching and learning Build on and extend L1 ideas in more focused topic specific ways. Introduce the DoH list as formal learning and use photos and short videos to identify DoH examples in general, mainly as a way to further illustrate the societal level of the SEP.	**Ideas for classroom teaching and learning** (Re)introduce and build on the DoH list as formal learning and use photos and short videos to identify DoH examples. Clarify what is and is not intended by each DoH – see below. Focus the learning on the topic/context for study and use a variety of source material to practice extracting information about the DoH as well as practice using evidence from the source material to back up claims as to why they say a [named] DoH is influencing the issue, and how it is affecting health of the population/group.

Clarifying the intent of the DoH

We need to shift toward more contemporary framing at some point **but** until we have a new curriculum and standards, there's little mechanism to shift and change this understanding - *at the moment*.

World Health Organization (2025) [with annotations in blue for Health Education purposes]

The determinants of health include:

- **the social and economic environment**, [Noting the economic environment is heavily shaped by the political environment and how that is responsible for economic policy, and the social environment is shaped extensively by cultural attitudes, values and beliefs ie 'social norms', as well as the way these values then feature in social policy – who is included and can participate in society, and who is marginalised or even excluded from society.]
- **the physical environment**, [see below] and
- **the person's individual characteristics and behaviours**. [Personal and lifestyle determinants – we can't change people's genetics so a focus on personal characteristics doesn't hold much hope for improving health outcomes without the technology (yet) to do that, and 'lifestyle choices' are often severely limited by a person's social and economic environment as the comment below indicates.]

The context of people's lives determine their health, and so blaming individuals for having poor health or crediting them for good health is inappropriate. Individuals are unlikely to be able to directly control many of the determinants of health. **These determinants—or things that make people healthy or not—include the above factors, and many others** [thinking about the ways a combination of political, economic, and cultural factors in particular contribute to many of these, such as]:

- **Income and social status** - higher income and social status are linked to better health. The greater the gap between the richest and poorest people, the greater the differences in health.
- **Education** – low education levels are linked with poor health, more stress and lower self-confidence.
- **Physical environment** – safe water and clean air, healthy workplaces, safe houses, communities and roads all contribute to good health.
- **Employment and working conditions** – people in employment are healthier, particularly those who have more control over their working conditions
- **Social support networks** – greater support from families, friends and communities is linked to better health. Culture - customs and traditions, and the beliefs of the family and community all affect health.
- **Genetics** - inheritance plays a part in determining lifespan, healthiness and the likelihood of developing certain illnesses. Personal behaviour and coping skills – balanced eating, keeping active, smoking, drinking, and how we deal with life's stresses and challenges all affect health.
- **Health services** - access and use of services that prevent and treat disease influences health
- **Gender** - Men and women suffer from different types of diseases at different ages. [Although this seems to be talking about differences in biological sex, not socially constructed gender, for example reproductive health is based on reproductive biology which is obviously different for people who are born male or female.]

https://www.who.int/news-room/questions-and-answers/item/determinants-of-health

Social Determinants of Health (SDH)

'The Social Determinants of Health' then is more about showing how all these factors/determinants interconnect, especially to explain how and why social and economic inequities impact health.

World Health Organization (2025)
Social determinants of health – **broadly defined as the conditions in which people are born, grow, live, work and age, and people's access to power, money and resources – have a powerful influence on health inequities.** These are the unfair and avoidable differences in health status seen within and between countries. [Which explains why we say to save the SDH only for health topics and issues where matters of poverty feature – ie social and economic inequity.]

At all levels of income, health and illness follow a social gradient: the lower the socioeconomic position, the worse the health. People who have limited access to quality housing, education, social protection and job opportunities have a higher risk of illness and death. Research shows that these social determinants can outweigh genetic influences or healthcare access in terms of influencing health.

Addressing the social determinants of health equity is fundamental for improving health and reducing longstanding inequities in health. It requires action by all parts of government, the private sector and civil society.

https://www.who.int/health-topics/social-determinants-of-health#tab=tab_1

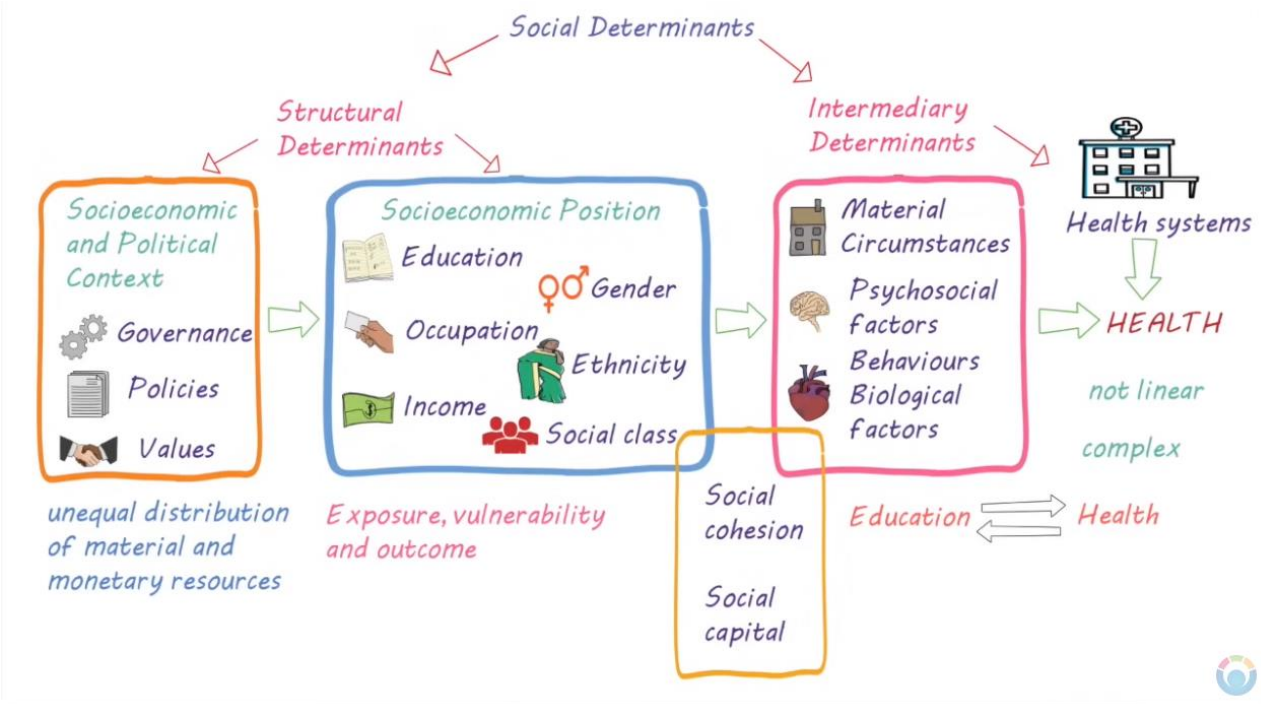
The SDH only needs to be included as part of the learning when students are learning about the impact of poverty and social and economic inequities on health because we can't understand what causes and sustains poverty without understanding how the unequal distribution of money, resources and power creates equities and poor health (ie a combination of political, economic and cultural/social norm factors).

Understanding the SDH is a challenge because it's quite complex and we don't expect year 13 students to grasp it in full. But if learning about poverty they should at least be showing some basic understanding of the concept, mainly as a way to recognise how everything is interconnected.

NCEA Level 1	NCEA Level 2	NCEA Level 3
No requirement to teach SDH and no NCEA expectations.	No requirement to teach SDH and no NCEA expectations.	**Include only if there is a need to explain the complexities of poverty-related issues** (ie social and economic inequities that lead to poor health) and even then, what students write about in their assessment – 3.1 NZ health issue where DoH/SDH are relevant (such as child poverty and health, impact of housing on health, the relationship between [named] disease and poverty), or 3.2 international health issue (such as the relationship between poverty and life expectancy, a named disease, or sexual and reproductive health) will likely reflect more the basic list understanding of the DoH – for Achievement at least. *Poverty is quite a hard topic in general, and especially when it is then applied to a specific health situation! It requires piecing many cause and effect ideas together to paint an overall picture – see diagram following.* For some health issues, the step up to an indepth or perceptive answer for merit and excellence is often enhanced by understanding how the factors interconnect and how inequities in one area compound the effects of inequities resulting from other factors.

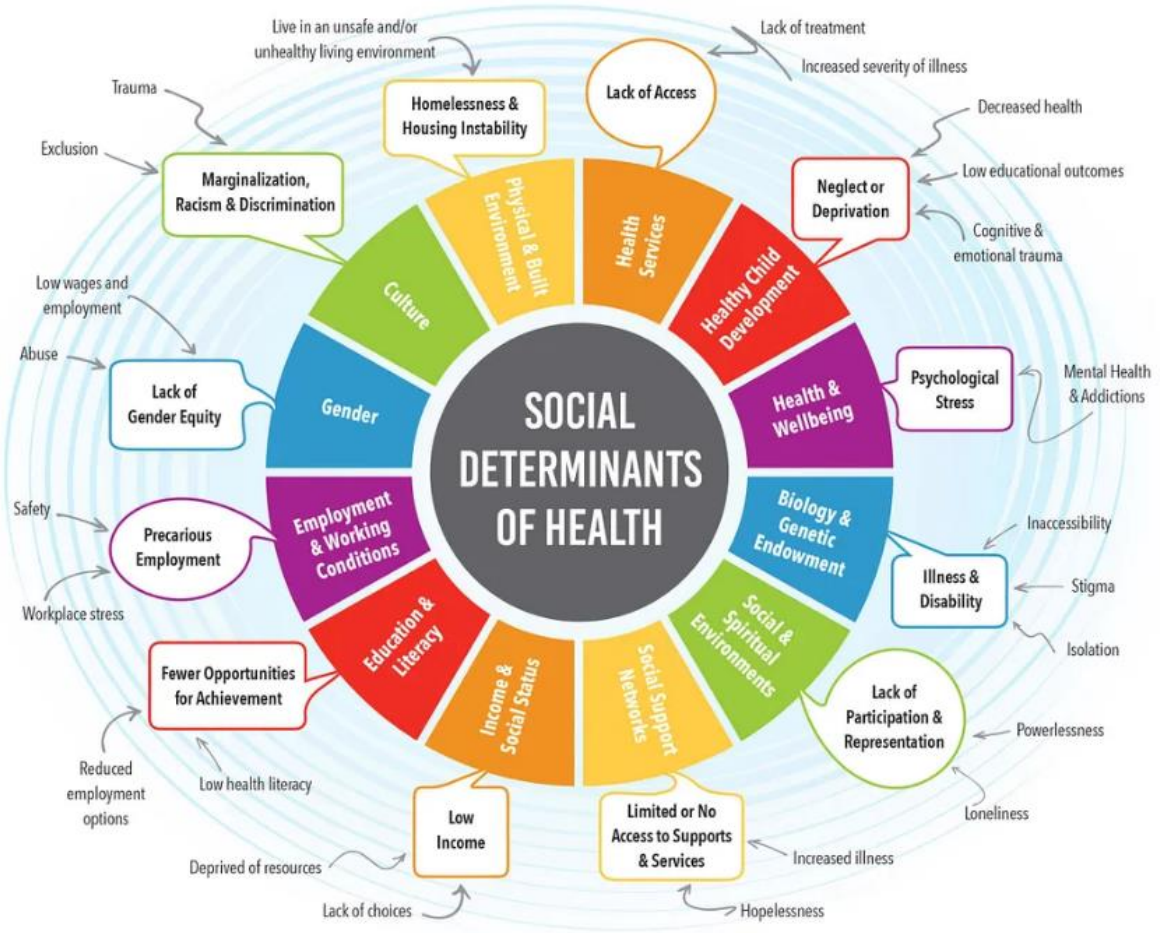
		If an examination should ever give students scope as to how they approach the determinants it still pays to approach the answer using those overarching ideas about the SDH that map onto the basic DoH list ie those ideas related to the **(un)equal distribution of money, resources, and power**, need to stay at the forefront of an examination response (the left-hand side of the framework shown below). In other words, students need to keep the focus on decisions made and actions taken at governance (political) level about social and economic policy, and the values (social norms) that are integral to these.
		Ideas for classroom teaching and learning Map aspects of a SDH diagram or framework to a topic specific text, video or photograph. Also, previous 3.2 exams from around 2020-2024 that had a poverty focus could be used as teaching resources.

Think about how the health impacts of living in poverty and the cyclic nature of the causes and effects of poverty (shown in the poverty cycle diagram and noting there are many versions of this online) can be explained by the SDH, and vice versa.



SDH screenshot from the video by Let's Learn Public Health - *What Makes Us Healthy?* [*Understanding the Social Determinants of Health*]

Poverty diagram source: Community Health of Children and Adolescents in Sub-Saharan Africa June 2023 European Journal of Medical and Health Sciences 5(3):22-31, Victoria Bell Cídia Rosália Pinho Guina Silva José Augusto Guina Tito Horácio Fernandes,
https://www.researchgate.net/publication/371284499_Community_Health_of_Children_and_Adolescents_in_Sub-Saharan_Africa



Source: Image https://medium.com/@dominiquedcr3/the-real-trickle-down-effect-200f546404c2
There are many different versions of this diagram online from different agencies.

Useful links

- World Health Organization - Social Determinants of Health – website
- World Health Organization – Determinants of Health Q&A – website
- World Health Organization – Social Determinants of Mental Health – publication - really useful, easy read material highly applicable to Health Education
- Let's Learn Public Health - What Makes Us Healthy? Understanding the Social Determinants of Health (video) – a really useful 6 ½ minute video

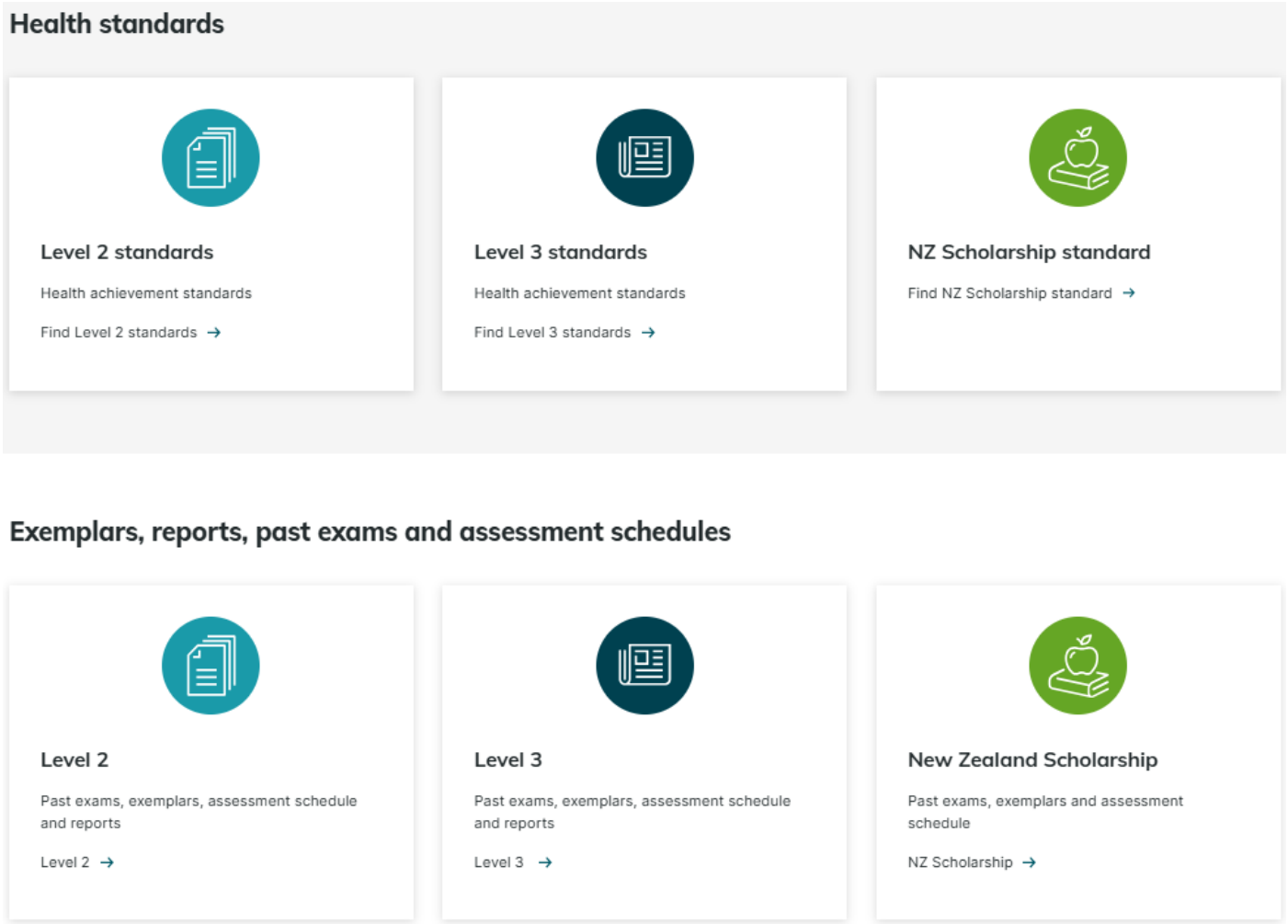
Also check out the various online accessible social justice photo essays featured in our December 2023 newsletter. **These offer an extensive array of images for teaching about the DoH and SDH.**

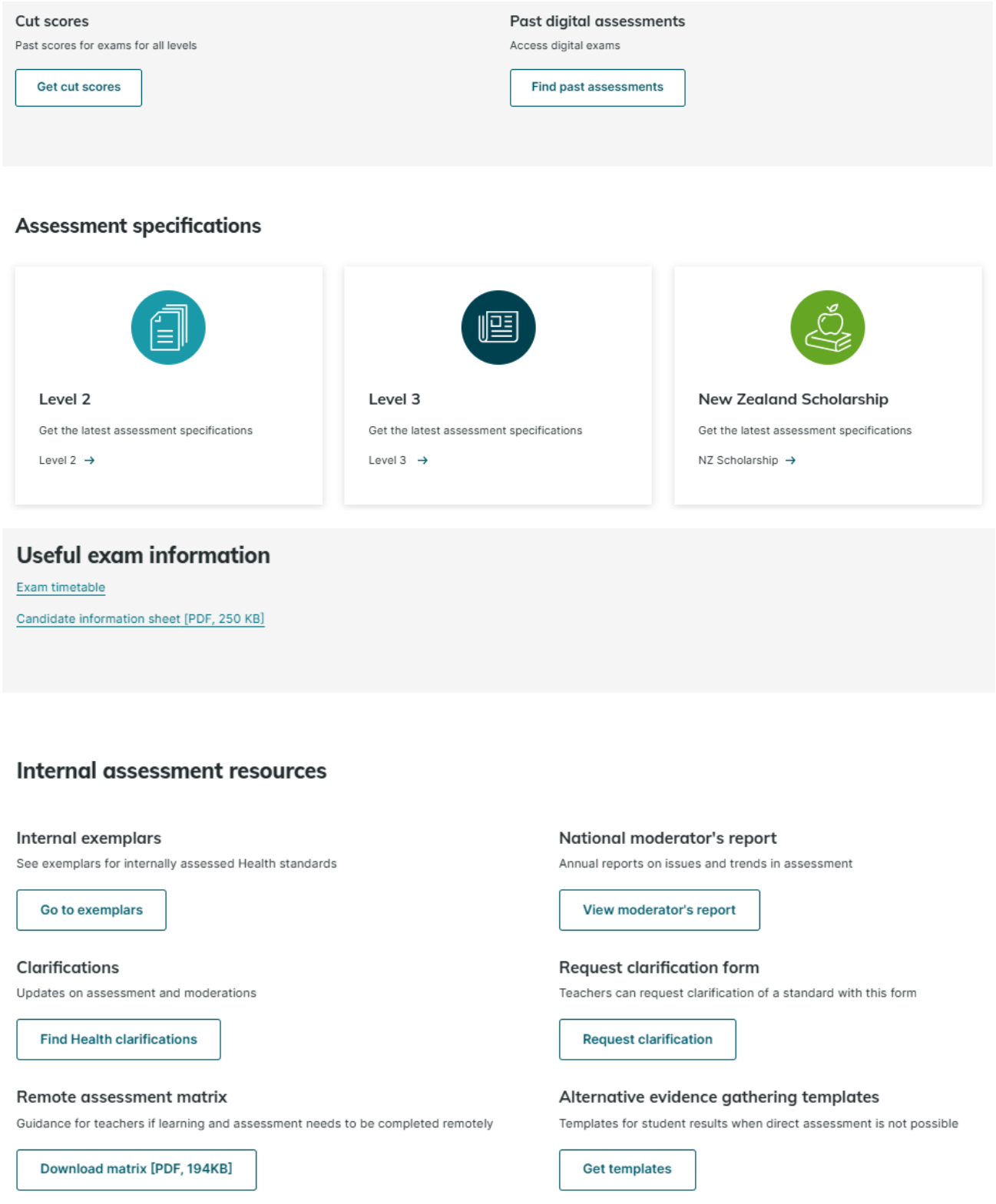
2. NCEA essentials

It is assumed teachers have a basic understanding of the NCEA requirements and generic material is not reproduced here. If further information is required see https://www2.nzqa.govt.nz/ncea/

The focus here is on the Health Level 2 and 3 materials.

Navigate to all the Health Achievement Standards information from this page. Screenshot below from September 2025 https://www2.nzqa.govt.nz/ncea/subjects/select-subject/health/

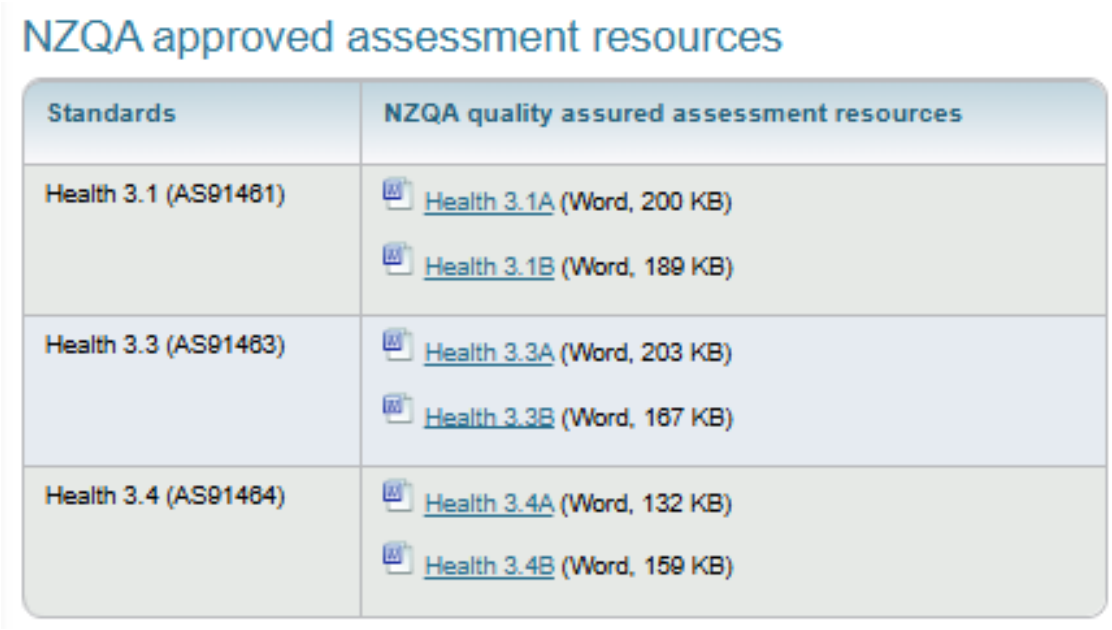




Note that a recurrent point of contention is the status of the **Assessment clarifications** for the internally assessed standards. **They are only clarifications, not the default standard**. They have not been updated for many years. NZQA only updates clarifications when they have seen recurrent issues through moderation. Although some L3 standards had minor updates for 2025, the clarifications where not updated *and won't be* unless NZQA see issues that need to be addressed ie the clarifications - to all intents and purposes - are out of date for these revised standards, *except that the aspects not affected by the changes are still current*. It is also worth checking the most recent National Moderator's reports, as these can contain updated information. *It is noted that this is not ideal situation.*

It is possible to go straight to the internal assessment tasks. These are still located in one of the remaining sections of Te Kete Ipurangi. It is not envisaged this site will be redeveloped before the end of NCEA.

See https://ncea.tki.org.nz/Resources-for-internally-assessed-achievement-standards/Health-and-physical-education/Health-education

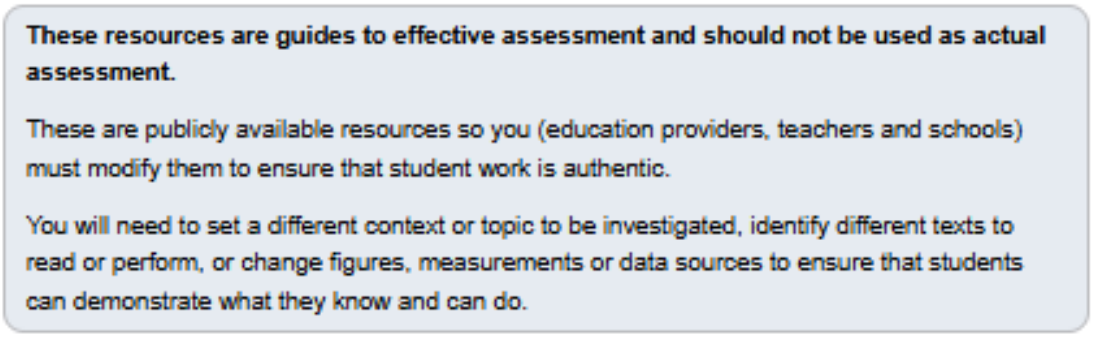


NZQA approved assessment resources

Standards	NZQA quality assured assessment resources
Health 3.1 (AS91461)	Health 3.1A (Word, 200 KB) Health 3.1B (Word, 189 KB)
Health 3.3 (AS91463)	Health 3.3A (Word, 203 KB) Health 3.3B (Word, 167 KB)
Health 3.4 (AS91464)	Health 3.4A (Word, 132 KB) Health 3.4B (Word, 159 KB)

https://ncea.tki.org.nz/Resources-for-internally-assessed-achievement-standards/Health-and-physical-education/Health-education/Level-3-Health-education

The implications of this notice with the internal assessment tasks will be noted with each standard where it has relevance.



These resources are guides to effective assessment and should not be used as actual assessment.

These are publicly available resources so you (education providers, teachers and schools) must modify them to ensure that student work is authentic.

You will need to set a different context or topic to be investigated, identify different texts to read or perform, or change figures, measurements or data sources to ensure that students can demonstrate what they know and can do.

RAMP - Review and Maintenance programme changes to NCEA for 2026

The Ministry of Education have notified the sector of the following changes to the Health Level 3 Achievement Standards for 2026

AS3.1 91462 Analyse an international health issue	• Changed the wording from 'major determinants of health' to 'major factors' to be more consistent with 2.

3. The principles of internal and external assessment marking

NZQA notification: Marking approach – top-down or bottom-up?

NZQA shared this communication with the sector at the end of July 2025.

Teachers have sought guidance from NZQA about differing approaches to making assessment judgements against standards. NZQA uses two distinct approaches for internally and externally assessed standards. This document explains the reasons behind these differences and provides guidelines for teachers assessing internally assessed standards.

Why are there two approaches?
The distinction between NZQA's approaches arises from differences in the design and delivery of internal and external assessments:

- Internally assessed standards are flexible and allow for varied forms of evidence, tailored to classroom contexts.
- External assessments are standardised and centrally marked, requiring consistent application across all candidates.

These differences need different marking strategies to ensure fairness, reliability, and consistency.

Key Differences in NZQA's Roles:

- ***Internal Assessment***: NZQA moderates teacher judgments for internally assessed standards and provides feedback based on moderation outcomes.
- ***External Assessment***: NZQA appoints and manages markers for externally assessed standards.

Internal Assessment – Bottom-Up Approach:

- ***Moderation***: NZQA moderators review school-based assessment materials and student evidence, providing feedback to teachers and schools.
- ***Standard and Assessment Design***: Internally assessed standards allow for different forms of evidence. A bottom-up approach ensures all requirements of the standard are met, including evidence of the subject knowledge underpinning the standard, starting with Achievement, then Merit, and finally, Excellence.

External Assessment – Top-Down Approach:

- **Assessment Design:** Tasks are designed to allow candidates to meet requirements of standards at any level of achievement, starting with Excellence.
- ***Assessment Schedules***: These unpack achievement criteria in the context of the task. Higher levels of achievement are qualitative, but Grade Score Marking introduces quantitative distinctions within grades.
- ***Marker Training***: Markers start by looking for evidence of Excellence. If insufficient, they then look for Merit, and finally, Achievement. NZQA trains markers to apply the top-down approach consistently.

Guidance for Teachers – assessing against internally assessed standards

- Use a bottom-up approach to ensure all standard requirements are met.
- Confirm that students demonstrate the subject knowledge required at the Achievement level before awarding merit, and that the merit requirements are met before awarding excellence.
- Avoid using a top-down approach for internal assessments, as it may result in awarding higher grades without sufficient foundational evidence.

Marking internal assessments 'holistically'

The NZQA website does not reveal much in the way of a definition of holistic marking, much less what actually happens in practice. Various subjects acknowledge the use of it but there's little consideration as to what to consider and keep in mind when marking holistically. The notion of 'holistic marking' is bit of a slippery, especially in a subject where the very nature of the knowledge requires contexts shaped in relation to four mutually defining underlying concepts - and there's no textbook full of fixed and known content knowledge.

As an observation, what holistic marking comes to mean in practice appears to vary from subject to subject, which may be necessary and OK given the very different nature of the knowledge of the different learning areas. I'm not sure if there are two distinct types of practice, or a continuum of practice, as I only have experience of using criterion-based assessment in one subject area. To explain:

It may be more appropriate to call the process making an on-balance judgement, rather than holistic marking.

Holistic judgments must be made in the knowledge of what is required by the achievement standard criteria and the explanatory notes.

The **assessment schedule** for an assessment task **provides a guide** (not 'the answer') as to what is expected performance in response to an assessment task. ***Note that assessment exemplars can be as problematic as they are useful if teachers get distracted by specific content rather than seeing the exemplar as an illustration of the quality of a student response.***

However, some students provide evidence in a way that might not match the assessment schedule but can demonstrate understanding of the standard.

Don't expect to make a 'holistic' or 'on-balance' judgment on every piece of work marked. Some/most student work tends to fall out into N, A, M or E quite cleanly. *(If teachers find themselves having to repeatedly make holistic judgements, it may mean there's something in the teaching and learning programme and/or the assessment task, or even the standard, that needs attending to).*

When confronted with a piece of work that doesn't cleanly fit A, M or E, consider a combination of the following:

- Has the student provided some sort of evidence of the big idea or the key understanding that the standard (criterion and explanatory notes) says is essential for achievement? A teacher cannot make a holistic judgement when the required information is simply missing or when the attempt made is simply wrong in all parts of the assessment. A strong performance elsewhere does not compensate for essential and required evidence that is outrightly missing or wrong.
- It *tends to be easier* to use holistic judgements for Achievement than for Merit level achievement and Excellence level. "Achievement" performance includes a wide range of possible responses – especially when adopting an on-balance judgement approach. However, a student achieving with Merit, and especially Excellence (by the very nature of being 'excellent'), presents a reasonably clean and concise account of the analysis or evaluation and teachers should have to make much of an on-balance judgement. An Excellence student should show a level of coherence in their response that doesn't require much of an on-balance judgment. If a teacher has to think too holistically whether the evidence presented is at Excellence level … it is probably not a convincing Excellence assessment.
- For holistic/on-balance judgements at Achievement level: when confronted with an assessment that requires the student to cover aspects of personal, interpersonal and societal, across influences, consequences/implications and recommendations/strategies (for example), expect to see a basic understanding of each of these aspects *somewhere* across the whole paper. The nature of Health Education knowledge means students cannot afford to omit any parts of the essential picture. However, if their answer to societal influences is really weak, but the personal and interpersonal are OK for

achievement level, look to the societal aspects of the consequences and especially the strategies to see if they can give an OK understanding of what 'societal' refers to. If other 'societal' answers are convincing, Achievement may be warranted. BUT be guided by the specific requirements of the criteria and ENs.

- However, if having to repeat this way of finding evidence to make an on-balance judgement for either the personal or the interpersonal (much less both) question whether this student is working at Achievement level. If a piece of student work is so lean on detail that the teacher is having to make on-balance judgement about every indicator that says they are working at L2 or L3 it's suggesting they have not reached that level of achievement The thing to also keep in mind would be, *'if I had to defend my judgement to someone else, what would I point to say this student has got the 'big idea' here?'*

To make confident and defensible assessor judgments, teachers need to be confident in their own knowledge of the underlying concepts, how these are applied to the context or issue around which the assessed is based, how Health Education is levelled across NCEA Levels 1-3 and to know and understand what the essential indicators are for achieving the standard – use the Explanatory Notes for the essential features of this and the assessment schedule as a further guide.

At Level 3, experienced teachers who are confident in their knowledge of the NZC at Level 8 and the Level 3 standards may find it more useful when assessing student work to:

- position the assessment schedule very much as a 'guide' as to the sort of responses to expect, and more as a check on the (conceptual) quality of the response;
- effectively ignore the scaffolding that the questions provide in the task (think of the questions as being more as an aid for students to organise their ideas and to ensure they cover all the requirements of the standard); and then .....
- read the student's work as a continuous piece of work to determine the coherence of it, how well each aspect is explained and backed up with examples, how the big ideas are attended to etc, and to all intents and purposes, assess directly against the standard.

The thought process of an experienced marker and previous moderator making a holistic assessment judgement about a piece of student work

Take into consideration <u>all the evidence</u> presented by the student and compare that with the <u>broad criteria stated in the achievement criteria</u> to establish the level at which the student has achieved.

Making a holistic judgement requires taking into account particular areas of strength across all the evidence *some of which* could be seen to compensate for other areas of relative weakness.

If I was to make a holistic judgement:

- *In the front of my mind is the achievement criteria and the Explanatory Notes that sit behind that (especially in relation to defining "explain" or defining "perceptively", for example).*
- *I weigh up the evidence in front of me – on balance, has the student "explained" or "explained in-depth"?*
- *I look to see if evidence towards a level of performance is found somewhere in the paper (somewhere that I wasn't expecting to find it)*
- *I always go back to the achievement criteria: What level is this student at?*
- *I consider the statements in the assessment schedule – Is my thinking consistent with what the schedule is saying (remembering that the schedule is just a guide).*

When is 'holistic' marking inappropriate?
Avoid using an 'averaging' system to work out an overall grade. The term 'holistic' does not mean 'median' of levels of achievement within a standard. All achievement criteria must be met at a particular level for that level to be awarded to a student.

For example if the assessment practice was to say:

- Achievement – gained at least ¾ Achieved or above
- Merit – gained at least ¾ Merit or above, or
- Excellence – gained at least ¾ Excellence.

Making a judgement in this (quantitative) way is flawed for several reasons:

- It does not consider the quality of the evidence in front of the marker
- It does not take into account which areas of the student's work were particularly strong or the areas which were weaker – were key components of the standard understood clearly, or were key components weak/missing?
- If ¼ of the aspects/tasks were Not Achieved then it is highly likely that key components of the standard have not been covered or completed sufficiently – overall, the student cannot achieve.

Marking practice exams using NZQA Grade Score Marking

See the NZQA statement at https://www2.nzqa.govt.nz/ncea/external-assessment/grade-score-marking/ - *extracts are reproduced below.*

Grade score marking

- We use grade score marking for all achievement standards.
- All external achievement standards have a single outcome. Markers can measure a candidate's performance by gathering assessment evidence from all parts of a paper.

How we mark questions
We award a single grade for each question in an NCEA paper:

- Not Achieved (N)
- Achieved (A)
- Merit (M)
- Excellence (E).

We use evidence from the assessment response

- We use the criteria from the standard to award this grade. We base the grade on the quality of evidence in the response.
- Markers are instructed to ensure a high-quality response is not marked down for a minor error.

We look for evidence of high performance first

- Marking is 'top down'.
- Markers must first look for evidence for Excellence, as described by the criterion for Excellence in the standard.
- If they don't find this evidence, markers then look for Merit evidence, and then down to Achievement.

Grades are based on the candidate's whole response

- The grade is based on the whole response to the question. It takes account of all evidence in the candidate's answer.
- Some questions may have parts or bullet points, but this does not stop markers giving a single holistic grade.

We identify if the assessment response is upper or lower within a grade

- Grade score marking also recognises the quality of evidence within each grade. Grades can show an upper and lower result in a grade.
- For example, lower Merit is M5 and upper Merit is M6. Both 5 and 6 are Merit scores.
- The scores indicate that the student has met the criterion for a Merit grade in the question.

Possible grade scores for a question

Not Achieved			Achievement		Merit		Excellence	
NØ	N1	N2	A3	A4	M5	M6	E7	E8

Health Education papers are a single question, and the sections of the exam **are not** scored separately. Therefore the practice used in some other subjects, where scores are given to each section and then totalled, and then a 'cut score' is used to delineate the N-A-M-E boundaries (which can change from year to year), DOES NOT apply in Health.

The use of Grade Score Marking for Health exams is more an aid for teams of markers of national exams to help them mark within agreed boundaries of N-A-M-E.

That is, grade score marking is more for markers who are marking hundreds of papers from schools across the country to help identify the boundary between N & A, A & M, and M & E. When additional quality and/or sufficiency information provided with the 'evidence' statement accompanying the assessment, it assists markers to make a (more) confident N-A-M-E judgement e.g. an exam paper might be a weak A but enough still for A, or a strong A but not yet M (etc) – *but it's still (just) an Achievement grade*.

Health exams do not use Cut Scores as such so the process is much simpler, because the single N0-E8 judgement is the final N-A-M-E grade. *Please DO NOT 'invent' a marking system that grades each section of a Health exam separately (as happens in other subjects) – it is a single answer with a single N0-E8 score.*

Whether a paper is a N0, N1 or N2; A3 or A4; M5 or M6; E7 or E8 *is less the issue* – NCEA Achievement Standards are only graded as N-A-M-E. **Whether something is E7 or E8 counts for nothing – it's still excellence - the more important consideration for the marker is more about is it M6 or E7 (etc)?** If it's an easy E8 then those are not the papers used to determine the M-E grade boundary.

Arguably, a teacher marking a single class of exams scripts shouldn't need to make any more than a N-A-M-E judgement because that's the grade that matters. However, like national markers, schools with multiple Level 2 or 3 classes and teachers may find this approach to marking useful to achieve consistency across markers.

***That said,* and knowing the pressure and expectations in some schools to differentiate students to this level, the only guidance that can be offered is for teachers to PRACTICE marking.**

- READ the A-M-E **Assessment criteria** statements (these are closely aligned with the wording of the Explanatory Notes in the standard – perhaps with some added emphasis to link these to the current year's exam). This is 'the standard'.
- BROWSE the **Sample evidence** noting other responses are possible and as *sample* evidence students do not have to cover what is stated as such. This is helpful for helping to familiarise the marker with the different parts of the exam question and how the resource material - which provides the context (or topic) - might be used.

- READ the N0-E8 **Evidence** descriptors provided with the exam. Note the sufficiency information – 'some', 'consistently' etc.
- From that point on it's a matter of teachers having confident subject knowledge and being familiar with the material in the resource booklet to then know what this all means in relation to the AME statements. *To this end it is recommended that teachers write their own answer to the practice exam.*

For example: Health: Analyse an international health issue (91462) - 2024

Focus on the way the QUALITY of an AME response steps up. Highlight those key step-up terms if it helps.

Achievement	Achievement with Merit	Achievement with Excellence
The candidate analyses a significant health issue of international concern.		
Analyse involves a critical perspective through: • explaining with supporting evidence why the health issue is of international concern, and covering the implications for the well-being of people and society • explaining with supporting evidence how major determinants of health influence the named issue • recommending strategies to bring about more equitable outcomes in relation to the named health issue. The analysis is supported by evidence, which may include examples, quotations, and / or data from the resource booklet or other credible and current sources.	*Analyse, in depth involves a critical perspective through:* • explaining with detailed evidence why the health issue is of international concern, and covering the implications for the well-being of people and society • explaining with detailed evidence how major determinants of health influence the named issue • recommending strategies for addressing the health issue with detailed evidence in a way that considers the influence of the major determinants of health, and the impact of those determinants on well-being. The analysis is supported by detailed evidence, which may include examples, quotations, and / or data from the resource booklet or other credible and current sources.	*Analyse, perceptively involves a critical perspective through:* • explaining with detailed coherent and concise evidence why the health issue is of international concern, and covering the implications for the wellbeing of people and society • explaining with detailed coherent and concise evidence how major determinants of health influence the named issue • recommending strategies based on a coherent and concise evidenced explanation that connects the health issue and the influence of the major determinants of health on the issue to underlying health concepts (hauora, socio-ecological perspective, health promotion, and attitudes and values). The analysis is supported by coherent and concise evidence, which is logical and credible. This may include examples, quotations, and / or data from the resource booklet or other credible and current sources.

And then …. Look at the way the evidence statement focuses on sufficiency with words like 'some' or 'consistently' or 'throughout'. *What this is basically saying is that if there is some evidence there – as required for each of A-M-E - then it may be sufficient. If the evidence is absent or wrong, then it the student work cannot be judged to be at that A-M-E level.*

Evidence

N1	N2	A3	A4	M5	M6	E7	E8
Partial answer, but does not analyse the health issue.	Insufficient evidence to meet the requirements for Achievement.	The analysis generally meets the requirements for Achievement, but the quality may be inconsistent. Some supporting evidence is provided.	The analysis consistently meets the requirements for Achievement. Supporting evidence is provided.	The in-depth analysis meets the requirements for Merit, but some aspects of the response may be inconsistent. Some detailed supporting evidence is provided.	The in-depth analysis consistently meets the requirements for Merit. Detailed supporting evidence is provided.	The perceptive analysis meets the requirements for Excellence, but one aspect of the response may be inconsistent. Consistent and coherent evidence is provided.	The perceptive analysis meets the requirements for Excellence. Consistent and coherent evidence is provided throughout.

Cut Scores **Not Achieved**	**Achievement**	**Achievement with Merit**	**Achievement with Excellence**
0–2	3–4	5–6	7–8 NCEA

An assessment schedule is only ever a series of prompts for the marker and never a fully developed 'exemplar'. Exemplars are as distracting as they are useful given the multitude of ways a students can produce an A-M-E response. If teachers fixate unduly on the details of a single exemplar, and assume all students need to emulate this, they may not be giving due credit where students have actually met the standard with a different selection or expression of the evidence.

Question	Sample evidence (other responses possible)
(a)	*Possible evidence of why tuberculosis (TB) in Mozambique is a health issue of international concern.* TB impacts many people in Mozambique. Poverty, environmental disasters, and poor access to healthcare mean people are more likely to develop TB and need access to life-saving treatment. For communities, this means people are employed for less time and are less able to contribute to productivity, resulting in increased poverty rates in local communities. People being unable to work but still needing access to medical services contributes to marginalisation and negative well-being, and this has an ongoing socio-economic impact.
(b)	*Possible evidence explaining how two major determinants of health influence the TB epidemic in Mozambique.* Major determinants: Economic, political, environmental Major determinants of health: Economic Low-income individuals and low GDP impacts on access to healthcare facilities and treatments. Diagnosis and treatment for TB can be difficult to obtain for people affected by poverty or low income in Mozambique. Economic instability threatens healthcare through extreme poverty and other issues, such as overcrowding in housing, lack of access to transport, and / or lack of access to health services caused by poverty. Major determinants of health: Political A determinant of health impacting TB in Mozambique is political. Mozambique still feels the impact of civil war, which ended in 1992. There are high levels of illiteracy, as the country is unable to prioritise education. Policy does not ensure access to healthcare with half the population living without reasonable access to healthcare.
(c)	*Possible evidence explaining how TB affects the well-being of people and society in Mozambique.* Examples are linked to the major determinants in (b), they could be supported by other determinants: cultural, social, lifestyle. Economic determinants impact the well-being of people in Mozambique. Due to insufficient access to healthcare and testing, they may unknowingly contract TB, thus impacting their physical, mental, and emotional well-being as they suffer from the disease. There are also societal implications, as it is challenging for a country with limited economic resources to support a large population with low incomes. The well-being of the people of Mozambique is impacted by political determinants of health, through a lack of education and public health policy, meaning they are unable to move out of poverty or have access to health resources. This in turn impacts society as a skilled workforce is not developed, resulting in low personal and national income. Political determinants of health impact the well-being of people as a large part of the population lack access to reasonable healthcare. Many people with TB symptoms do not have the ability to seek or receive medical attention in time to deal with the disease. This leads to untreated TB cases allowing the disease to spread unchecked and increases the prevalence of TB within Mozambique.
(d)	*Possible evidence recommending a local and international strategy to address the determinants of health and the implications on well-being.* An international strategy to address the economic and political determinants of health to improve the well-being of people living with TB in Mozambique and decrease the burden on communities and society is a holistic international campaign, such as the 'End TB' Strategy in Resource E. Through this campaign, a focus on TB prevention through political policy could help to address inequity and poverty, and provide access to healthcare within a reasonable distance of all people. International funding can be provided to support current strategies, such as the WHO's End TB Strategy. Alongside providing free TB care within an accessible distance, international aid can fund and provide education for those in areas affected by TB in regard to the symptoms, spread, and treatment of the disease. A local strategy would be to extend education into local community events to reach more people. Community leaders from schools, churches, and groups could be provided with information about the symptoms of TB, and how to access the free local TB care centres. This will address the economic and political determinants of health, as it will decrease the effects of current health policy on local communities and mitigate economic impacts of a lack of access to healthcare facilities.

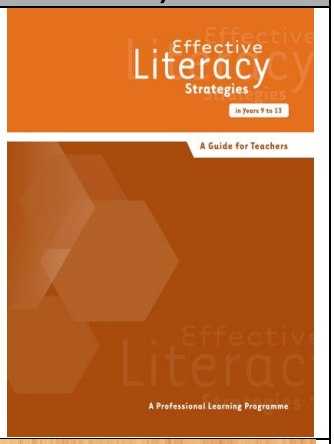
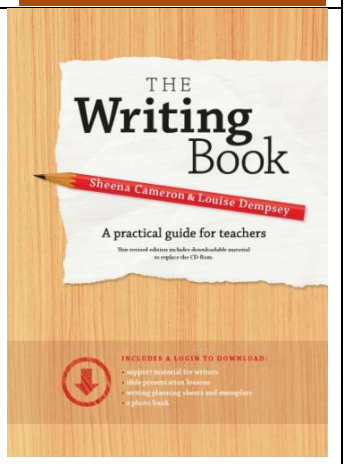
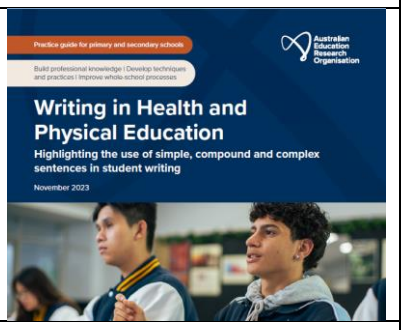
When students' work is assessed against a standard the question is: have they, and to what extent have they met the standard? Assessing against criteria this way does not compare one student with another, so this is NOT a system to judge 'the best' exam response.

NOTE: If it is useful or important for you at your school to provide this level of judgement, pair up with a teacher within your school or a neighbouring school to practice using the N0-E8 evidence statements along with the assessment criteria and sample assessment evidence.

4. Looking after literacy

Success in Health Education NCEA assessment is highly contingent upon students' literacy skills. Ensure topic learning and preparation for assessment contains plenty of opportunities for developing student's reading comprehension, writing and critical multiliteracies.

Extracts from the NZHEA resource *Supporting student literacy and developing critical multiliteracies in Health Education* (2025).

Publication details	Image (for reference)
Effective Literacy Strategies in Years 9–13 – A Guide for Teachers (2004) Ministry of Education Download a digital copy, or all schools should have print copies of this resource. For consistency of approach and literacy activity terminology, this Health Education resource makes extensive use of this publication.	
The Writing Book: A Practical Guide for Teachers Sheena Cameron & Louise Dempsey (2013) Multiple online sales options. Check in school for copies. This resource contains many useful templates to guide writing. Although much of the focus is for teaching writing in primary schools, the fundamentals of this text also apply at secondary level and are very useful for use in time-limited junior secondary Health Education classes. For consistency of approach and literacy activity terminology, this Health Education resource makes use of this publication.	
See also the Australian resource Writing in Health and Physical Education: **Highlighting the use of simple, compound and complex sentences in student writing** Australian Education Research Organisation (2023)	
NCEA Literacy and Numeracy resources for kaiako These are generic, and some have been developed as Health Education activities for this resource. Many of these activities derive from the *Effective Literacy Strategies in Years 9–13 – A Guide for Teachers* (2004) above	

Critical multiliteracies

"... critical multiliteracies emphasise a literacy pedagogy **that supports students to develop an array of practices to break the codes, make meaning, and use, construct, and critically analyse** a wide range of texts across a variety of contexts."
Source: Sandretto & Tilson (2014)

With these foundation principles in mind, Sandretto & Tilson (2014) developed the four resources model for the New Zealand context (lefthand column). The unpacking of what could be taught and learned in relation to this model is summarised by McKenzie (middle column). The diverse understanding of 'texts' through which the learning can be developed are listed in the righthand column.

From Sandretto and Tilson, 2016); Harris, McKenzie, Fitzsimmons and Turbill (2003) building on the work of Freebody and Luke (1990,1999).

Four resources model Sandretto and Tilson	**What might be taught and learnt?** McKenzie webinar	**Types of semiotic* systems or 'texts'** Adapted from Sandretto and Tilson
Code breaking Essentially, how do I crack the code of this text?	**Code breaking skills - decoding 'texts'** • Letter/sound combinations • Word/sentence structure • Grammar and syntax • Spelling, punctuation and handwriting/keyboard skills • Conventions of language vocabulary • Text type/genres • Academic discourse • Text design and layout	**Linguistic:** Oral and written language (vocabulary, structure, punctuation, grammar, paragraphing). **Visual:** Still image (photo, diagram, picture) and moving images (video, film, TV) (colour, imagery depicted, foreground, background, viewpoint). **Gestural:** Facial expressions and body language (movement, speed, stillness, body position). **Audio:** Music and sound effects (volume, pitch, rhythm, silence, pause). **Spatial:** Layout and organisation of objects and space (proximity, direction, position in space).
Meaning making Essentially, what does this text mean to me?	**Comprehension strategies:** • Connecting to prior knowledge • Visualising • Predicting • Making connection with self, others and society and the wider world • Monitoring and understanding • Questioning • Inferring • Summarising and synthesising	
Text user Essentially, what do I do to use this text purposefully?	**Genres and text types:** • Genres- imaginative, informative, descriptive, persuasive • Text types (examples of discourse) • Letters, speeches, essays, reports, emails, web pages, short stories, articles • Awareness of the language structures and features and stylistic structures and features of each genre	
Text analyst Essentially, how might I be shaped through engagement with this text?	**Critical thinking skills:** • Text analysis and evaluation • Authors bias • Credibility of claims • Facts and opinions	

	• Hidden agendas • Issues • Interrogating multiple perspectives consideration of social, cultural, political, economic and historic contexts • Social justice and social action • Questioning of texts • Awareness of purpose and audience • How the text positions the audience	

***Semiotic** = relating to signs and symbols. In semiotics (the study of sign processes and the communication of meaning), a sign is defined as anything that communicates intentional and unintentional meaning or feelings to the sign's interpreter. For Health Education purposes a **'text'** is *anything* that can convey some form of meaning and have 'meaning' interpreted from it by the viewer/reader/user – as listed in the right-hand column above.

Consider the many learning experiences that can be used to develop aspects of the critical multiliteracies (green section) indicated in the following framework.

What is critical thinking as a process for learning?

- **Critical thinking is a process.** Critical thinking is an essential **process** for learning in HPE.
- To be able to complete a critical analysis or evaluation students need to be able to think critically.

Understand that critical thinking is not an end in itself. It's the **process** that enables students to make sense of and understand selected information, in order to then communicate meaning. Simply answering a series of critical thinking questions does not result in a critical analysis or evaluation.

For critical thinking to be meaningful in its learning area or subject context requires the selection of questions that support students to synthesise their own knowledge and collected information with academic knowledge (the HPE underlying concepts for example).

There are many frameworks for thinking critically available online. The table below introduces some general purpose questions for describing (what, who, when, and where), analysing (how and why), and evaluating (so what, now what).

	Critical thinking questions could include:	**Comment**
Describe *What?* *When?* *Who?*	• What is my selected topic about? • What is the context or situation – what's the issue or what is cause for concern? • What is the main point? • Who is involved? • Whose wellbeing is affected – positively and/or negatively? • Where does it take place?	Some description is necessary in the introductory section of your critical evaluation so that the reader knows 'what' your topic is about. However, reports submitted for Scholarship that provide consideration only of the 'what' questions (that simply describe a situation), are not a critical evaluation.
Analyse *Why?* *How?*	• How did this situation occur? • How does one factor affect another in relation to this issue? Why is this?	An analysis is part of an evaluation because it helps to break the topic or issue into its constituent parts and develop understanding of these.

	• What if another factor were added or removed? • How do the parts fit into the whole picture of the issue? • Why did this issue occur? • What are the alternative solutions? • What has been done to improve the situation? Why not something else?	When analysing your health-related information you need to look in depth at your selected materials and use your HPE knowledge to identify evidence that helps you to judge the **value,** quality or importance of it well as how the various parts of the situation or issue interrelate. Thinking analytically about your topic, and the information you are using for your report requires a certain level of detachment ('stepping back from it)'.
Reflection	• *What happened?* • *What did I notice or realise?* • *What was most important for me?* • *What have I learnt?* • *What would I do differently or the same next time?*	*Note that your topic selection will determine whether or not information from reflection is included in your report. See the statement on reflection at this end of this section of the resource.*
Evaluate What if? So what?	• What does this mean in consideration of the issue or topic? • Why is this significant or important? • Is it convincing - why/why not? • What are the implications? • Is it successful - why/why not? • How does it reflect HPE knowledge? • What can I deduce from the information I have gathered? • What next? Is it transferable to other situations, and if so, how and where else can it be applied? • What can be learnt from it? • What needs to be done now?	Evaluating requires asking the analytical 'why' and 'how' questions (above) to be able to get to the 'so what' and 'what next' questions. Carrying out a critical evaluation requires critical thinking. Critical thinking is a detailed process; the basics for which appear in the left hand column of this table. *(See also the detailed critical thinking framework following.)*
Critically evaluate		A critical evaluation also requires demonstrating some ethical, cultural, social, and political values relevant to HPE. The basis for these values comes from the HPE underlying concepts (and the NZC values statement see NZC page 10) as well as other subject or topic specific concepts and NZ policy and legislation like the Human Rights Act and other laws that protect the rights and safety of children, young people and adults.

However, these may not provide enough scope for showing deep insight into your topic and more detailed, HPE-specific questions might be needed (see framework following).

Critical thinking framework

Test the suitability of your topic and a sample of topic-related information with these critical thinking questions. If you cannot answer several of these in relation to your chosen topic, you may need to rethink your topic selection, or reframe your evaluative question in a way that allows you to make a judgement about the value, quality or importance of your topic or issue.

- What do you know about this issue or situation?
- How did you come to know this?
- How do you feel about this issue or situation?
- What is the evidence for this knowledge?
- What are your beliefs about this knowledge? Why do you believe this?
- What information is missing from this picture?

- Why is this information missing?
- Have the social, cultural, economic, political, and/or ethical aspects of this situation been considered?
- Whose voice is heard in this writing, article, or classroom activity?
- Whose interests are being served? Who has the power in this situation?
- Who is being advantaged?
- Who is not being heard or served?
- Who is being disadvantaged?
- What are the inequalities that exist in this situation?
- What needs to change?
- How can you contribute to this change?

Original source: *The Curriculum in Action: Making Meaning Making a Difference Years 11-13* (Ministry of Education, 2004, p.27, based on Brookfield, 1995, and Smyth, 1992). Now online here.

For a more detailed account of critical thinking and a greater range of questions see the **Foundation for Critical Thinking** website.

Literacy

Literacy is the ability to identify, understand, interpret, create, communicate and compute, using printed and written materials associated with varying contexts. Literacy involves a continuum of learning in enabling individuals to achieve their goals, to develop their knowledge and potential, and to participate fully in their community and wider society. UNESCO

Disciplinary (or subject specific) literacy

Disciplinary literacy … is an emphasis on the knowledge and abilities possessed by those who create, communicate, and use knowledge within the disciplines. The difference is that content literacy emphasizes techniques that a novice might use to make sense of a disciplinary text (such as how to study a history book for an examination), whereas disciplinary literacy emphasizes the unique tools that the experts in a discipline use to engage in the work of that discipline.

Shanahan & Shanahan (2012)

Critical health literacy

Critical Health Literacy (CHL) is … the ability to reflect upon health determining factors and processes and to apply the results of the reflection into individual or collective actions for health in any given context. *Reflection* is a critical attitude towards socio-cultural realities that shape lives. *Action* is the ability to change these realities. Able & Benkert (2022)

(Critical) Multiliteracies for 21st century learning

Visual literacy	Media literacy	Cultural literacy	Information literacy	Digital literacy	Science literacy
… how a person understands and evaluates information presented through images like pictures, photographs, symbols, graphics, infographics, and videos. Globally Taught	… a framework to access, analyse, evaluate and create messages in a variety of forms – from print to video to the Internet. Media Studies	… understanding and appreciating cultural differences and diverse perspectives The Oxford Review	… knowing how to find, evaluate, and use information effectively and ethically. UNESCO	… being discerning and critical; able to locate, understand, organise, evaluate, and adapt digital content. Enabling e-learning: Digital fluency	… actively participating in informed discussions about science, sustainability and technology to guide decision-making and action. OECD

For teaching and learning in the curriculum, it is these (critical) literacies that feature cognitive skills such as critical thinking that have greater application.

Health and wellbeing-related literacies

These literacies are more the focus for health and wellbeing promotion and have most application for **public health interventions**.

Health literacy

… the ability of individuals to "gain access to, understand and use information in ways which promote and maintain good health" for themselves, their families and their communities World Health Organization

Digital Health literacy	Nutritional literacy	Food literacy
… the ability to find, understand and use information and services from electronic sources to make health decisions and take appropriate actions Physiopedia	*Nutritional literacy* is the level to which people can acquire, process, and comprehend the fundamental nutritional data and services that they need to make correct dietary decisions. Silva, Araújo, Lopes, & Ray	*Food literacy* is to have knowledge, skills, and behaviours that are interrelated and that are necessary to decide, handle, choose, cook, and eat food … Silva, Araújo, Lopes, & Ray

Emotional literacy

… the ability of a person to understand their emotions, the ability to listen to others and empathise with their emotions, and the ability to express emotions productively. Steiner (1997)

As health (outcomes) and behaviour focused literacies, Health Education may make some incidental and topic specific contribution to these multiliteracies e.g. skill-based learning. Or students may *learn about* these approaches as a form of health promotion. In isolation they risk being dominated by healthism approaches (see Crawford 1980).

5. Using evidence

This section is **adapted** from the *New Zealand Scholarship Health and Physical Education: A resource to support students preparing a report for HPE scholarship* (Health Education) (2025). NZHEA.

Sources of quality information and data

There are many easily accessed print and digital (online) sources of information relevant to HPE. These include:

- Reports from government ministries e.g. education, health, social development, justice
- Reports and information non-government organisations (there are many of these) e.g. Mental Health Foundation, Drug Foundation, Health Promotion Forum, Te Whatu Ora, Sexual Wellbeing Aotearoa, and others.
- Reports from health and wellbeing research projects produced by universities and other education or research organisations e.g. Youth 2000 series, NZCER (NZ Council for Educational Research), ERO (Education Review Office), sports and recreation organisations.
- News and current affairs items from reputable news agencies.
- For international issues, organisations like WHO, World Bank, United Nations including UNESCO, OECD, UNICEF.

It is not expected that teachers or secondary school students will have access to university level texts and journals although quite a number are now open access. These materials are written for an audience beyond students at secondary school.

Potentially, all information can be used as a source of data, but note that the **difference between data and evidence**:

- **Data** is the raw information – qualitative (related to the quality – where data are expressed in words and ideas, images etc), and quantitative (numerical data).
- **Evidence** is the data that is selected to justify a claim or make a case.

If quantitative (statistical) data is part of the information being used to support a critical analysis or evaluation, make it part of the learning process to helps students understand what the statistics are saying. It is not expected that all students have done a year 12 or 13 statistics course. Stick with the basic descriptive statistics, and then, only where these are relevant to the topic to either explain the purpose or implications. It becomes apparent to the reader of a student's assessment whether or not they know what these statistical terms mean, or if the information has been copied for effect and to give the appearance of sophisticated thinking and understanding.

Data and information from popular sources

- Ideas for many Health education topics may, in the first instance, come from popular sources such as news items, social media, film, TV, and internet, as well as personal experiences of the world. Information from these sources is fine to help define a topic or issue, but once the critical thinking process to deeply understand the topic is underway, access to high quality information to support the analysis or evaluation will be needed. Keep references to popular sources like news articles, YouTube video (etc) to an absolute minimum – these materials help give context but are not 'reliable' sources.
- Also use 'primary' sources of data and information – that is, where the information came from in the first place. Wikipedia is a 'secondary' source of data where people put information that was first published in other places. The quality of information on Wikipedia is highly variable as what goes online is moderated by other interested people who may or may not be experts in on the matter.
- *See also part 2 about being a critical user of digital information*.

Data and information from own Health Education investigations and learning

Sources of information for critical analysis or evaluation can include data that has come from students' own investigations – where this is safe, appropriate and ethical to do so e.g. a whole school investigation about student wellbeing. These forms of information still need to be supported with a range of other high-quality information like that listed above. For example:

- School survey of opinions, experiences, attitudes and values of students, teachers and leaders, or parents.
- Interviews with peers at school, or teachers and leaders, or others outside of the school about matters related to your topic.
- Feedback collected ethically from special interest (arts and culture) or support groups in school.
- Information sourced ethically through social media – which is systematically collected and analysed.
- Student analysis of a media source for a particular purpose e.g. roles of females in music videos, or males in TV situation comedies.
- Student reporting of health promoting actions carried out in the school or community which already contains an analysis and evaluation.
- Artefacts (posters, video, blogs, presentations, etc) produced by students' peers during learning activities in class.
- Participation in whole school events that contribute to wellbeing.
- Students' own performance or contribution to a school event – cultural, health promotion etc. To make sources of data like this useful for your critical evaluation, you make need to carry out a critical reflection. *See the section on critical reflection in Part 2*.

Being a critical user of digital information

With so much HPE-related information available on the internet students need to apply understanding of **information and digitally literacy** to be able to locate, access, select, and use information relevant to your topic. **The critical thinking process is essential for developing digitally fluency.**

Digital fluency encompasses:

- **digital capabilities** – being digitally adept and innovative; able to confidently choose and use digital tools to learn, create, and share
- **digital principles** – demonstrating values when working digitally; being an ethical, respectful, and responsible digital citizen
- **digital literacies** – being discerning and critical; able to locate, understand, organise, evaluate, and adapt digital content.

See also the Netsafe **Digital citizenship material.**

How to know whether an information source is authoritative, reputable, credible, and reliable, relevant and useful for a topic

When students (or teachers) find something on the internet that they think might be useful, as a first step consider:

- Why does this website exist? What is their 'business' or purpose? Who is the intended audience? Who are they aiming to support or inform? Why do might be useful for an analysis or evaluation?
- Is the website content **objective or subjective**? What information tells me this?

    - Objectivity relates to being without bias or prejudice, even-handed, fair, open-minded, equitable, neutral, or impartial or detached.
    - Subjectivity relates to being influenced or shaped by personal likes and tastes, feelings, opinions, conjecture, where information may be biased, opinionated, prejudiced, and where only narrow meaning is given to a situation and without other perspectives, where views from those with the loudest voices dominate.
- How do I know if the information on this website is **accurate** e.g. the result of sound investigation and research? In an age of false or fake news and misinformation, how do I trust that what I am reading is true?
- What **authority** does this website have? For example, does the domain name suggest it comes from a reliable and informed source such as:
    - .org – e.g. recognised non-government organisations;
    - .govt for NZ (or .gov – overseas) for official government websites; or
    - .ac or .edu which are usually university or other tertiary and education-based sites?
- How **up to date** is the information (try and find a date that shows when the site was last updated).

Also, use the **TRAAP model** - *Timeliness, Relevance, Authority, Accuracy, and Purpose* (or CRAAP where C = Currency) or the **Rauru Whakarare Evaluation Framework** to help evaluate the relevance and quality of your information. Use an online search for these frameworks and select one of the New Zealand university sites for further information (there are many).

Using generative AI (Artificial Intelligence) applications

Refer to school policy on this matter.

It can be tempting to use AI applications to help write an assessment. Although AI can be a useful tool for generating ideas, the use of it in NCEA assessment is not permissible.

The need to synthesise a range of material related to the selected strategy statement, apply HPE underlying concepts, and use own and locally sourced content all in a unique way, as well as provide extensive referencing for materials, is not something AI does well. AI is often not a good tool for providing a unique perspective – because it draws its learning from across a wide and known range of international knowledge.

It is also limited in its ability to produce a critical and evaluative piece of persuasive writing. AI has a tendency to be a people pleaser and tell the user what it appears they want to hear and can have trouble taking a particular position to argue a case. Overall, AI tends to provide accounts of descriptive writing, not critical or persuasive writing about a topic.

Referencing sources of evidence

Students often ask, 'how many references (items of information) should I have?; to which teachers (and university lecturers) usually reply '*how long is a piece of string*?' which is basically saying there is no magic number as it's all about **relevance and quality** of the selected information.

Note that no criteria or ENs in the Health Achievement Standard require referencing as part of the assessment evidence although the instruction to include referencing may appear in the assessment task. It is useful (and good habit to develop) that students include references to aid the teacher (as marker) to understand where the information has come from should there be a need to follow up on anything. **An NCEA Health assessment cannot fail due to an absence of referencing.** Assessments require evidence of the situation as part of an analysis or evaluation, but not a reference list as such.

Most of information should be New Zealand based unless the topic and the standard (like 3.2) has a particular international aspect to it.

August 2025 NZHEA newsletter

On the matter of evidence needing to be within the past 5 years

- *'EN 4* ***Generally,*** *current research means data or theories published within the last five years.'* **This appears ONLY in AS91461 (3.1 New Zealand Health issue) and AS91462 (3.2 international health issue).**

- AS91463 (3.3 health practices) and AS91464 (3.4 ethical dilemmas) are about what is **contemporary and current**, and older information can still be part of what is 'current' practice or 'current' debate.

If your moderation is indicating this 5-year limit for any other standards, can you please let us know as we need to remedy this misunderstanding.

However, we are also aware of the issue that the health priorities during the Covid years put a serious dent in the collection of health data, and for many issues there isn't good (published) population level data since before Covid – but there is other evidence that the issue remains.

Take the Youth 19 study for example - noting some of this is still being written up in papers that put a later date on the article than when the research occurred, or sexual violence prevention where the data that provides the basis *for the still current* Te Aorerekura - Sexual Violence Prevention strategy is older than five years.

Where there is limited (or no) suitable updated data since Covid that is publicly accessible, that is the available data is slightly older (late 2010s) then we need to lean of the wording of EN4 which states ***'generally'*** the data will be from within the past 5 years. Data may exist but if it's not being made available or published, we cannot expect school students to navigate that situation. It is recommended that if you find the issue being investigated is lacking recent population level data, it is permissible to use slightly older evidence, as long as other newer pieces of evidence show the issue continues, and to note that new population level data is needed but not yet available.

But please check carefully for available data before you lean on the *'generally' current research means data or theories published within the last five years*. While reasonable flexibility can be applied – *the emphasis is on reasonable* - overuse of this little bit of flexibility will not be acceptable.

Health 91461 (3.1)

Analyse a New Zealand health issue

5 credits internal

Essential learning requiring deliberate acts of teaching for this standard include:

- **Using qualitative and quantitative evidence to explain the nature of a New Zealand health issue**
- **Extracting examples of SEP factors that have contributed to the issue from information sources**
- **Strategies that respond sustainably to the factors contributing to (or causing) health issues**

What learning is this standard assessing?

- Learning leading to the assessment with this standard engages students in investigation of a health issue that impacts a population group in NZ. The health issue is one well described by reputable national health data and research evidence.
- Where relevant to the issue they apply their developing understanding of the (social) determinants of health to understand the complexity of factors that have contributed to (influenced) and sustained the issue over time. For issues where social and economic inequity or the unequal distribution of power and money do not appear immediately applicable (sexuality and gender issues for example), the HPE socio-ecological perspective may be a more relevant approach – with most emphasis on the societal factors. That said, national health issues inevitably feature inequitable access to the resources needed for health and wellbeing at some level so links back to the DoH are possible.
- They consider a range of impacts on health and wellbeing of people directly affected by the issue, people associated with them and the communities and societies they are a part of.
- They develop understanding of what 'equitable outcomes for all' means and based on the influencing factors, recommendations are made about ways to overcome the negative contributions of these factors e.g. changes to social policy.

Note that AS91462 Analyse an international health issue shares the same A, M, and E criteria but with a different context (3.2 international vs 3.1 national/NZ), and 3.2 external vs 3.1 internal assessment, which when the standards we last reviewed was deemed a valid difference.

Why is this learning important for young people?

- New Zealander's are a diverse multicultural population. Almost 30% of New Zealander's are not NZ born (NZ Stats 2023), coming from a diversity of countries around the globe. Many students who go to school here will stay on to work in NZ and many of them will be working in sectors where understanding this diversity, and the factors that impact the health and wellbeing of population groups, will be a requirement.
- Being able to recognise and understand issues that impact populations different to those students have experience of (e.g. different ages groups, diverse sexuality and gender groups or people with different abilities, diverse ethnic and cultural groups) develops students' capacity for empathy and perspective taking.
- Understanding national issues in relation to similar global issues in the 21st century is a key component of being an informed national and global citizen.
- Having knowledge of the political, economic and cultural (social norms) causes of health inequities contributes to a reduction in victim blaming, stereotyping, social exclusion, abuse of privilege (and so on). When people understand that the health circumstances experienced by many people in society have been created by conditions beyond their personal control, the focus for change can move toward those societal factors that caused the situation in the first place (and continue to sustain the issue) and take the onus (for making changes) off those experiencing poor health and wellbeing.

- To be able to 'think globally and act locally' requires doing at a local level what is needed to be done nationally and internationally to support the health and wellbeing of all citizens. Much of this work relates to making and implementation of supportive social (and economic) policy that considers the needs of all people.
- Understanding that national health issues are complex and require unique solutions (not one-size-fits-all responses) can lead to a reduction in the various forms of inequity that lead to poor health for populations or population groups.

Step-ups from NZC Level 7/NCEA Level 2

- At NCEA Level 2 the focus is on a balanced understanding of the interconnectedness of personal-interpersonal and societal factors. The shift to level 3 sees much more focus on the societal factors and the complexity and interrelatedness of these (noting that the personal and interpersonal ideas still feature but more in support of illustrating the way the societal factors impact health and wellbeing).
- There's strong use of reputable evidence from population health studies and a focus on the most important and critical aspects of the issue – both influences on the issue and strategies for more equitable health outcomes (whereas Level 2 may show a valid SEP understanding but without a focus on the most critical aspects).
- Where relevant to the topic, an introductory understanding of the determinants of health may also be introduced at Level 2. This steps up at level 3 to an explicit focus on the way the DoH are implicated in the issue. In situations related to poverty added consideration of the overarching all-encompassing social determinants of health is included (noting that to understand the how and why poverty impacts health means to understand the SDH – and vice versa)

Application of the underlying concepts to AS91461

- **Hauora** - Implicit within any mention of health and wellbeing is a holistic understanding of hauora
- **SEP** - there is understanding of the SEP – albeit that most L3 focus is on the societal level,
- **HP** - the recommended strategies are a reflection of recognised models or approaches to health promotion (although these models etc are not required to be stated),
- **A&V** - the A&V inherent within any strategies show understanding of what is equitable

Suitable contexts – topics and themes

EN3 A New Zealand health issue is one affecting the well-being of an identified community or sector in New Zealand, and which is a matter of public concern. Health-related issues *may be* derived from: *This does not say HAVE TO be derived from. There are several contemporary issues that could be added, especially those associated with the online environment.*

- mental health or resilience in school and the wider community
- concepts of masculinity, or femininity
- the portrayal of sexuality in the media or pornography
- teenage sexual health
- use of a specific drug among 15-24 year olds
- prevalence of a specific disease in specific populations
- discrimination, or harassment
- ethnic or culturally specific issues
- currently reported social problems such as – gambling, domestic violence.

Focusing on suicide or eating disorders for the analysis is not appropriate. *For reasons see https://newzealandcurriculum.tahurangi.education.govt.nz/preventing-and-responding-to-suicide-resource-kit/5637164915.p*

Don't be limited by these ideas - bear in mind this standard is now quite old and new issues have emerged. Also consider investigating the NZ version of the international health issue (e.g. poverty related health matters).

Useful teaching resources

For student accessible materials on the SDH/DoH

- SDH - https://www.who.int/health-topics/social-determinants-of-health#tab=tab_1
- Let's Learn Public Health: Social Determinants of Health - an introduction https://www.youtube.com/watch?v=8PH4JYfF4Ns
- DoH https://www.who.int/news-room/questions-and-answers/item/determinants-of-health

For topic specific materials see the NZHEA resources and materials shared by teachers through the NZHEA social media network.

Planning considerations

- As an internal assessment the teaching and learning often comes earlier in the year. 'Reuse' the learning of concepts later for AS91462.
- For 'big' complex topics, consider framing AS91461 (3.1) around a NZ version of the situation and then expand to an international understanding for AS91462 (3.2).
- Take time to help students navigate around some of the key national agency websites related to the topic to highlight the current policy focus on these issues.
- Support students to locate and use data and evidence from reliable national studies.

Teacher pedagogy

- Deliberate acts of teaching are needed to scaffold learning around the determinants of health to ensure students are understanding how these are a feature of the issue – especially for issues where these factors may not be immediately apparent (e.g. social policy needed to create supportive environments that contribute to inclusive communities or building resilience).
- Engage students in activities where there is a deliberate and purposeful use of critical thinking questions (see next slide).
- Use writing frames to organise ideas (see following slide). Provide opportunities for students to practice writing concise accounts of their ideas about the factors that influence the issue, impacts on people's health, and the recommendations for action.
- Where possible, invite experts from local agencies who have insight into these issues to speak at the school. Alternatively, a wide range of educational videos can be sourced online about many topics.

Developing students' critical thinking

Key critical thinking questions for students will be in relation to:

- What is the data and research evidence telling us about the issue? Why is the issue 'cause for concern' – in relation to health and wellbeing?
- How has/does the unequal distribution of power, money and resources contribute to the issue? And/or How do social and economic inequities (and other determinants of health) contribute to this issue? Think about what caused the issue in the first place and what sustains it.
- Why should we do something about this issue? What needs to change? Who is responsible for these changes? What happens if we don't act?
- See also the Action Competence Learning Process questions at xx

Useful topic related references and links

- For national issues seek out .govt and .org websites as a primary source of information.
- Ministries of Health, Social Development, Education, and Justice.
- StatsNZ for data from national census and other data.
- Youth19 for regularly collected youth data (NZ longitudinal studies also have data but this material may be less accessible and usable for students)
- And then there is all manner of .org sites related to mental health, child poverty, sex, sexuality and gender diversity, alcohol and other drug use, indigenous health … and so on – see NZHEA resources

Achievement Standard criteria and explanatory notes

Achievement	Achievement with Merit	Achievement with Excellence
Analyse a New Zealand health issue.	Analyse a New Zealand health issue.	Analyse a New Zealand health issue.
Analyse involves applying a critical perspective to a New Zealand health issue through: • explaining the nature of the health issue in New Zealand and its implications for the well-being of people and society • explaining how the major factors influence the health issue • recommending strategies to bring about more equitable outcomes in relation to the health issue. The analysis is supported by evidence.	*Analyse, in depth,* involves recommending strategies for addressing the health issue that take account of: the influence of the major factors on the health issue the impact of the major factors on well-being. The in-depth analysis is supported by detailed evidence.	*Analyse, perceptively,* involves recommending strategies based on a coherent explanation that connects the New Zealand health issue and the influence of the major factors on the issue to relevant underlying health concepts (hauora, socio-ecological perspective, health promotion, and attitudes and values). The perceptive analysis is supported by the coherent and consistent use of evidence.

EN3 A New Zealand health issue is one affecting the well-being of an identified community or sector in New Zealand, and which is a matter of public concern. Health-related issues may be derived from:

- mental health or resilience in school and the wider community
- concepts of masculinity, or femininity
- the portrayal of sexuality in the media
- teenage sexual health
- use of a specific drug among 15-24 year olds
- prevalence of a specific disease in specific populations
- discrimination, or harassment
- ethnic or culturally specific issues
- currently reported social problems such as – gambling, domestic violence.

Focusing on suicide or eating disorders for the analysis is not appropriate.

EN4 Supported by evidence refers to the use of specific and relevant details to support an analysis. Supporting evidence may include examples, quotations, and/or data from credible and current sources such as government ministry websites, recognised nongovernment organisations (NGOs), research journals, and other publications. Generally, current research means data or theories published within the last five years. *[Note the comment in section 5 about this]*

Changes to AS3.1 91461 (2025) Analyse a New Zealand health issue • Changed the wording from 'major determinants of health' to 'major factors' to be more consistent with Levels 1 and 2. • Added the word **'relevant'** to underlying health concepts so students only discuss the ones relevant to the issue rather than all 4.	**Notes** This reflects what was already happening in practice. Although some topics like child poverty in New Zealand relate well to the (social) determinants of health, because of the inherent social and economic inequities leading to and sustaining poverty, other topics do not. For issues like resilience and some sexuality and gender issues (for example) the factors tend to be dominated by those related to social norms ('cultural' factors) or policy decisions (political factors) - without the whole SDH picture being apparent. That is, some NZ health issues of interest (and with lots of evidence) are not well explained by the determinants of health but are explained by wider 'societal influences which share some ideas in common with the DoH but don't reflect a conceptual understanding of the DoH. For topics like these it is preferable that students **do a thorough job of applying the socio-ecological perspective with particular focus on how the wider societal factors** are influencing anything that may be impacting at relationships or individual levels. In other words, students need to really show the interconnectedness of the SEP. Importantly, this needs to be backed up by evidence and **what the evidence is saying are the most important factors influencing the situation**. Also, a Level 3 topic is **based on a significant population group in NZ based on demographic data** like age, region (e.g. urban vs rural), ethnic group, or other identity group. See section 1 of this resource for the discussion on SEP and DoH.

Overview of the internal assessment tasks

TKI NZQA approved tasks	Notes	
Health 3.1A Youth resilience in our community and beyond	Requires own school data to decide focus	Schools seldom select either of these issues specifically. The wide scope of the 'issue' can be means schools tend to focus on what is topical and what students are interested in learning about.
Health 3.1B	Drug use by young people in New Zealand	

Basic outline of the task

See online tasks for introductory instructions for the assessment and copies of assessment schedules.
The purpose of this task outline is to highlight the essentials of the assessment task as it relates to the criteria and ENs of the standard.

Introduction This assessment activity requires you to apply a critical perspective to analyse xxx in New Zealand. You will produce a report that could be published in a current affairs magazine. *Teacher note: This health issue should be narrowed to a particular aspect of the issue for an age or ethic group.*	Stress the importance of recent reputable data for a population group in NZ. See the comment in section 5 of the front section of this resource about data that is within 5 years old.
You will be assessed on your explanation of why xxx is a health issue in New Zealand. This includes: • how perceptively you consider the influence of the major factors (for example: social, political, economic, cultural or environmental) that influence drug use, the implications of the xxx for individuals, for teenagers' relationships with others, and for wider New Zealand society • the recommendations you make for xxx and enhancing well-being for young people in New Zealand. You will also be assessed on how well you support the points you present in your report with evidence from your research. Supporting evidence must be referenced as per the instructions provided by your teacher.	
Task You will have approximately 3–4 hours of class time to individually write your report. This is a resource-based assessment. You are able to access resources gathered in your programme of learning as you write your report. *Teacher note: These instructions will need to be refined to suit the method of presentation for the report if an alternative form of presentation is chosen. Other possible formats include an e-format (see http://softwareforlearning.tki.org.nz/Browse-Software/(type)/e-portfolios) or as a visual or oral presentation, in conjunction with or instead of a written report.*	Suggest a word limit 1500-2500 words.

In your report, critically and thoughtfully analyse xxx in New Zealand by: • explaining why xxx is a health issue	These requirements in these four boxes are *the analysis*.
• explaining at least two major factors (for example: social, political, economic, cultural or environmental) that are influencing xxx in New Zealand and describing the nature of each factor as well as how it is influencing xxx	
• explaining implications of xxx (the positive and the negative aspects; short-term and long-term impacts) for the well-being of individuals, their relationships with others, and for society as a whole – the local community as well as New Zealand society	
• recommending at least two strategies to xxx and improve health outcomes for young people in relation to xxx in New Zealand. You will explain: ○ the nature of each strategy (what actions are involved) ○ how xxx will be improved/reduced and health outcomes will be improved for young people in New Zealand.	
In your analysis, you should respond thoughtfully to relevant underlying concepts of the Health and Physical Education learning area (that is: hauora, socio-ecological perspective, health promotion and attitudes and values).	This is NOT a separate instruction or requirement – it should occur naturally across all evidence provided in the analysis above. **Avoid** adding unnecessary detail – and writing – by adding this as a separate task.
You should also make clear links between the factors, the implications for well-being and your recommended strategies for xxx.	Again, this is not a separate task. These ideas should be incorporated across the above.
Also, make sure you support all the points you outline in your report with evidence from your research. Supporting evidence (someone else's ideas, quotations) must be referenced as per the instructions provided by your teacher.	Note that the reference list is NOT assessable. The teacher needs to see that the student has used evidence, but the absence of references does not mean Not Achieved *because there is no requirement in the criteria or ENs for a reference list to be provided*.

Advice and guidance

Common pitfalls with this standard

- Writing too much about the 'topic' and insufficient analysis of the issue.
- Lack of investigation and 'critical analysis' into the health issue resulting in a learning artefact that does little more than reproduce a pile of content and information about the topic.
- [Where relevant] Lack of understanding about the way the determinants of health are interrelated in relation to the issue – especially where the way the DoH are having an impact are not immediately apparent.

February 2024 NZHEA Newsletter

Our communications with teachers in recent months would suggest that more of you are taking Level 3 assessed courses, but that you are also bumping into issues with moderation. Alternatively, some of you are just looking for other topic ideas that can be assessed by the current Level 3 standards. The following advice and guidance is based on a range of conversations we've been having in relation to AS91461 (Health 3.1) Analyse a New Zealand Health issue.

AS91461 (Health 3.1) Analyse a New Zealand Health issue

Topics like **methamphetamine and alcohol use,** and **(child) poverty** (which leads into the 3.2 internal issue), remain popular 3.1 topics. A list of alternative topics that some schools have used that are worth considering include the following.

- **Intimate partner violence.** There are good statistics available – see Te Aorerekura - the Sexual Violence Prevention Strategy. Local police will often come and talk with classes. Online there is readily accessible material such as stories and research, so learners find it a 'real' issue. It also incorporates the social determinants of health that impact on other New Zealand issues such as poverty, cultural norms around gender, misuse of alcohol and other drugs, judicial processes, and generational patterns. Avoid taking on all of d**omestic violence** as a topic as it is too big and need to be defined well or separated into child abuse or intimate partner violence.
- **Stress / Anxiety /Depression.** Keep it focused and look at stress or anxiety or depression for young people.
- **Youth offending** by ram raiding (while topical). The social determinants of health are clear as are implications for each level (P-IP-S). The implications show how it impacts the wellbeing of the young people involved, the shop owner and staff impacted, along with whānau of offenders and society as a whole. In relation to the copycat behaviour there's the added difficulty in getting help for offenders due to their age. Strategies needed to address the determinants of health are in contrast to the popularised media 'lock up and throw away the key mentality'.
- **Youth marijuana** use especially in areas with high marijuana use. If the social determinants of health impacting teenage cannabis use are clear, then strategies that are likely to be effective because they address the determinants can be identified, rather than simply targeting the use of marijuana.
- **Type two diabetes** (either region specific or New Zealand in general). This can work well in schools where it is a very real issue in the school community – but managed sensitively. There is really clear evidence around the social determinants of health which makes the whole influences through to strategies picture straightforward to pull together.
- Use of **'festival 'drugs** such as MDMA and risks of these substances not being not true to their 'label'.

When available check out the annual moderation report – internal assessments, and the assessor report – external assessments (online in April).

Assessment Clarifications (2017)

A matter of public concern and criticality: A New Zealand health issue is one affecting well-being, and is a matter of current public concern. Students need to provide an analysis of the issue as it exists in an identified population, as supported by current evidence from sources relevant to New Zealand.

At all levels, a critical perspective is needed. This means that students might: identify and challenge taken-for-granted assumptions, explore who is advantaged and disadvantaged by aspects of the health issue, focus on the 'key' aspects of the issue, and/or make explicit links to the underlying concepts of the learning area.

Conceptual understanding: Students need to demonstrate understanding of determinants of health, implications for well-being and health promotion. At this level, understanding is needed that: major determinants of health (cultural, political, economic and/or social) contribute to the health issue in the specified population the health issue has implications for people and society (including relationships between people) which may be positive or negative; short-term or long-term health promoting strategies are needed that connect back to the influencing factors, reflect effective health promotion practice, and lead to equitable health outcomes (reflect the values of social justice).

Analyse the health issue (A): Students will explain how relevant determinants of health contribute to the health issue by describing what each determinant is (in relation to the health issue) and how and why each determinant contributes to the issue. Implications of the issue for the well-being of people and society will be explained.

Strategies will be recommended to bring about more equitable health outcomes in relation to the health issue, as linked to the previously explained implications and determinants. This will include an account of what each strategy involves, how each relates to the previously discussed determinants/implications, and how and why each would bring about more equitable health outcomes.

Analyse, in depth, the health issue (M): Students will explain in depth the contributing factors, implications and strategies, with detailed supporting evidence.

Analyse, perceptively, the health issue (E): Students will consider the more crucial aspects of the issue with thoughtful connections to the underlying concepts. Supporting evidence needs to be used coherently and consistently.

National Moderators Report (2022 – from 2021)
Internal assessment matters to note - 91461

"Explanations of how the relevant determinants of health contribute to the chosen health issue are often not clear. For example, when analysing the issue of binge drinking, alcohol advertising is typically used as an economic factor. Students need to describe how and why alcohol advertising contributes to binge drinking, using evidence from New Zealand.

The strategies used should be at the societal level, and should reflect effective health promotion practice. For each strategy, an account of what is involved, how the strategy relates to the previously discussed determinants and/or implications, and how and why it would bring about more equitable health outcomes is required. Strategies should also be supported by relevant evidence."

Health 91462 (3.2)

Analyse an international health issue

5 credits external

Essential learning requiring deliberate acts of teaching for this standard include:

- **The determinants health and the broader umbrella of the social determinants of health if the issue features significant social and economic inequities**
- **Use of qualitative and quantitative data to explain the nature of health issues**
- **Digital and information literacy to select and use authoritative, reliable data and information**
- **UN Sustainable Development Goals and other large scale population health initiatives**
- **Investigation and critical analysis of specific health topics related to the annually published Assessment Specifications**

What learning is this standard assessing?

- Learning leading to the assessment with this standard engages students in investigation of a health issue that impacts populations or population groups in a country/countries other than NZ (although NZ may be used as a point of comparison). The health issue is one well described by reputable international health data and research evidence and, in most cases, will include consideration of social and economic inequity.
- They apply their developing understanding of the (social) determinants of health to understand the complexity of factors that have contributed to (influenced) and sustained the issue over time. They consider a range of impacts on health and wellbeing of people directly affected by the issue, people associated with them and the communities and societies they are a part of.
- They develop understanding of what 'equitable outcomes for all' means and, based on the influencing factors – the DoH/SDH – recommendations are made about ways to overcome the negative contributions of the DoH e.g. changes to social and economic policy and the redistribution of money and resources.
- Note that AS91461 Analyse a NZ health issue shares the same A, M, and E criteria but with a different context (3.2 international vs 3.1 national/NZ), and 3.2 external vs 3.1 internal assessment, which when the standards we last reviewed was deemed a valid difference.

Why is this learning important for young people?

- Many young New Zealanders choose to travel (and work) overseas for a period, and almost 30% of New Zealanders are not NZ born (NZ Stats 2023), coming from a diversity of countries around the globe.
- Understanding global issues in the 21st century is a key component of being an informed global citizen.
- Issues that seem to impact populations far away from NZ can often be demonstrated to be present here - for example those issues related to poverty, the differential treatment of people based on sex/gender and race/ethnicity, and the impact of colonisation on indigenous populations. Learning can highlight that NZ is part of a globalised world, and some people here are not exempt from health issues experienced by the poorest and most disenfranchised or excluded people on the planet.
- Having knowledge of the political, economic and cultural (social norms) causes of health inequities contributes to a reduction in victim blaming, stereotyping, social exclusion (and so on). When people understand that the health circumstances experienced by many people in society have been created by conditions beyond their personal control, the focus for change can move toward those societal factors that caused the situation in the first place (and continue to sustain the issue) and take the onus (for making changes) off those experiencing poor health.
- To be able to 'think globally and act locally' requires doing at a local level what is needed to be done nationally and internationally to support the health and wellbeing of all citizens. Much of this work relates to making and implementation of supportive social and economic policy that considers the needs of all people.

- Understanding that international health issues are complex and require unique solutions (not one-size-fits-all responses) can lead to a reduction in the various forms of inequity that lead to poor health for populations or population groups.

Step-ups from NZC Level 7/NCEA Level 2

- At NCEA Level 2 the focus is on a balanced understanding of the interconnectedness of personal-interpersonal and societal factors. The shift to level 3 sees much more focus on the societal factors and the complexity and interrelatedness of these (noting that the personal and interpersonal ideas still feature but more in support of illustrating the way the societal factors impact health and wellbeing).
- There's strong use of reputable evidence from population health studies and a focus on the most important and critical aspects of the issue – both influences on the issue and strategies for more equitable health outcomes (whereas Level 2 may show a valid SEP understanding but without a focus on the most critical aspects).
- Where relevant to the topic, an introductory understanding of the determinants of health may also be introduced at Level 2. This steps up at level 3 to an explicit focus on the way the DoH are implicated in the issue. In situations related to poverty added consideration of the overarching all-encompassing social determinants of health is included (noting that to understand the how and why poverty impacts health means to understand the SDH – and vice versa).

Suitable contexts – topics and themes

As this is an external assessment, the annually published Assessment Specifications provide guidance for the topic matter for the current year.

EN3 An international health issue is one currently affecting the well-being of significant numbers of people in a country (or countries) other than, or as well as, New Zealand, and which is a matter of public concern.

Health-related issues may be derived from: culture and gender; sexual and reproductive health; disease; immunisation; life expectancy; drug use; colonisation and the health of indigenous peoples; globalisation and health.

Application of the underlying concepts to AS91462

- **Hauora** - Implicit within any mention of health and wellbeing is a holistic understanding of hauora
- **SEP** - there is understanding of the SEP – albeit that most L3 focus is on the societal level,
- **HP** - the recommended strategies are a reflection of recognised models or approaches to health promotion (although these models etc are not required to be stated),
- **A&V** - the A&V inherent within any strategies show understanding of what is equitable

Useful teaching resources

For student accessible materials on the SDH/DoH

- SDH - https://www.who.int/health-topics/social-determinants-of-health#tab=tab_1
- Let's Learn Public Health: Social Determinants of Health - an introduction https://www.youtube.com/watch?v=8PH4JYfF4Ns
- DoH https://www.who.int/news-room/questions-and-answers/item/determinants-of-health

See NZHEA planning guides for new topic specific materials when the Assessment Specifications indicate a change of topic.

Planning considerations

- As an external assessment the teaching and learning often comes later in the year. 'Reuse' learning of concepts from AS91461.
- For 'big' complex topics like, consider framing AS91461 (3.1) around a NZ version of the situation and then expand to an international understanding for AS91462 (3.2).
- Take students around some of the key international agency websites – WHO, UN (SDGs, UNESCO, UNAIDS – as relevant), World bank etc. to highlight the global focus on these issues.
- Support students to use data and evidence from reliable international studies.

See some planning and teaching ideas on the following pages. Note that this planning will need to be guided by the annually published Assessment Specification for this standard as this contains guidance on the types of issue that will feature in the examination.

Teacher pedagogy

- Deliberate acts of teaching are needed to scaffold learning around the social determinants of health (SDH) to ensure students are understanding the overall concept and how the more descriptive list of the determinants of health (DoH) is incorporated into this overarching understanding.
- Engage students in activities where there is a deliberate and purposeful use of critical thinking questions.
- Use writing frames to organise ideas (see following slide). Provide opportunities for students to practice writing concise accounts of their ideas about the factors that influence the issue, impacts on people's health, and the recommendations for action.
- Where possible, invite experts from local agencies who have insight into these issues to speak at the school. Alternatively, a wide range of educational videos can be sourced online about many topics.

Developing students' critical thinking

- Key critical thinking questions for students will be in relation to:
- What is the data and research evidence telling us about the issue? Why is the issue 'cause for concern' – in relation to health and wellbeing?
- How has/does the unequal distribution of power, money and resources contribute to the issue? How do social and economic inequities (and other determinants of health) contribute to this issue? Think about what caused the issue in the first place and what sustains it.
- Why should we do something about this issue? What needs to change? Who is responsible for these changes? What happens if we don't act?

Useful topic related references and links

- WHO https://www.who.int/ – search by health issue and see SDH and DoH links previously
- World Bank https://www.worldbank.org/en/home
- United Nations including
- Sustainable Development Goals https://sdgs.un.org/goals
- UNICEF https://www.unicef.org/

Step ONE: Develop an overall view of the issue	Think about …. Population(s) for focus
In broad terms, define 'the issue': • *In NZ terms …. (if relevant)* • In global terms …. ***(Intro/background/local context - optional) Which NZ organisations are most interested in this issue?*** • *Why does NZ - a 'developed' and relatively wealthy country with a high quality of life - have this issue?* • *The current NZ strategies exist to address this issue (if any)?* **What population data identifies the nature and extent of the issue?** **Which are the main international organisations that have something to say this issue?** What is the main mission of each of these organisations? • From a health perspective? • From an economic development perspective? • From a human rights perspective? **Name any key initiatives or strategies these organisations are responsible for, and/or documents produced by these organisations that may be useful for this unit.**	**EN 3** 'An international health issue is one currently affecting the well-being of significant numbers of people in a country (or countries) other than, or as well as, New Zealand, and which is a matter of public concern.' What will help you to decide which country(ies) will be the focus for the students' learning and investigation? • The availability of evidence? • 'Local/regional' (e.g. Pacific, South East Asia)? • The topic selected by the students (or you as teacher) and where in the world the issues are most prevalent (and therefore data exists? • Access to resources and resource people in your community who have experience of these situations overseas? Don't get unduly hung up on which country – choose examples that illustrate the topics. In the examination students will have to interpret unfamiliar text so the POINT is to give them plenty of opportunity to look at a range of materials and draw out understanding of how the SDH/DoH have impacted the issue AND strategies for reducing poverty and the health issue that results. That said, it might be useful to spend a short amount of time when you select an item, to consider WHY [the topic] is an issue in this country – think about the political structure (e.g. dictatorship, democracy, or a monarchy). If a democracy is it right wing – favouring economic policy, or left wing – favouring social policy? Is it an under-developed, developing or developed country (what used to be called 3rd world or 1st world etc) and therefore is the population living in poverty almost all people or just some people – and what are the implications of this for the health issue? What natural or other resources does the country have? How stable or how corrupt is the leadership and government of the country?
STEP 2: Develop understanding of the issue in relation to the factors influencing the issue ie the (social) determinants of health **Note that for 2026 the RAMP process changed the term 'determinants' to just 'factors' in the standard, for consistency with AS91461 (NZ health issues) that had made the same change the year before. The nature of international health issues still requires students to understand the determinants of health because these ARE THE FACTORS that cause and sustain these large-scale population issues.**	
Note that the WHO are reframing the way they approach the determinants of health, and more importantly, the social determinants of heath (SDGs). *We (health education) will start to shift the way we use these concepts (and the language) in the lead up to the revision of the Level 3 Achievement Standards.* **Source this newer material at https://www.who.int/social_determinants/en/**	

"The **social determinants of health** (SDH) are the conditions in which people are born, grow, work, live, and age, and the wider set of forces and systems shaping the conditions of daily life. These forces and systems include **economic policies and systems, development agendas, social norms, social policies and political systems**."

Social determinants of health

These extracts, from different parts of the WHO website, offer two versions of an explanation of the social determinants of health. The second statement is highly relevant for the AS91462 assessment in 2020.

The social determinants of health (SDH) are the conditions in which people are born, grow, work, live, and age, and the wider set of forces and systems shaping the conditions of daily life. **These forces and systems include economic policies and systems, development agendas, social norms, social policies and political systems**.
https://www.who.int/social_determinants/en/

The social determinants of health are the conditions in which people are born, grow, live, work and age. These circumstances are shaped by the **distribution of money, power and resources at global, national and local levels**. **The social determinants of health are mostly responsible for health inequities - the unfair and avoidable differences in health status seen within and between countries.**
https://www.who.int/social_determinants/sdh_definition/en/

Comprehension:

Terms from extract above	Comprehension and discussion questions
Social	If something is 'social' in nature, what does this mean?
Determinant	What does the term 'determinant' mean?
Economic policies	Give an example or two of 'economic policy' (these can be NZ for ease of understanding)? How is economic policy a 'force'?
Economic systems	What is meant by an 'economic system'? How are economic systems linked with health? Perhaps think about how poverty is linked with health and therefore how economic systems impact health.
Development agendas	What is meant by 'developmental agenda here? Give an example of a NZ (or overseas) developmental agenda related to health or reduction in poverty.
Social norms	*If we think of social norms as cultural attitudes, values and practices*...How are cultural (or subculture) attitudes, values, beliefs and practices in some way a 'force' that contributes to people's health outcomes – their own or others? Use examples to illustrate your ideas.
Social policies	What sorts of policies are 'social policies'? Give examples of a wide range of what might be called 'social policy'
Political systems	What is meant by 'political system'? What different sorts of political systems do you know about (think about what you learned in social studies)? What sort of political system does NZ have? What sorts of political systems are (mostly) associated with countries where there are high levels of poverty and poor health for many people in the population? Why is this – what's the link between the political system and why many people are poor and unhealthy?
Distribution of money	Give an example of the way money is distributed **unevenly** which means some people miss out (and live in poverty/have unhealthy lives). Try to give an example for each of

	(1) globally, (2) nationally, (3) locally (ie your city/town or your area of the city/community or even your school)
Distribution of power	What is 'power' referring to here? (Think people in decision making positions, people who have control over matters ....) Same question as above this time focused on the distribution of power.
Distribution of resources	When it comes to health and reducing poverty, what 'resources' are going to be important? Same question as above this time focused on the distribution of resources.
Health inequities are the <u>unfair and avoidable differences</u> in health status seen within and between countries	What does 'equity' mean and how is it different to equality? Therefore, what is 'inequity'? Source an online cartoon (there are many variations) that show this difference visually. How or why are these health inequities 'unfair'? How or why are these health inequities 'avoidable'? Why do these differences exist within countries (think of NZ for example)? Why do they exist between countries?

Teaching and learning activities about the SDHs

Another activity familiar to many is to use images from James Mollison's photo-essay books. The images from *'Where children sleep'* are all online at https://www.jamesmollison.com/where-children-sleep - instead of (or as well as) discussing what you know, infer/deduce or assume about the child's wellbeing, discuss what you know, infer/deduce or assume about conditions in which they were born, grow, work, live, and age, and the wider set of forces and systems shaping the conditions of their daily life'.

Another of Mollison's books called '*Playground'* could also be used for this task https://www.jamesmollison.com/playground-copystand

The book *'Material World'* by Peter Menzel also has images of very wealthy to very poor families available online at http://menzelphoto.com/galleries/material-world/ that could be used the same way.

See the extended list of photo essays following.

With reference to the activity about the SDH key concepts (see above right hand column):

1. Why focus on **employment conditions** and not simply whether or not people have a job when considering people's health?
2. With everything we know globally about the importance of have social connections (and not being **socially excluded**) who (what groups or sorts of people) are still excluded from community and social life? Why are some people still being excluded?
3. Why is it important to understand health issues from the perspective of disadvantaged groups when planning new **public health programmes** and support for people? (Think about the people who plan and finance these and the people that the programmes are expected to support.)
4. Why has there been so much focus on **women and gender equity** in recent years – thinking specifically about women's health? In this context, what is meant by gender equity?
5. Why do you think so much poverty-related research and health promotion (action) is related to **early childhood**?
6. What is globalisation (define it)? How does (or could) the processes of **globalisation** either contribute to poverty or reduce poverty?
7. What is referred to by '**health systems**'? How does the quality and availability of health services within these systems relate to people's health?
8. Why is having health (and other) data (or **measures**) and evidence important when deciding the changes that need to be made to bring about improved health of groups and populations?
9. What is a 'slum'? How do urban slums come about (link these ideas to understandings of poverty)? Where (what countries) do we think of most slums being? How do you know this? Do you think NZ cities have slums? Why or why not? How or why has **urbanisation** in some countries led to the formation of slums? What do you know about the health of people living in slums?

Thinking about the selected topic (disease, life expectancy or sexual and reproductive health) how could a selection of these listed concepts link with this topic? What's the evidence for these links? *See table on following page to expand this discussion*.

Education

There is no explicit mention of education in here although it is among with the WHOs overall list of the 'determinants of health' – where would you include consideration of education in all of this discussion? Why?

United Nations Sustainable Development Goals (SDGs)
https://sustainabledevelopment.un.org/?menu=1300

Find out more about the goal(s) related to the topic.

- What is the purpose of the SDGs?
- Who is responsible for seeing that these goals are met?
- What sorts of actions have already taken place?
- Which examples might be useful to refer to for learning in this unit?

Strategies for more equitable outcomes.
Illustrate these with actual examples found for the investigations. E.g by linking to actions being taken towards meeting targets in the SDGs.
What actions or approaches (strategies) are needed to:

Redistribute money and resources to provide health services (and healthy food and living conditions, etc) Aid packages, international agencies intervening …. More a short-term fix and dependent on ongoing funding. What about long term sustainability – think of the political will to prioritise funding in a way that supports the health of populations e.g. free health care for all, prioritising health of people over other costly ventures that don't benefit people (international pressure from agencies World Bank(?) etc to reduce government corruption).

Redistribute money and resources to provide a minimum wage so that people are meaningfully employed, have income and increase their quality of life/reduce poverty. Improve infrastructure so communities have the ability to increase productivity and support them with international aid to do so.

Change laws and policy – or better implementation and monitoring if they already exist. Requires advocacy, people being able to vote for better representation in local and national government, international support (and documentation) for poor/ unfair/ unjust health-related practices.

Disrupt and change cultural attitudes, values and practices (the hard one). EDUCATION.
Working at the coal face with the people whose behaviour needs to change e.g. men's attitudes to women – target groups. Build capacity at local level to 'spread the word' – local activists, lobby and action groups.

For example: Sexual and Reproductive Health *Control of/access to resources - women having access to their own income – their own ability to work - and choice over how income is spent, access to education and greater employability, and learning there are alternatives/challenging harmful cultural and religious practices (for both men and women), leadership and governance that prioritises women's reproductive health, etc.*

Documenting learning – *note this was designed for a poverty focus topic and can be readily adapted for other topics*
Sentence starters to help organise material collected from your investigation
• My selected health issue is… • The links between this health issue and poverty are …. • Evidence to support this is…
Determinants/factors contributing to the health issue
• A social determinant of health that contributes to the health issue is… • The way this SDH contributes to the health issue is … *(use relevant aspects of the language of the determinants of health here)* • An example to support this is…
• A social determinant of health that contributes to the health issue is… • The way this SDH contributes to the health issue is … An example to support this is…
• A social determinant of health that contributes to the health issue is… • The way this SDH contributes to the health issue is … • An example to support this is…
• Overall and in combination, the social determinants of health responsible for these health inequities have resulted in unfair and avoidable differences in health status because …..
Implications for well-being of people and society
• In the short-term, the individual well-being of people (and their relationships with others) is affected because... • This could lead to the long-term *personal/interpersonal* effects of… • An example to support this is...
• In the short-term, the well-being of communities (and countries where relevant) is affected because… • This could lead to the long-term effects for all of *society* of… • An example to support this is…
Strategies to address the factors and create equitable health outcomes
• A strategy that could be used to address the first determinant is… • This should address the determinant and its health and wellbeing implications and lead to equitable health outcomes because… • For example, this strategy is used/has been recommended by…
• A strategy that could be used to address the second determinant is… • This should address the determinant and its health and wellbeing implications and lead to equitable health outcomes because… • For example, this strategy is used/has been recommended by…
• A strategy that could be used to address the third determinant is… • This should address the determinant and its health and wellbeing implications and lead to equitable health outcomes because… • For example, this strategy is used/has been recommended by…
• These strategies work in combination to promote healthier outcomes by…

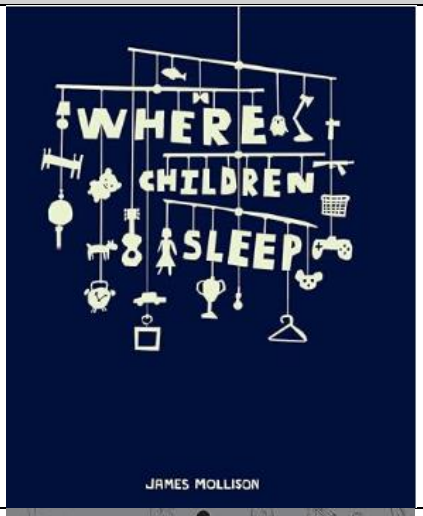
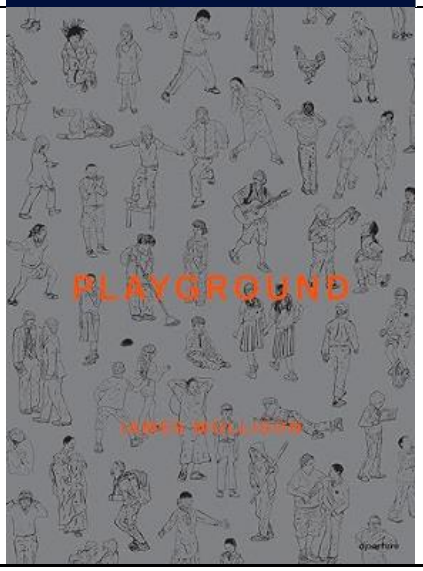
December 2023 Newsletter

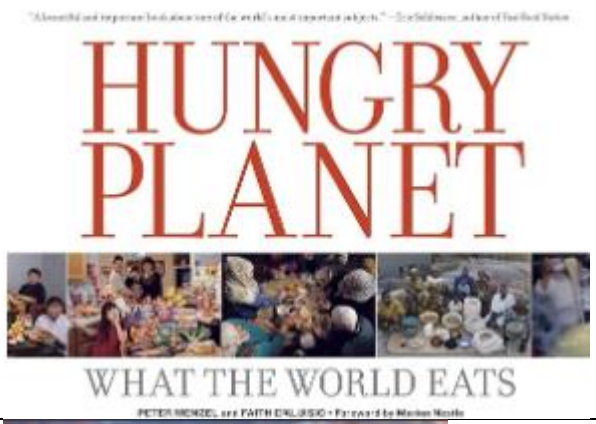
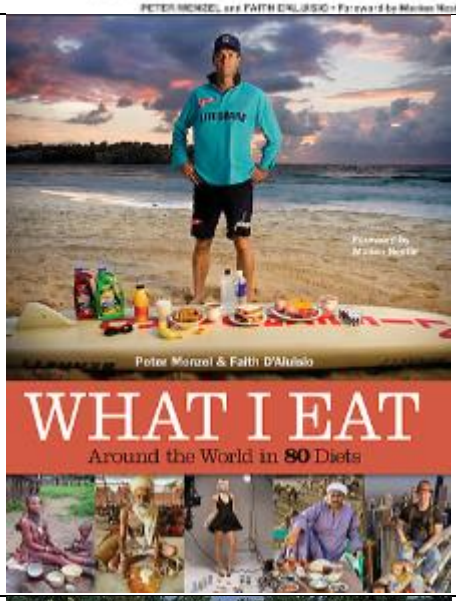
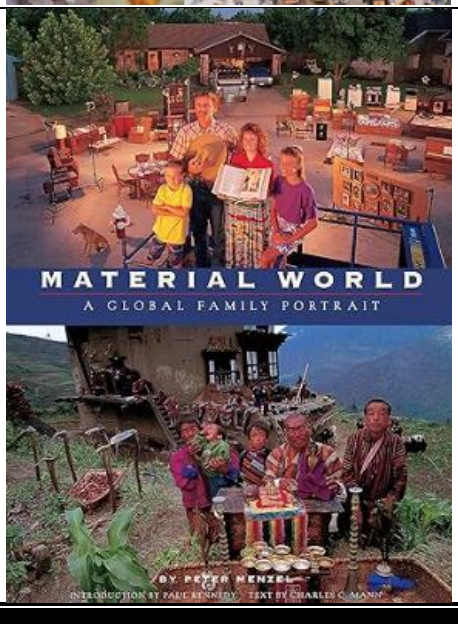
Resources: Secondary - using social justice education photo essays in health education

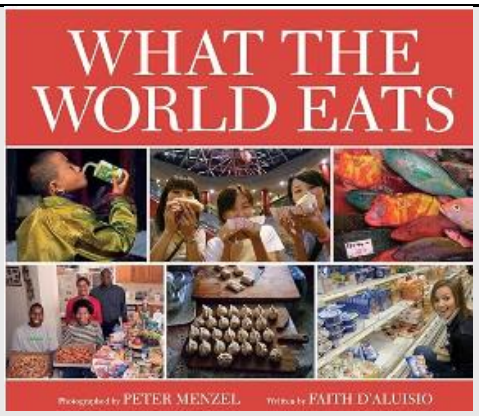
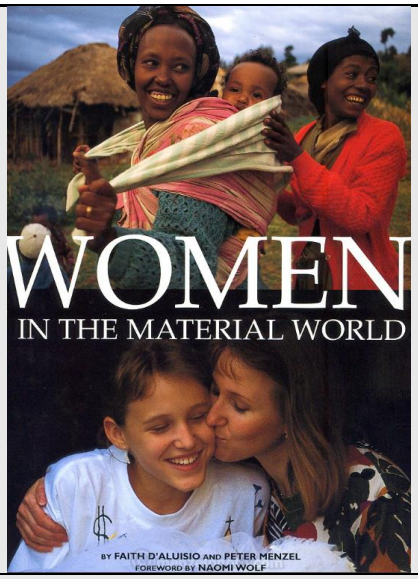
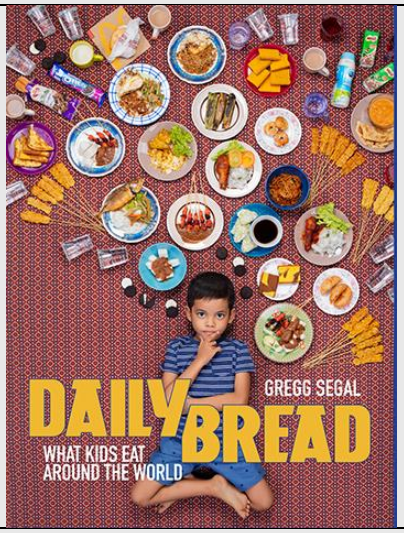
During our October school holidays course in Auckland and Christchurch ***on Teaching and learning about equity and social justice issues in Health Education***, we based several activities around the use of photo essays that have been developed to support social justice education.

Many teachers are familiar with examples of these photo essays, so we were pleased to learn about others that teachers are using, and it made sense to compile these into a list for a newsletter feature.

Note that most of these photo essays can be purchased as books but for most of the titles listed here, the images and text can be accessed online directly from the authors' websites (or other link provided).

Photo essay author, title(s) and weblink	Photo essay book covers	Possible uses in a teaching and learning programme
James Mollison Where children sleep		This photo essay contains images of the places children sleep, from the poorest to wealthiest of countries and families. Useful for exploring the social determinants of health as well as critical thinking exercises such as what we can know and what we assume when we view these images. Note the online site has included many more images since the original book was published.
James Mollison Playground		In Playground, Mollison has photographed children at play in school playgrounds as a result of an interest in how we all learn to negotiate relationships and our place in the world at a young age through play. There are photographs from rich and poor schools which highlight issues of global diversity and inequality.

James Mollison The Disciples		This selection of online images photographs 'like' groups of people leaving concerts. A useful source of images showing people from a diversity of sub-cultures.
Peter Menzel Hungry Planet		Several of the Peter Menzel titles are food related. They are all highly useful for exploring the social determinants of health as this relates to food security. *Hungry Planet* is a photo essay of families.
Peter Menzel What I eat		As above. *What I Eat* is a photo essay of what individuals eat in a day.
Peter Menzel Material World		*Material World* shows families with all their possession laid out in front of where they live. Useful for exploring the social determinants of health especially in relation to socio-economic factors.

Peter Menzel ***Print titles only***		
Gregg Segal Daily Bread Note it is worth browsing Gregg Segal's whole website for a range of images related to social justice issues.		This photo essay shows children surrounded by all the food they eat in a week. Useful for exploring the social determinants of health that impact food security. There are alternative sources of the image e.g. Time magazine
Julian Germain Own website images	Online images only See also the Guardian article link '*Quiet at the back: classrooms around the world in pictures'* which has the photos with some brief commentary about the country – population, cost of living and the experience of the students.	Useful for exploring the social determinants of health especially in relation to socio-economic factors.

PLD question for teachers: What other resources like this are you aware of? How do you use them in health education? Consider posting a link on the NZHEA Facebook page to let others know about these and how you use them in your teaching and learning programme.

Achievement Standard criteria and explanatory notes

2026 changes highlighted

Achievement	Achievement with Merit	Achievement with Excellence
Analyse an international health issue.	Analyse an international health issue.	Analyse an international health issue.
EN2 Analyse involves applying a critical perspective to an international health issue through: • explaining the nature of the international health issue and its implications on the well-being of people and society • explaining how the major **factors** influence the health issue • recommending strategies to bring about more equitable outcomes in relation to the health issue. The analysis is supported by evidence.	Analyse, in depth, involves recommending strategies for addressing the health issue that take account of: • the influence of the major factors on the health issue • the impact of the major determinants of health on well-being. The in-depth analysis is supported by detailed evidence.	Analyse, perceptively, involves recommending strategies based on a coherent explanation that connects the international health issue and the influence of the major factors on the issue, to the underlying health concepts (hauora, socio-ecological perspective, health promotion, and attitudes and values). The perceptive analysis is supported by the coherent and consistent use of evidence.
EN3 An international health issue is one currently affecting the well-being of significant numbers of people in a country (or countries) other than, or as well as, New Zealand, and which is a matter of public concern. Health-related issues may be derived from: • culture and gender • sexual and reproductive health • disease • immunisation • life expectancy • drug use • colonisation and the health of indigenous peoples • globalisation and health. EN4 Supported by evidence refers to the use of specific and relevant details to support an analysis. Supporting evidence may include examples, quotations and/or data from credible and current sources such as government ministry websites, recognised nongovernment organisations (NGOs), research journals, and other publications. Generally, current research means data or theories published within the last five years.		

As this is an external assessment, teachers will need to check the Assessment Specifications for the current year. See Section 2 in the front part of this resource.

Please note (again):

The change from 'determinants' to 'factors' is not expected to change what is taught because the evidence repeatedly and overwhelmingly shows that it is the factors known as the (social) determinants of health that ARE what causes and sustains these international population health issues.

The 'factors' that are most important to focus on are those that are clearly shown in the evidence of the health situation presented and NOT about forcing a predetermined list of factors onto a health issue. That said, for large scale (international) population health issues it is difficult to get past economic, political and cultural/social norm factors (and the implications for systems that result from a combination of these) as the major factors including a health issue. Some health issues, like those caused by pollution, will also need to consider physical environment factors (but think about what causes these and if it is entirely natural causes of if human intervention in the environment is a causal factor).

Advice and guidance

Common pitfalls with this standard

- Lack of clarity around the nature of the health/wellbeing issue (topic) that is cause for concern – usually due to insufficient use of evidence to explain how people's health or wellbeing is being impacted in the stated context.
- Treating the context as a topic about which information is reproduced, rather than analysed in relation to the (social) determinants of health.
- Lack of understanding about the way the determinants of health are interrelated in relation to the issue – for topic like poverty an overarching understanding of the social determinants of health is advisable to show these interrelated aspects.
- Recommending actions that do not convincingly address the DoH (or wider SDH).

Health 91463 (3.3)

Evaluate health practices currently used in New Zealand

5 credits internal

Essential learning requiring deliberate acts of teaching for this standard include:

- **The philosophy or knowledge foundation for scientised or conventional approaches to health management in comparison with the knowledge approach to complementary and alternative medicine and traditional medicine (or complementary and integrative medicine)**
- **Critical digital literacy for selecting authoritative information sources**
- **Comparing and contrasting ideas based on evidence (and not personal opinion or subjective judgement)**

What learning is this standard assessing?

- This Achievement Standard is assessing students' ability to look objectively at a range of health practices currently used in NZ to support people to manage or treat health conditions.
- The come to understand – in basic ways – the philosophical differences between scientised approaches to medicine, and complementary and alternative medicine (CAM) or traditional medicine (TM).
- They compare and contrast these practices in relation to the underlying concepts – for example which practices take a more holistic approach, which practices involve more people than just 'the patient', what values are associated with the practices, what are the opportunities for health promotion in relation to the practices?

Why is this learning important for young people?

- Although people in NZ have long had a range of choices about the form of health care they receive, the access to, and the acceptance and status of some of these different practices, differs.
- With increased access to digital technologies it has also become easier to access a wide range of information about all manner of contemporary health practices – scientised, CAM and TM - some of this information is evidence-based and sound, some is not.
- The learning for this standard requires students to take an objective look at range of contemporary health practices that could be used to treat or manage of health condition that has some relevance for them or people in their family/community. They do this in a way that they can draw reasoned conclusions about the nature of the practices and some of the benefits and issues associated with the use of them.

Note that this standard is showing its age! Of all the Level 3 standards, this one is suffering from being the most out of date, having been developed over 20 years ago.

It is the Achievement Standard that results in the most confusion, especially over deciding what is scientised medicine, what is CAM or TM – especially when practices like acupuncture for example could be seen to cross all 3 three in some contexts.

We need stop calling scientised medicine 'western' as contemporary scientised medicine is global and for many decades (likely centuries) has been contributed to as much by academics and researchers in 'eastern' countries as it is in 'western' countries. And just as we may think of certain 'eastern' traditional health practices (for example), it needs to be recognised that 'western'/ European cultures also have traditional health practices. The popular use of the term 'western' - that makes the assumption everything from European and North American countries, and countries colonised by Europeans means one standardised thing - is not particularly useful when exploring a diversity of knowledges and understandings that exist in multicultural (western and other) nations, and in a highly mobile global 21st century population, where traditional and contemporary ideas are constantly being mixed.

The other complication is that the lines between scientised medicine and/or CAM and/or TM are becoming blurred in relation to some practices – see following comment about this.

Other terminology: Conventional medicine is a system in which medical doctors and other healthcare professionals (such as nurses, pharmacists and therapists) treat symptoms and diseases using drugs, radiation or surgery. Also called allopathic medicine, biomedicine, mainstream medicine, orthodox medicine and Western medicine. (CAM and TM are then considered 'non-conventional' medicine.)

Application of the underlying concepts to AS91463

- **Hauora** – do the practices consider health and wellbeing holistically or is it more a healthism approach (e.g. the efficient functioning of the physical body)
- **SEP** – do the practices include ways of including input from whānau or others or is it highly individualised?
- **HP** – is there any opportunity for health promotion in relation to this practice (as related to the selected condition)?
- **A&V** – what values are integral to these health practices? Whose values are at the fore – the 'patient/client or the health practitioner?

Planning considerations

Student safety – this can be a useful opportunity to link with the community. HOWEVER – teachers have responsibility for student safety. If a health practitioner is providing expert information (e.g. as a guest speaker) they are not there to provide medical support for the students – this is a school learning environment. Just as it's not appropriate for a medical doctor to hand out prescription medicines for students to try, it's similarly not appropriate for a CAM therapist or TM practitioner to get students to sample alternative remedies or experience a therapy. If CAM and TM medicines have active ingredients in them, they may be contra-indicated with other medications students are taking, or result in an adverse reaction. BE SAFE and be prepared to set ethical boundaries for what the expert is there to do ie educate not to offer or provide treatment. If unsure where these boundaries lie consult senior leadership.

This standard may be able to be linked with biology. Ensure the health education purposes of the learning and assessment are maintained if connecting the curriculum in this way.

Suitable contexts – topics and themes

The ENs give clear direction to contexts. EN3 Health practices currently used in New Zealand must consider a minimum of three practices, with at least one from each of the following categories:

- [W]SM, e.g. surgery, medication, counselling, physical therapies, green prescription
- CAM, e.g. naturopathy, homeopathy, aromatherapy, or TM, e.g. Māori (or other cultural group) medicine.

EN 4 Candidates must relate the health practices to an identified health circumstance. The health circumstance may be existing, or one which could be prevented. Health circumstances include: a mental illness e.g. major or chronic depression; an addiction e.g. smoking; a physical illness or disease e.g. cancer, diabetes; pain management e.g. back pain, arthritis, migraines; reproductive health e.g. birth, (in)fertility. [Select conditions where there is enough accessible information about the way the condition can be managed with scientised medicine as well as CAM and/or TM]

Note that the context to which the practices are applied is only to give context – the learning and assessment is about the practices not the health condition as such. Ensure students are not writing screeds of information about the health condition as this is not required for assessment.

A topic like eating disorders is not a suitable context for this standard. As well as the usual reasons associated with the unsuitably of an extended focus on EDs (see the NZHEA Mental Health Education position statement

for a discussion on this – under resources on the website) – the evidence for a range of practices is weak and some are potentially quite harmful and don't reflect contemporary understandings of the condition.

Useful teaching resources

This is a changing and evolving field. Check annually for new World Health Organization and NZ Ministry of Health statements position papers and policy on complementary and integrative medicine.

Developing students' critical thinking

Student critical thinking is developed in the way they:

- Compare and contrast the advantages and disadvantages
- Apply ideas about the underlying concepts
- Use reputable evidence to support their ideas
- Make links between a selected range of the above.

NZHEA statement accompanying the 2025 changes to the standard

This remains our most problematic Health Achievement Standard because of the way terminology differs between countries and sources, and because meanings change over time. The basis of the thinking for this standard is now almost 25 years old and much has changed in that time.

- We are aware of the Eurocentric and dated assumptions being made by continuing to refer to **contemporary scientised medicine** currently practiced as '**Western scientific medicine'** – *a term coined for use in this standard many years ago rather than it being anything formally recognised*. Medical references just use **'**Western medicine'.
- Internationally it is (becoming) more acceptable to use the term **'conventional medicine'** (also known as bio-medicine or allopathic medicine) *especially* when considering these practices in relation to **traditional medicine** (TM), and **complementary and integrative medicine** (see the World Health Organization statement about Traditional Complementary and Integrative Medicine). See extracts following.
- Note the more inclusive term and name change from 'complementary and alternative' medicine (with this naming it appears that 'alternative' is now integral to 'complementary' – see definitions below). *Since the standard still uses CAM, we will need to accept the use of this term until this can be changed*. **Given the convergence of some CAM practices with conventional medicine and the confusion that results in context of this Achievement Standard, shifting focus to 'complementary and integrative health/medicine' could attend to *some* of the confusion around which practices are conventional, complementary and integrative, or traditional.**

Although the term 'Western medicine' (without the 'scientised' added) is still seen in use, increasingly it is to acknowledge that this is what it was known in the past, and that other preferred terms (should have) superseded it. Over time, the reference to medicine being 'Western' - in relation to its philosophy and underpinning principles, its presumed geographic origins or where it is practiced, and/or the culture and ethnicity of people researching or practicing a form of scientised medicine - has become ever more problematic. For example:

- Western (as in European) cultures have their own traditional health practices that date back millennia
- Westernised nations with diverse populations have access to similarly diverse choices of traditional health practices
- The notion that anything scientised is inherently 'Western' is highly contested internationally
- TM and CIM practices are increasingly being scientifically researched to have their health claims supported with evidence or refuted.

- Non-Western or non-Westernised conventional medical practitioners and medical scientists contribute substantially to global population health and international knowledge about scientised approaches to medicine
- Western nation or Westernised practitioners also provide traditional or complementary and integrative medicine.

Unfortunately we cannot change the use of these terms at this time, although any renewed resourcing will endeavour to work with more inclusive and contemporary terms. **Students are able to use more contemporary language as long as it is apparent in their assessment** that they have one practice from Western Scientific Medicine (WSM) and the other from either Complementary Alternative Medicine (CAM) or Traditional Medicine (TM).

See following pages for examples.

Western Scientific Medicine (WSM) **For teaching and learning purposes rename as 'conventional medicine'** on the understanding that for this standard we're talking about the same thing. In an assessment the instructions to students can acknowledge that WSM, or just Western medicine, allopathic or biomedicine are all referring to the same thing.	**Traditional medicine (TM)** **As is**	**Complementary and Alternative Medicine (CAM)** **For teaching and learning purposes rename as Complementary and Integrative Medicine (or approaches).** In an assessment the instructions to students can acknowledge that for this standard CAM and CIM are talking about the same thing – it's just that CIM is a more contemporary approach.	
Conventional medicine A system in which medical doctors and other health care professionals (such as nurses, pharmacists, and therapists) treat symptoms and diseases using drugs, radiation, or surgery. Also called allopathic medicine, biomedicine, mainstream medicine, orthodox medicine, and Western medicine. Source.	**Traditional medicine** Traditional medicine has a long history. It is the sum total of the knowledge, skill, and practices based on the theories, beliefs, and experiences indigenous to different cultures, whether explicable or not, used in the maintenance of health as well as in the prevention, diagnosis, improvement or treatment of physical and mental illness. Source.	**Complementary medicine** The terms "complementary medicine" or "alternative medicine" refer to a broad set of health care practices that are not part of that country's own tradition or conventional medicine and are not fully integrated into the dominant health-care system. They are used interchangeably with traditional medicine in some countries. Source. Complementary Versus Alternative • If a non-mainstream approach is used together with conventional medicine, it's considered "complementary." • If a non-mainstream approach is used in place of conventional medicine, it's considered "alternative."	**Integrative medicine** brings conventional and complementary approaches together in a coordinated way. Integrative health also emphasizes multimodal interventions, which are two or more interventions such as conventional health care approaches (like medication, physical rehabilitation, psychotherapy), and complementary health approaches (like acupuncture, yoga, and probiotics) in various combinations, with an emphasis on treating the whole person rather than, for example, one organ system. Integrative health aims for well-coordinated care among different providers and institutions by bringing conventional and complementary approaches together to care for the whole person.

Here's a useful distinction between conventional and integrative approaches in relation to their underpinning principles or 'philosophy'. It gets around the messiness of trying to call something 'Western Scientific medicine' when 'Western medicine' - as it is referred to in the medical literature - and complementary practices may have a scientific evidence base to them.

Source: **https://www.msdmanuals.com/professional/multimedia/table/differences-between-conventional-and-integrative-medicine**

There will be variations on this depending on the source. Don't be limited to only this source, although this explains it well.

Differences Between Conventional and Integrative Medicine

Factor	Conventional Medicine	Integrative Medicine
Definition of health	A condition of physical, mental, and social well-being and the absence of disease and other abnormalities	Optimal balance, resilience, and integrity of the body, mind, and spirit and their interrelationships
Definition of illness	Organ dysfunction, disordered biochemical processes, or undesirable symptoms	Symptom and individual based: Imbalance of body, mind, and spirit
Concept of life force	Life processes that are based on known physical laws and that involve physical and biochemical events	A free-flowing energy that unites mind and body and is the underpinning of health (often called qi, pronounced "chi")
Understanding of consciousness	Results only from physical processes in the brain	May involve more than physical processes in the brain* Can exert healing effects on the body
Method of treatment	Any evidence-based intervention, including medications, surgery, radiation therapy, electrical treatments, medical devices, physical therapy, exercise, and nutritional and lifestyle interventions	Includes conventional medicine methods in addition to evidence-informed natural healing practices and the patient's inherent capacity for self-healing
Reliance on scientific evidence	Stricter reliance on established principles of scientific evidence	More flexible use of scientific evidence; treatments often based on tradition and/or lower quality scientific support

*Vithoulkas G, Muresanu DF: Conscience and consciousness: a definition. *J Med Life* 15; 7(1): 104–108, 2014.

Achievement Standard criteria and explanatory notes

Achievement	Achievement with Merit	Achievement with Excellence
Evaluate health practices currently used in New Zealand.	Evaluate health practices currently used in New Zealand.	Evaluate health practices currently used in New Zealand.
Evaluate involves applying a critical perspective and evidence-based consideration of health practices through: • explaining the procedures involved in each practice, the underpinning philosophy or knowledge foundation of each practice in relation to Western scientific medicine (WSM), and alternative medicine (CAM) and/or traditional medicine (TM) • explaining the advantages and disadvantages of each practice in relation to the concept of hauora.	Evaluate, in depth, involves comparing the advantages and disadvantages of the selected practices and drawing conclusions supported by reasoned arguments.	Evaluate, perceptively, involves making connections between a selection of underlying health concepts (hauora, socio-ecological perspective, health promotion, and attitudes and values), the underpinning philosophies of each practice, and the advantages and disadvantages of each practice; and drawing justified conclusions.
EN3 Health practices currently used in New Zealand must consider a minimum of two practices, with one from each of the following categories: • WSM, e.g. surgery, medication, counselling, physical therapies, green prescription • CAM, e.g. naturopathy, homeopathy, aromatherapy, or TM, e.g. Māori medicine EN4 Candidates must relate the health practices to an identified health circumstance. The health circumstance may be existing, or one which could be prevented. Health circumstances include: • a mental illness e.g. major or chronic depression • an addiction e.g. smoking • a physical illness or disease e.g. cancer, diabetes • pain management e.g. back pain, arthritis, migraines • reproductive health e.g. birth, (in)fertility.		

Changes made for 2025

AS3.3 91463 Evaluate health practices currently used in New Zealand

Changed the requirement from considering 3 health practices to 2.

- One from Western Scientific Medicine (WSM) and the other from either Complementary Alternative Medicine (CAM) or Traditional Medicine (TM).
  [Note that CAM has shifted to being called Complementary and Integrative Medicine. See notes below about WSM]
- Added the word 'significant' to advantages and disadvantages.

At the heart of this change to the standard is a simple reduction from 3 to 2 current health practices. However, to try and reduce the confusion over what is WSM, CAM or TM, we're suggesting the use of alternative language (and associated definitions) to overcome this confusion. That is:

- 'Conventional medicine' instead of WSM
- 'Complementary and integrative medicine' instead of CAM
- TM – stays as TM (although it appears form the newer literature TM is an integral part of Complementary and integrative medicine'

Overview of the internal assessment tasks

TKI NZQA approved tasks	Notes
Health 3.3A Dealing with depression	It's unclear if the ruling below applies here as it appears some schools still use depression as a context and it 'passes' moderation. The point sems to be that the assessment is not about depression as such but about the health practices for managing depression so as along as the health practices are not the same as the sample task it would seem to be OK. **These resources are guides to effective assessment and should not be used as actual assessment.** These are publicly available resources so you (education providers, teachers and schools) must modify them to ensure that student work is authentic. You will need to set a different context or topic to be investigated, identify different texts to read or perform, or change figures, measurements or data sources to ensure that students can demonstrate what they know and can do.
Health 3.3B Health practices used in New Zealand	The more 'open' version of this task is by far the more popular one whereby students and teachers decide the contexts and the health practices.

Basic outline of the task

See online tasks for introductory instructions for the assessment and copies of assessment schedules.
The purpose of this task outline is to highlight the essentials of the assessment task as it relates to the criteria and ENs of the standard.

Task Research Select a health circumstance that interests you (an existing health condition or one that may be prevented by health practices) and source information about it. *Teacher note: Possible health circumstances (existing or to be prevented) that could be assessed include:* • *a mental illness, for example, depression* • *an addiction, for example, smoking* • *a physical illness or disease, for example, acne, asthma, eczema* • *pain management, for example, back pain, arthritis, migraines* • *reproductive health, for example, birth, (in)fertility* • *anxiety or stress, for example, exam stress, performance anxiety.* Focusing on suicide or eating disorders for the analysis is not appropriate.	This standard is prone to excessive amounts of writing. **Set a word limit of around 2000-2500 words** and monitor progress to ensure that students are not exceeding this. It is important for students to understand that the assessment is not about the condition – that just gives context and something to 'hang' the assessment on. The assessment is about the evaluation of the health practices that could be used to manage the condition.
Once you have selected a health circumstance, choose two health practices that are currently used to treat or prevent this health circumstance in New Zealand. One should be a Western scientific medicine (WSM) and the other should be either a	This requires deliberate prior learning to know what this means. Note that this standard is showing its age with terminology changing since this standard was written. See other

Complementary and Alternative medicine (CAM) or Traditional medicine (TM).	discussion about this in this section of the resource.
You will need to use a variety of resources (print, electronic and/or interviews) in your research, including general information resources about those health practices and resources specific to your chosen health circumstance.	Help students to recognise and select suitable information sources for this assessment.
You can consult with your teacher and work with other students during the researching phase to share information, but you must write your report individually. You will use the information from your research to write your report, but the research process itself will not be assessed.	
Write your report *Teacher note: Students may wish to deliver their report in a different format, such as a PowerPoint presentation, an e-format (see for example, http://softwareforlearning.tki.org.nz/Browse-Software/(type)/e-portfolios), a seminar-type presentation, a documentary, etc. They should negotiate the style and length of presentation with you to ensure that they deliver their report in the most appropriate format.*	
You will have approximately 4 hours of class time to write an individual report that evaluates your two chosen health practices. In your evaluation:	Make it clear – what is below *is the assessment* and what they need to provide evidence of.
• provide a comprehensive account of the procedures involved in treating or preventing the identified health circumstance with this health practice	
• explain the philosophy or knowledge foundation that underpins each health practice in relation to WSM, CAM or TM and in regard to the treatment or prevention of the health circumstance	
• discuss the significant advantages and disadvantages of each health practice in treating or preventing the health circumstance and draw justified conclusions as to which health practice(s) are likely to be more effective. You should cover the following aspects: ○ the effectiveness of the health practice specifically in treating or preventing the chosen health circumstance ○ the impact of the health practice on the well-being of individuals (including short-term and long-term side effects), including their relationships with others and the impacts for society as a whole ○ the financial costs of, availability of, or access to, the health practice ○ societal attitudes towards the health practice, its acceptability, people's rights to choose the health practice, and any challenges or controversy surrounding the health practice	This is where the underlying concepts should feature as an integral part of the report.

○ whether the health practice is considered to be part of public mental health promotion initiatives.	
Within your evaluation you should make connections between a selection of underlying concepts (that is: hauora, socio-ecological perspective, health promotion and attitudes and values), the underlying philosophies, and the significant advantages and disadvantages of the health practices in regard to their use to treat/prevent the identified health circumstance.	This should be woven though the above – it is not a separate requirement that just adds more and more writing.
Make sure you refer to and support all of your explanations with evidence from relevant resources.	Note that the reference list is NOT assessable. The teacher needs to see that the student has used evidence, but the absence of references does not mean Not Achieved because there is no requirement in the criteria or ENs for a reference list to be provided.

Advice and guidance

This standard has become rather dated over 20 years as the lines between scientised medicine and aspects of Complementary and Alternative Medicine (CAM) in particular have become blurred as science either endorses (or refutes) some claims to CAM, and some traditional medicines have been investigated scientifically (e.g. in search of active ingredients in plant-based cures). Also, the notion of Western medicine is not always inclusive of the range of 'scientised' approaches that end up being categorised here.

Another criticism has also been around the notion of 'scientised medicine' being exclusively 'Western' (the persistence of this Euro-centric term in westernised countries and not eastern ones where conventional medicine is also widely used) – and when for many decades scientific (medical) discoveries from across the globe have contributed to modern **conventional** medicine, and what is taught as conventional medicine is universal - all of which is indicating a need to change our term of reference here.

Assessment Clarifications (2017) (with annotations)

Health practices, criticality and evidence: Health practices will be evaluated in relation to a selected health circumstance, situation or condition. The health circumstance can be existing or one which could be prevented. The health practices need to be currently used in New Zealand. Three health practices must be evaluated, with at least one from Western Scientific Medicine (WSM) and one from Complementary and Alternative Medicine (CAM) or Traditional Medicine (TM).

At all levels, a critical perspective is needed. This means that students might: identify and challenge taken-for-granted assumptions about the practices, explore who is advantaged and disadvantaged by aspects of their use, focus on the 'key' aspects to the health practices, and/or make explicit links to the underlying concepts of the learning area.

The evaluation needs to be evidence-based. Supporting evidence may be sourced from, for example, interviews with health practitioners or people who have used a health practice, the internet (EPIC databases, websites). Referencing is not assessed, however it is important for the assessor to be able to distinguish between a student's own ideas and where evidence has been used to support the evaluation.

Evaluate health practices (A): Students will explain the underpinning philosophy of each practice (in relation to WSM, CAM or TM) and the procedures used in applying each practice to the identified health circumstance. Procedures may involve, for example, diagnosis and a treatment plan - details of the treatment, duration and frequency of treatment. *This part is where a lot of regurgitated context knowledge is produced that adds little to the overall evaluation. Although it says, 'for example, it invites or is assumed to mean 'all of' and not just a selection of relevant ideas.*

Students will explain the advantages and disadvantages of each practice in relation to well-being. For example, this could involve an explanation of side effects, effectiveness, benefits/risks to well-being (short-term and long-term), costs, availability, interpersonal and/or societal considerations. *Note invites large quantities of reproduced text that do little to discriminate between NA-Ach. 'Explaining the advantages and disadvantages of each practice in relation to the concept of hauora' means to consider how each approach relates to hauora as a concept – it is asking is the practice holistic or is it only treating a symptom such as a physical illness?*

Evaluate, in depth, health practices (M): Students will compare the advantages and disadvantages of the selected practices and draw conclusions supported by reasoned arguments. This means that it needs to be clearly explained which health practice(s) are more suitable for the health circumstance (based on weighing up the advantages and disadvantages).

Analyse, perceptively, health practices (E): Students will make thoughtful connections to the underlying concepts and draw justified conclusions. A clear, evidence-based and coherent evaluation needs to be provided which considers the key/crucial aspects of the health practices when applied to the selected health circumstance.

2021 National Moderators report

Internal assessment matters to note

The health condition is only to give context. Restrict the amount students write about the condition of itself and keep focus on practices used to treat or manage the condition. And then limit this writing as the main point of the learning and assessment is to analyse these practices in relation to the underlying concepts

Explanations of the underpinning philosophy of each practice (in relation to WSM, CAM or TM) are often unclear and do not relate to the health practice in discussion. To explain the underpinning philosophy of each chosen health practice, the learner should clearly define the specific beliefs, attitudes, values and understanding behind the practice for each health practice in relation to the health circumstance.
At the Merit and Excellence levels, a greater emphasis needs to be placed on the comparing and contrasting of the advantages and disadvantages of each health practice. This allows learners to logically argue which health practice(s) are more suitable for the chosen health circumstance and draw justified conclusions.

Common pitfalls with this standard

- Writing too much. Place a word limit of 1500-2500 word (maximum) and monitor students writing. Support students to write concisely using any writing frames or approaches supported or endorsed by your school.
- Avoid writing separate sections for every A, M and E requirement. Support students to consolidate their ideas and make the connections as they compare and contrast the advantages and disadvantages (for example).
- Under-doing the philosophy of each practice (as SM, CAM or TM). This is needed as an integral part of comparing and contrasting of the advantages and disadvantages of each health practice and making the links to the underlying concepts.
- Be aware that this is one standard where it is very easy for students to slip into reproducing piles of topic related context from the internet without actually responding to the purposes of the assessment. Build in deliberate acts of teaching to ensure they are thinking critically and analysing and evaluating the material they source, as well as monitor the completion of their assessment report to check this doesn't happen.

Health 91464 (3.4)

Analyse a contemporary ethical issue in relation to well-being

4 credits internal

Essential learning requiring deliberate acts of teaching for this standard include:

- **Ethics – what is 'ethics', what is it not? See for example *A Framework for Ethical Decision Making* from the Markkula Center for Applied Ethics https://www.scu.edu/ethics/ethics-resources/a-framework-for-ethical-decision-making/ (although not the only source of information about ethics, this material is highly relevant for Health Education purposes – see extract following**
- **Ethical thinking - see the *Six Ethical Lenses* at the same link above – focus particularly on the (individual) rights vs the common or social good lenses and then consider some of the others. *See also the extract on following*.**
- **A vocabulary of ethics-related or adjacent terms – to sort out the confusion – what are synonyms, what have similar but different meanings – e.g. perspectives, positions, values, beliefs, opinions, attitudes, etc**
- **Consideration of a selection of issues to work out what and 'ethical' issue is as distinct from a legal issue or a difference of opinion or belief (etc).**
- **[Capabilities for] Information digital and media literacy to recognise and select suitable information for the analysis**
- **Opportunity to explore in depth one ethical issue that has featured in recent – or still in current - public debate**

What learning is this standard assessing?

- Students learn to understand different perspectives (or sides) of a topical ethical issue – regardless of the views they may hold themselves about the issue.
- They also consider any current legal or policy position on the issue and consider how this impacts people's wellbeing.
- *"Ethics is based on well-founded standards of right and wrong that prescribe what humans ought to do, usually in terms of rights, obligations, benefits to society, fairness, or specific virtues."* Markkula Center for Applied Ethics

Why is this learning important for young people?

- Contemporary society presents young people with many ethical situations, including ethical dilemmas where what is considered right or wrong varies between people and groups depending on their values and beliefs.
- Learning how to see situations from different perspectives, even when these ideas are very different and perhaps in opposition to our own, is an important skill for living in a socially just and fair world.
- To minimise conflict in a diverse and complex world, where people sometimes hold highly disparate views, requires understanding the other person's position – what they believe and why.
- Young people in senior secondary school are reaching / have reached the NZ voting age of 18 which means that they may find themselves voting in a referendum on ethical matters (think of the recent euthanasia bill and cannabis law reform).

Step-ups from NZC Level 7/NCEA Level 2

- The learning contributing to NCEA Level 2 assessments develops students' understanding of social justice – particularly ideas related to fairness and inclusiveness, and especially in contexts related to relationships, sexuality and gender.
- The step up here is to focus attention on a specific health or wellbeing related context where people's values and beliefs (about what they think is right or wrong) may result in claims of (in)justice or

(un)fairness, because of the position different groups in society hold about the issue, and what current law and policy says about the situation.
- The focus on what is 'ethical' gives another twist to some health and wellbeing situations, where what is right or wrong may not be as clear cut as it is in Level 2 contexts where the values of social justice can be more readily claimed and upheld.

Application of the underlying concepts to AS91464

- **Hauora** – it is assumed that any reference to wellbeing will be a holistic one. The nature of ethical issues tends to mean that any consideration of wellbeing will implicitly include a range of dimensions.
- **SEP** – the focus on groups for and against – and not just the individual in these supports SEP considerations, and the assessment tasks are structured to ensure coverage of impacts on individuals, others and society.
- **HP** – this can be the most abstract of the underlying concepts in relation to this standard. It is most likely a feature in relation to the current legal situation in relation to the issue and the impacts on society e.g. whether legal or illegal practice can the issue be 'promoted' in the usual sense of 'health promotion'.
- **A&V –** these are front and centre when considering ethical situations and are a key feature of explaining why groups hold the positions they do on ethical matters.

Suitable contexts – topics and themes

Health-related ethical issues may be derived from:

Euthanasia, immunisation, organ donation, access to fertility treatment, reproductive technologies, access to elective cosmetic or other surgery, pornography, abortion, access to contemporary medical technologies, dress codes related to cultural or religious beliefs, parental rights and the treatment of children, privacy in the digital age.

- Select topic(s) of interest and relevance to students and their community
- Select issues that have sufficient recent interest so that a range of materials that highlight the various perspectives for and against can be accessed.
- Be respectful of religious and cultural diversity of students in the class as some of these issues will be personally confronting for some students.

Useful teaching resources

- The Markkula Centre for Applied Ethics provides a very useful framework for the ethical foundations requirement of this standard.
- Beyond that, topic specific materials can be readily searched for online from news feed and agency/organisation websites.

Planning considerations

Careful topic selection is required. Some of the possible topics for this standard are highly emotive and may be confronting for some students. It is recommended that the topic(s) is selected in negotiation with students. See slide 15.

Given the sensitivity of the subject matter, careful monitoring of the learning is essential.

Do all the class do the same topic or do students self-select their topic? If new to teaching this subject and using this standard a single topic for the class is recommended. Deliberate acts of teaching that involve students discussing and debating the various perspectives of the issue helps to develop depth of understanding – see teacher pedagogy Slide 19.

To ensure balance, and that students are focusing on and understanding the values and beliefs of groups for and against the issue, project-based learning or individual/ independent inquiry is not recommended for the entire unit. Ensure some elements of shared learning are included to support students to take a balanced view.

If there is opportunity for integrated or connected curriculum design this standard makes useful connections with biology where debates about science ethics can sit alongside the wellbeing focus of the learning for this standard.

Teacher pedagogy

- It is important to include activities whereby student can discuss and debate the different sides of the issue, and in so doing, reinforce learning about the different perspectives held by groups – and the need to gain a balanced understanding of perspective for and against the issue.
- Provide deliberate acts of teaching to help students to understand the ethical foundations of the viewpoints held by different groups – so they attach the perspectives held to at least one ethical approach.

Developing students' critical thinking

The key aspect of critical thinking being developed here is perspective taking and being prepared to (at times uncomfortably) step out of one's own shoes to try and understand the perspective of other people.

Use critical thinking questions such as:

- [Starting with themselves] How do you feel about this issue? What do you know about this issue? How did you come to know this? What are your beliefs about this knowledge? What is the evidence you rely on for this knowledge? And why do you believe this?
- [And when analysing materials from news and website sources]
- What information is missing from this picture? What other perspectives do people hold on this issue – similar or different to your own? What do they believe and why?
- What is the evidence for this knowledge? What are their beliefs about this knowledge? And why do they believe this?
- Whose interests are being served? Who has the power in this situation? Who is being advantaged? Who is being disadvantaged? Who is not being heard or served?

Angela Feekery & Carla Jeffery (Massey University) have also developed the Rauru Whakarare Evaluation Framework which serves a similar purpose to the TRAAP strategy. It offers a te ao Māori approach to developing effective information evaluation skills. https://informationliteracyspaces.wordpress.com/rauru-whakarere-evaluation-framework/

Extract from the Markkula Centre https://www.scu.edu/ethics/ethics-resources/a-framework-for-ethical-decision-making/

What is Ethics?

Ethics refers to standards and practices that tell us how human beings ought to act in the many situations in which they find themselves—as friends, parents, children, citizens, businesspeople, professionals, and so on. Ethics is also concerned with our character. It requires knowledge, skills, and habits.

It is helpful to identify what ethics is NOT:

- **Ethics is not the same as feelings.** Feelings do provide important information for our ethical choices. However, while some people have highly developed habits that make them feel bad when they do something wrong, others feel good even though they are doing something wrong. And, often, our feelings will tell us that it is uncomfortable to do the right thing if it is difficult.

- **Ethics is not the same as religion**. Many people are not religious but act ethically, and some religious people act unethically. Religious traditions can, however, develop and advocate for high ethical standards, such as the Golden Rule.
- Ethics is not the same thing as following the law. A good system of law does incorporate many ethical standards, but law can deviate from what is ethical. Law can become ethically corrupt—a function of power alone and designed to serve the interests of narrow groups. Law may also have a difficult time designing or enforcing standards in some important areas and may be slow to address new problems.
- **Ethics is not the same as following culturally accepted norms.** Cultures can include both ethical and unethical customs, expectations, and behaviors. While assessing norms, it is important to recognize how one's ethical views can be limited by one's own cultural perspective or background, alongside being culturally sensitive to others.
- **Ethics is not science.** Social and natural science can provide important data to help us make better and more informed ethical choices. But science alone does not tell us what we ought to do. Some things may be scientifically or technologically possible and yet unethical to develop and deploy.

Six Ethical Lenses

If our ethical decision-making is not solely based on feelings, religion, law, accepted social practice, or science, then on what basis can we decide between right and wrong, good and bad? Many philosophers, ethicists, and theologians have helped us answer this critical question. They have suggested a variety of different lenses that help us perceive ethical dimensions. Here are six of them:
Note that the website provides more details.

The Rights Lens Some suggest that the ethical action is the one that best protects and respects the moral rights of those affected. This approach starts from the belief that humans have a dignity based on their human nature per se or on their ability to choose freely what they do with their lives. On the basis of such dignity, they have a right to be treated as ends in themselves and not merely as means to other ends. The list of moral rights—including the rights to make one's own choices about what kind of life to lead, to be told the truth, not to be injured, to a degree of privacy, and so on—is widely debated; some argue that non-humans have rights, too. Rights are also often understood as implying duties—in particular, the duty to respect others' rights and dignity.	**The Common Good Lens** According to the common good approach, life in community is a good in itself and our actions should contribute to that life. This approach suggests that the interlocking relationships of society are the basis of ethical reasoning and that respect and compassion for all others—especially the vulnerable—are requirements of such reasoning. This approach also calls attention to the common conditions that are important to the welfare of everyone—such as clean air and water, a system of laws, effective police and fire departments, health care, a public educational system, or even public recreational areas. Unlike the utilitarian lens, which sums up and aggregates goods for every individual, the common good lens highlights mutual concern for the shared interests of all members of a community.
The Justice Lens Justice is the idea that each person should be given their due, and what people are due is often interpreted as fair or equal treatment. Equal treatment implies that people should be treated as equals according to some defensible standard such as merit or need, but not necessarily that everyone should be treated in the exact same way in every respect. There are different types of justice that address what people are due in various contexts. These include social justice (structuring the basic institutions of society), distributive justice	**The Utilitarian Lens** Some ethicists begin by asking, "How will this action impact everyone affected?"—emphasizing the consequences of our actions. Utilitarianism, a results-based approach, says that the ethical action is the one that produces the greatest balance of good over harm for as many stakeholders as possible. It requires an accurate determination of the likelihood of a particular result and its impact. For example, the ethical corporate action, then, is the one that produces the greatest good and does the least harm for all who are

(distributing benefits and burdens), corrective justice (repairing past injustices), retributive justice (determining how to appropriately punish wrongdoers), and restorative or transformational justice (restoring relationships or transforming social structures as an alternative to criminal punishment).	affected—customers, employees, shareholders, the community, and the environment. Cost/benefit analysis is another consequentialist approach.
The Virtue Lens A very ancient approach to ethics argues that ethical actions ought to be consistent with certain ideal virtues that provide for the full development of our humanity. These virtues are dispositions and habits that enable us to act according to the highest potential of our character and on behalf of values like truth and beauty. Honesty, courage, compassion, generosity, tolerance, love, fidelity, integrity, fairness, self-control, and prudence are all examples of virtues. Virtue ethics asks of any action, "What kind of person will I become if I do this?" or "Is this action consistent with my acting at my best?"	**The Virtue Lens** A very ancient approach to ethics argues that ethical actions ought to be consistent with certain ideal virtues that provide for the full development of our humanity. These virtues are dispositions and habits that enable us to act according to the highest potential of our character and on behalf of values like truth and beauty. Honesty, courage, compassion, generosity, tolerance, love, fidelity, integrity, fairness, self-control, and prudence are all examples of virtues. Virtue ethics asks of any action, "What kind of person will I become if I do this?" or "Is this action consistent with my acting at my best?"

Achievement Standard criteria and explanatory notes

Achievement	Achievement with Merit	Achievement with Excellence
Analyse a contemporary ethical issue in relation to well-being.	Analyse a contemporary ethical issue in relation to well-being.	Analyse a contemporary ethical issue in relation to well-being.
EN2 Analyse involves providing a critical account of the ethical issue through: • explaining the differing and opposing perspectives on the issue, and the reasons for these different perspectives • explaining the implications of current health practices for the well-being of those directly affected by the issue, others associated with those people, and/or the well-being of people and society.	Analyse, in depth, involves providing a balanced view of the differing and opposing perspectives with some reference to underlying health concepts (hauora, socio-ecological perspective, health promotion, attitudes and values).	Analyse, perceptively, involves: • examining the perspectives on the issue with insight into the reasons for these differing perspectives and their ethical foundations • linking the examination to underlying health concepts.
EN3 A contemporary ethical issue is a health-related issue of current public concern and where there are differing perspectives held by **individuals and groups** of people. The nature of these different perspectives presents a dilemma for people and society (irrespective of any legal position that may determine current practice in relation to the issue). Health-related ethical issues may be derived from: • euthanasia • immunisation • organ donation • access to fertility treatment • reproductive technologies • access to elective cosmetic or other surgery • pornography • abortion • access to contemporary medical technologies • dress codes related to cultural or religious beliefs • parental rights and the treatment of children • privacy in the digital age. EN4 Perspectives are the attitudes, values, and/or beliefs of **individuals and groups** that shape and determine the ethical issue and the nature of the debate.		

Overview of the internal assessment tasks

TKI NZQA approved tasks	Notes
Health 3.4A Debating PGD	This is not a popular or particularly 'current' topic at present so the statement below is less applicable. **These resources are guides to effective assessment and should not be used as actual assessment.** These are publicly available resources so you (education providers, teachers and schools) must modify them to ensure that student work is authentic. You will need to set a different context or topic to be investigated, identify different texts to read or perform, or change figures, measurements or data sources to ensure that students can demonstrate what they know and can do.
Health 3.4B Researching and reporting on an ethical issue	Most schools select their own topic based on what is recent/current and sources of evidence available.

Introduction This assessment activity requires you to conduct research and write a report that analyses a contemporary ethical issue of your choice in relation to well-being. *Teacher note: Students may be given a list of health-related topics from which to choose their ethical issue of interest. For example: ethical issues (of current public concern) that could be assessed include those arising from health-related topics such as:* *- euthanasia* *- immunisation* *- organ donation* *- access to fertility treatment* *- reproductive technologies* *- pornography* *- abortion* *- access to contemporary medical technologies*	If the topic(s) is/are not pre-selected by the teacher, be prepared to carefully monitor topic and resource selection to ensure the intent of the standard is being met. Some students may want to choose controversial topics where there is no apparent health-related ethical dilemma which means they will not be suitable for assessment.
You will conduct your research and write your report over six weeks of in-class and out-of-class time. You can consult your teacher and work with other students during the researching phase to share information, but the report that you submit for assessment must be written individually.	
You will be assessed on how critically and coherently your report examines • the differing perspectives on your chosen ethical issue • the implications of current practice in relation to the ethical issue in New Zealand for the well-being of those directly affected by the issue, others associated with those people, and wider society. Your report needs to show your understanding of and thoughtful responses to the underlying concepts of the health curriculum (that is:	[General instructions] – the older way of writing internal assessment tasks give a lot of overview before getting to the actual task instructions. Make sure students understand what the actual assessment evidence needs to include.

hauora, attitudes and values, socio-ecological perspective and health promotion). You will need to support your analysis with evidence from the readings and/or class notes. Supporting evidence (someone else's ideas, quotations) must be referenced as per the instructions provided by your teacher.	
Task ***Preparation – research*** Select a health topic and an ethical issue arising from this topic. Research this ethical issue, using a variety of current or recent resources (print, electronic, and/or interviews). Resource A suggests some useful websites. Write a brief explanation of why it is an ethical issue (dilemma). You might find it useful to log your research into the ethical issue in a two-columned chart with "for" and "against" points, such as: • who holds this perspective? • what do they believe? • why do they believe this? What is current practice related to this ethical issue in New Zealand (e.g. the legal position)? What are the implications of this perspective for people directly affected, others associated with those people, and wider society? You will not be assessed on this research, but it will provide you with the information that you will need to complete your report, which will be assessed. Make sure that you keep an accurate record of the sources of your information.	Note this is PREPARATION – this is not assessed. If anything, it may provide the marker with some context - *although it does not need to be submitted for assessment.*
Writing your report – analysing the ethical issue Write a report on your ethical issue using the results of research that you have conducted. In your report you should provide a balanced view and will: • describe why your chosen issue is an ethical issue (You may wish to consider points such as why the issue is of current public concern, why it poses ethical questions, and why it is of relevance to New Zealanders.)	**Provide a word limit of around 2000-2500 words. This is a standard where students have a habit of writing far more than they need to.**
• identify at least two groups of people in society who support and two groups who oppose the issue. For each group, explain their ethical foundations (attitudes, values, and beliefs), including why they support or oppose the issue. (You may wish to link these perspectives to ethical principles such as the rights approach, the utilitarian approach, the fairness (justice) approach, the common good approach, or the virtue approach.)	See the 2025 moderators report and the 2024 newsletter article following about this.
• explain the short-term, long-term, positive, and negative implications of current practice of the ethical issue for the well-being of: – those directly affected by the issue (e.g. personal well-being, human rights and personal safety) – others associated with the people directly affected by the issue (e.g. personal well-being, relationships between other people)	Keep the focus on those *examples* that are most relevant to the issue. It's not a matter of ticking off everything listed in the examples

– wider society (e.g. societal well-being, distribution of healthcare funding/resources, slippery slope, opportunities for health promotion, culture).	
Your analysis needs to show your understanding of and thoughtful response to the underlying concepts of the health curriculum: hauora, attitudes and values, socio-ecological perspective and health promotion.	This is not a separate requirement. Ensure students understand that these ideas should be present in various places across their analysis. It should be an integral part of the response above. Adding this separately unnecessarily extends the amount of writing
You will need to consistently support your analysis with evidence from your research.	Note that the reference list is NOT assessable. The teacher needs to see that the student has used evidence, but the absence of references does not mean Not Achieved *because there is no requirement in the criteria or ENs for a reference list to be provided*.
Suggested sources of information	It is recommended that teachers provide some guidance on resource selection for this assessment to ensure students are sourcing materials that will maintain of focus on the issue within a country and that the perspectives for and against are from recognised groups or individuals representing the known viewpoint of a groups in society.

Advice and guidance

Assessment Clarifications (2017) But also note the 2026 moderators report (below)
Ethical issues, criticality and current practice: A contemporary ethical issue is a health-related controversial issue of current public concern where there are contrasting perspectives held by groups of people. The standard does not define the country the ethical issue is from, but this clarification is written as though a New Zealand ethical issue is selected to analyse. The analysis of the ethical issue will be supported by recent and relevant evidence.

'Perspectives' are the attitudes, values, and beliefs of groups, and individuals within these groups, that shape and determine the ethical issue and the nature of the debate. Implications for well-being need to be considered in relation to current practice in New Zealand. *[This sentence and the following refs to NZ have always been confusing. Seen the newsletter item from 2024 and the moderators report.]* This current practice is likely to be determined by laws and/or social mores and is likely to align with one of the perspectives.

At all levels, a critical perspective is needed. This means that students might: identify and challenge taken-for-granted assumptions, explore who is advantaged and disadvantaged by aspects of the ethical issue, focus on the 'key' aspects of the issue, and/or make explicit links to the underlying concepts of the learning area.

Analyse the ethical issue (A): Students will explain the contrasting perspectives on the issue, and the reasons for these different perspectives. At least two groups should be considered for each of the opposing perspectives. It is the intent of the standard that the perspectives of major stakeholders/groups are explained, rather than individual people's points of view.

The implications of current practice in New Zealand for well-being at societal, interpersonal and personal levels will be explained. This may include short and long-term impacts; positive and negative.

Analyse, in depth, the ethical issue (M): Students will provide a balanced view of the differing and opposing perspectives and show clear links to the underlying concepts.

Analyse, perceptively, the ethical issue (E): Insight will be shown into the reasons for the differing perspectives, including links to underpinning ethical principles. The more crucial aspects of the ethical issue need to be considered. For example, key groups' perspectives will be explained, and key implications discussed. Evidence should be used coherently and consistently to support the analysis, and links to underlying concepts will be made throughout the analysis.

The 2026 National Moderators report

(https://www2.nzqa.govt.nz/ncea/subjects/select-subject/health/nmr/
Based on 2025 moderation

91464: Analyse a contemporary ethical issue in relation to well-being
Performance overview:
Analysing a contemporary ethical issue involves explaining the differing and opposing perspectives on the issue and the reasons for these different perspectives, as well as the implications of current related health practices for the well-being of those directly affected by the issue, others associated with those people, and the well-being of people and society.

A contemporary ethical issue is defined as a health-related controversial issue of current public concern where there are contrasting perspectives held by groups of people.

A range of both international and national issues were selected for analysis in 2025, and included the following examples: assisted euthanasia, child immunisation, abortion, transgender people in sport.

Practices that need strengthening:

A contemporary health-related ethical issue must be selected for analysis. Explanatory Note 3 of the standard provides examples of ethical issues that could be considered as possible contexts for an analysis.

Explanations of contrasting perspectives include at least two groups for each opposing perspective. It is expected that the perspectives be those of major stakeholders/groups, rather than focusing solely on individuals, in order to gain more critical insight into the opposing perspectives.

If international perspectives (via social media and other digital sources) have informed group perspectives, it should be apparent that these perspectives have informed the debate in the country where the implications of current practice are being examined. If this is not apparent, then selected groups should be localised to the country/place of the current implication explanations.

For Excellence, it is expected that students will clearly link perspectives of the selected groups to their ethical foundations. For example, linking the rights approach with the End-of-Life Choice Society's stance on assisted dying.

Implications for wellbeing need to be considered in relation to current practice in the country being examined. It needs to be clear where groups for and against the ethical issue are based, and where implications for current practice are being considered. Current practice is often determined by laws and/or social mores and is likely to align with one of the perspectives.

The implications on wellbeing should be of current practices associated with the chosen issue, rather than of the issue itself. For example, when analysing the issue of assisted dying, the implications should be of the current law and practice. This could include consideration of ideas such as "if it is now legal in New Zealand, what are the implications of this on the wellbeing of the individual, others, and society?"

A critical perspective is needed at all levels of achievement. This could involve identifying and challenging taken-for-granted assumptions, exploring who is advantaged and disadvantaged by aspects of the ethical issue, focusing on the 'key' aspects of the issue, and/or making explicit links to the underlying concepts of the learning area.

At all levels of achievement, the analysis of the ethical issue needs to be supported by recent and relevant evidence.

Common pitfalls with this standard

- Not attaching the viewpoints for and against to an ethical framework which gives depth and substance to the values and beliefs held by groups (as required for Excellence).
- Using evidence that really only talks to one person's experience and does not convincingly represent a much bigger group. If focusing on one person's voice as a source of evidence then make clear there are others like them.
- Using older evidence from previous times when the issue was 'news'.
- Writing too much. For example (to reduce the amount of writing), incorporate links to the underlying concepts with the main points being made and not as an extra (and repetitive) add on.

February 2024 NZHEA Newsletter *(note also the 2025 moderators report – see extract above)*

AS91464 (Health 3.4) Analyse a contemporary ethical issue in relation to well-being.

The level of detail provided here is indicative of the range of issues we've encountered with this standard.

Critical analysis	• First and foremost this is a critical thinking exercise, not a reproduction of content about a topic. • A critical analysis has a sense of coherence and connection across the whole report. • A critical analysis also selects and uses the most critical information or evidence to support the analysis. It's not a case of selecting anything about the selected topic and making it fit. It is about a deep understanding of the situation and making sure the claims being made in the analysis are a fair reasoned reflection of the issue.
Locating the issue	• 'Implications of current practice', by its nature needs be to located ***somewhere*** for this requirement of the standard to make any sense. Therefore, it helps to firstly establish where the implications of current health practice is to be located *ie Is the current debate focused in NZ (nationwide and/or regional community) or in an overseas country?* • **To support a critical account, and for coherence across the assessment**, the perspectives of the groups for and against *should* then be similarly located in that place where the implications of current practice are to be explained. • *That said*, if perspectives from international groups (ie outside the country where the implications of current practice are to be considered) have informed perspectives in this country (via social media and other digital sources) it should be reasonably apparent that these international group perspectives have informed the debate in the country where the implications of current practice are being considered. *This point tends to be specific to issues like abortion, euthanasia, or pornography where there is a lot of 'international' views expressed online which may or may not be country/group specific. If it is not apparent that these international/overseas perspectives have contributed to the debates (where the implications are to be considered), then different groups should be selected from those more localised to the country/place of the implications of current practice.* Overall, this consideration of place/location of the issue is not a problem for all issues. It does become a problem when students select topics like abortion, and others that have obvious international interest, but then they don't (critically) align the perspectives of groups with the place where the implications of current practice are discussed. See more discussion following.
Ethical issue	EN3 A contemporary ethical issue is a health-related issue of current public concern and where there are differing perspectives held by individuals and groups of people. The nature of these different perspectives presents a dilemma for people and society (irrespective of any legal position that may determine current practice in relation to the issue). [List follows] EN4 Perspectives are the attitudes, values, and/or beliefs of individuals and groups that shape and determine the ethical issue and the nature of the debate. An ethical issue therefore must be:

	• Based on an obvious 'health'-related context – see the list in ENs for examples but do not be limited by this list or assume all of these topics are sufficiently 'current' for this standard. • One with different and opposing perspectives underpinned by different values and beliefs which presents a 'dilemma' for people and society. • Have more than one identifiable group* for and against – where the values and beliefs of these groups are known through what is published by the group (e.g. the group website or publications) and/or made available through some form of media (e.g. reputable news and current affairs sources). This is needed to provide 'the evidence' of the perspectives. *That is students cannot give their own views on what they think the groups are about. The validation of the different perspectives of the groups needs to be known from published sources*. • Be able to have implications of current practice located in a named country or a community – regardless of whether current laws or policy support the issue or not *ie a law or policy that supports the issue will have health and wellbeing implications of one sort, whereas no support or a ban on the practice will have health and wellbeing implications of another sort*. • Be featured in current or recent debates and be a matter of public concern**. • To be an ethical dilemma does not require any current proposal to a law change. Although proposed law or actual changes around issues may heighten awareness of current ethical debates, the proposed or actual law change of itself is not what determines that it is an *ethical issue* of current debate. Ethical debates carry on regardless of what might be being discussed or done by way of law or policy changes. Some groups for/against an ethical issue might be calling for a law change but this doesn't assume the policy makers have taken action to do something about it, and the ethical debate continues. Aligning the selected issue with the perspectives and current practice. • In preparation, students need enough knowledge of the health topic/issue to understand the nature of the ethical dilemma. This topic-related information is not required for assessment as such. Ensure students focus their attention on the ethical issue, not the topic matter of itself. The assessment is not about what abortion, euthanasia, immunisations (etc) entails, it's about the different perspectives people have about these practices/issues. • Avoid confusing the focus of topical news stories about the issue with the focus on the ethical dilemma. For example a change to a law is not where the ethical dilemma lies as such, it is what people's values and beliefs for or against the issue are. Any news stories about a law change just help to bring the ethical issue to focus and give voice to the debate. • When locating an issue in a place (ie a country), keep all the focus of perspectives and the implications within that place – unless there is *critical evidence* showing international/overseas perspectives have informed the debate where the current practice is being discussed. • Avoid mixing issues up such as immunisation and vaccination. • Avoid the assumption that a change of law makes the ethical issue disappear – the ethical issue remains as people still hold views for or against the issue – regardless of what the law says.
*Groups	In most cases 'groups' for and against an issue will tend to be named and organised lobby or advocacy groups. Check the currency and validity of these groups by cross checking with other sources. *Engage students in critical thinking activities to select the most relevant groups for the selected issue*.

	However, many people in society (knowingly) hold views about ethical issues without being part of, or represented by, an organised group. These people can be considered as a group, ***but*** when explaining the perspectives of such a 'group' support needs to come from more than one individual case reported in the media (as is commonly done with topics like euthanasia). Here it would be expected that the explanation is supported by 2-3 examples of people whose views reflect the values and beliefs of those for or against the issue to indicate that it is not just the views of an individual. If referring to religious groups, make sure the claims being made about the perspectives (values and beliefs for/against) relate to the formally stated institutional ideology of that religion (and preferably as it relates to religious practices/groups in the country where the issue is based) and assumptions are not made about all people who identify as following that religion.
**Current public concern	• 'Current' is difficult to pin down explicitly as some issues have been debated for many years. Some long-debated issues rear their head when some community, national or international event brings them back into focus for a while and then the debate retreats back to the work of lobby and advocacy groups who carry on the debate through other forums (like social media) away from the gaze (or interest) of the news media – which means it's still part of 'current debate'. • Some issues may surface for a while and then disappear – if they have disappeared with no recent evidence of the debate for at least two groups for and against, then it is unlikely to be a suitable topic. • Defining 'recent' debate can be a bit arbitrary given the longevity of some issues. Unlike AS91461 and AS91462 that state evidence must be from within the last five years, this standard has no such specific requirements. However, there still needs to be a judgement made about how far 'recent' can go back to. *As a rule of thumb (and not a stipulation)*, it is suggested that materials supporting the perspective should be within five years as with other standards BUT there may be historic cases that continue to inform contemporary issues – but make sure this is still the most critical information to be including. • If recent information is proving to difficult to find to support the perspectives of two groups for and against it would suggest the topic is not viable for assessment purposes.
Accommodating internet and social media – but ensuring breadth of coverage of the issue	Since this standard (and the clarifications) were written, social media has provided a platform for expressing views for and against issues in ways not possible in the past. • With the rise of social media as a platform for many 'groups' (named and organised or just loose connections of similarly minded people) espousing their values and beliefs, a lot of 'public concern' now plays out through social media. *However, for teaching and learning purposes it is worth students looking to more reputable media to see how these issues are being (or have been recently) reported to ensure that the scope of the issue is being considered – on the assumption that reputable media are interested in reporting a diversity of viewpoints – whereas the online echo chambers for/against the issue are likely to give only a narrow perspective and not reflect the breadth of the issue.*
Linking to the underlying concepts	For **Achievement** the perspectives and implications at a minimum must reflect in some way: • the SEP when *explaining the implications of current related health practices for the well-being of <u>those directly affected by the issue (P), others associated with those people (IP), and the well-being of people and society (S).</u>*

	• Hauora – when explaining *implications of current related health practices for the well-being.* • Attitudes and values which will feature as part of the explanation of perspectives. Because the SEP, hauora and A&V are integral to the Achievement level requirements these links will tend to be incidental. For **Merit** the requirement to provide *a balanced view of the differing and opposing perspectives with some reference to reference to underlying health concepts (hauora, socio-ecological perspective, health promotion, attitudes and values)*. This suggests some more deliberate consideration of the underlying concepts and making some links between the perspectives and (some of) the underlying concepts. For Excellence, *examining the perspectives on the issue with insight into the reasons for these differing perspectives and their ethical foundations* and then *linking the examination to underlying health concepts* suggests greater coherence and connection, criticality and 'accuracy' of these links. There are many issue-specific ways this can be done, and a critical account will make the most meaningful links for the issue being examined.
Ethical foundations	Including consideration of ethical foundations means to make some reference to an ethical thinking framework. The one from the Markkula Centre is the most recommended version of such a framework for it's clear alignment with Health Education

Health 91465 (3.5)

Evaluate models for health promotion

5 credits external

Essential learning requiring deliberate acts of teaching for this standard include:

- **What is health promotion? *The focus on 'process' is key.***

Health promotion " *... is the process of enabling people to increase control over, and to improve, their health*" (WHO, 1986)

- **The difference between a health model and a health promotion model**
- **Behaviour change, self-empowerment and collective action models** *[note that this framing of models needs updating but until standards and assessments, or the curriculum can be updated, we need to keep using these – see discussion at end of this section]*
- **Ottawa Charter and then an overview of the Bangkok Charter**
- **The role of Te Tiriti o Waitangi in health promotion, and models of health promotion grounded in mātauranga e.g. Te Pae Mahutonga.**
- **Consideration also of Pacific models of health promotion**
- **Exploration of a range of current NZ health promotion campaigns or strategies**
- **[Practice] Applying a selection of models to a range of current NZ health promotion campaigns or strategies to variously compare and contrast models/approaches, determine advantages and disadvantages, determine strengths and weakness of models/approaches, evaluate effectiveness based on what is present/absent in the approach etc.**

Note that not all of what we talk about are 'models' in the strictest sense but for the sake of the standard we collectively call them all 'models'.

What learning is this standard assessing?

- This standard assesses students' ability to apply a selection of 'health promotion models' to a health or wellbeing context to variously ...
- Show how the model could be applied to a health or wellbeing promotion situation
- Draw conclusions about the advantages and disadvantages of selected models when applied to a health promotion situation
- Compare and contrast the use of different models to recommend which is more fit for purpose in a given situation
- Identify which aspects of a model are missing from examples of published health promotion campaigns
- Draw conclusions about the likely effectiveness of a HP campaign given how well (or not) the campaign adheres to a model
- Making links between models and other health education concepts e.g. is the approach to health and wellbeing holistic (reflecting the concept of hauora) or a single dimension focus? Does the model adopt an ecological approach, or does it have only an individual focus? Do the attitudes and values integral to the model reflect ideas about social justice and are the actions respectful?
- Overall the 'evaluation' will require students to weigh up the evidence to draw conclusions about the appropriateness and effectiveness of the models (to improve health and wellbeing) - or not - in selected health contexts.

Why is this learning important for young people?

- The promotion of health and wellbeing is a recurrent feature of modern society. Health promotion campaigns or events are undertaken by organisations and agencies with good intent (that it will

support/promote people's health or wellbeing) but whether the ways and type of action taken is appropriate or effective warrants more critical thought and understanding.
- Young people can choose to be active, passive or non-participants in nationwide public health promotion campaigns, or local community actions. Being able to recognise and critique what they are being asked to support and participate in is necessary for them to be able to make an informed decision about their involvement in such actions.
- When young people have the opportunity to lead health or wellbeing promoting actions, they need to ground their decisions in knowledge of what works, and therefore what to invest their time and energy in and how to use their available resources.
- Being a health promoter is career pathway. There is a wide range of roles available in public health organisations, and NGOs with a vested interest in specific aspects of health and wellbeing.

Step-ups from NZC Level 7/NCEA Level 2

The step up from NCEA Level 2 is to shift the applied focus of taking action (AS91237, Health 2.3) to the theoretical and research underpinnings of how and why health promoting actions are what they are.

Planning considerations

- As an external assessment the teaching leading to assessment of this standard, is often left until the end of the year which means it can link to and build on prior learning.
- Students may have had a range of opportunities for engaging in HP events across the year which can provide contexts for learning.
- So that the learning for this standard is not all theoretical, it is highly recommended that students still engage in some form of action. However, this need not include all of the planning and implementation focus assessed at Level 2 e.g. they may implement an action already planned as part of a whole school approach to the promotion of wellbeing or participate in a community event planned and organised by another group.
- Consider if/how learning for this assessment may also contribute to a whole school approach to the promotion of student wellbeing.

Application of the underlying concepts to AS91465

- **Hauora** - recognising which models (and HP situations they are applied to) accommodate a holistic approach to health/hauora and wellbeing and avoid single dimension only considerations of health
- **SEP** – recognising which models (and HP situations they are applied to) are more individualised in their focus and which consider the collective and take a more ecological approach
- **HP** – this is a given as the whole Achievement Standard is about health promotion
- **A&V** – any action taken in relation to a model should show respect, care and concern for self and others (and the environment where relevant), and reflect the values of social justice – fairness and inclusiveness

Suitable contexts – topics and themes

As a resource-based assessment it means the teaching and learning context to which models are applied during the learning programme is wide open.

Selection of health or wellbeing situations could include:

- A current nationwide (named) health promotion campaign
- A current local community or school initiative to promote wellbeing
- An issue for which there is no current 'campaign' as such, but one where wellbeing is continuously being promoted (e.g. cybersafety or inclusiveness/non-discrimination)

Keep the selection relevant to the learners, perhaps connecting with/building on contexts from other units if applicable. Check that the selected contexts give scope for evaluating a range of HP models, and that students have plenty of practice applying models to a range of different situations so that they are prepared for the unknown context in the examination.

Te ao Māori and Pacific perspectives

The most well-known model for health promotion from a te ao Māori perspective (which extends beyond just being a model to describe health and wellbeing) is Professor Sir Mason Durie's Te Pae Mahutonga model.

Pacific health models can also be used as models for health promotion, for example

- Fonofale (Samoan) by Fuimaono Karl Pulotu-Endemann
- Fonua (Tongan) by Sione Tu'itahi

There are a range of accessible online sources to various forms of this material (some simplified, some detailed) – search by name of model and select on the basis of student learning need.

Teacher pedagogy

- Use deliberate acts of teaching – especially when developing conceptual ideas and students' capacity for thinking critically.
- This standard requires students to be confident readers and analysers of unfamiliar text (unfamiliar HP campaigns for example). Build in strategies that help students to identify features of a health promotion campaign (e.g. from an organisation's website) that will link with a selection of HP models.
- Many of the HP models were developed by professionals for use in their professional practice. Support students to focus only on the basic principles of the models and don't get buried in the detail.

Developing students' critical thinking

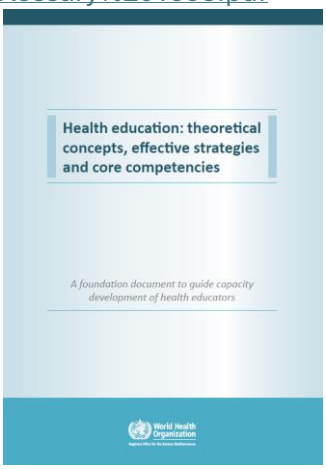
Develop students' cognitive skills for 'evaluating'. This includes:

- Analysing health promotion situations to interpret what is going on and which aspect(s) of the selected HP models are apparent among the actions being taken, to draw conclusions about the likely effectiveness of the HP.
- Asking questions about whether or not the underlying concepts feature (slide 14), and therefore how appropriate the action is for the communities it is aiming to support.
- See also the Action Competence Learning Process questions at https://hpe.tki.org.nz/professional-learning-support/teaching-approaches/action-competence-learning-process/
- Pay attention to students' literacy skills as these are an essential precursor for reading and thinking critically, and then communicating ideas learned from these cognitive processes.

Useful topic related references and links

- WHO Ottawa Charter https://www.who.int/teams/health-promotion/enhanced-wellbeing/first-global-conference
- WHO Bangkok Charter https://www.who.int/teams/health-promotion/enhanced-wellbeing/sixth-global-conference/the-bangkok-charter
- Te Tiriti o Waitangi (with relevance for health promotion) https://www.health.govt.nz/our-work/populations/maori-health/he-korowai-oranga/strengthening-he-korowai-oranga/treaty-waitangi-principles or https://journal.nzma.org.nz/journal-articles/treaty-of-waitangi-in-new-zealand-public-health-strategies-and-plans-2006-2016 (or search online for other sources)

- Te Pae Mahutonga https://www.health.govt.nz/our-work/populations/maori-health/maori-health-models/maori-health-models-te-pae-Mahutonga and https://www.cph.co.nz/wp-content/uploads/TePaeMahutonga.pdf
- Health Promotion Glossary (WHO, 1998). *Useful for understanding a wide range of terms used in the area of health promotion.* https://www.who.int/healthpromotion/about/HPR%20Glossary%201998.pdf
- Health education: theoretical concepts, effective strategies and core competencies: a foundation document to guide capacity development of health educators https://apps.who.int/iris/handle/10665/119953 - see Chapter 4.



A suggested approach to the learning programme

1. (Briefly) revise and develop students' understanding of the purpose of health promotion as part of their overall learning in health education

The NZHEA teacher's resource ***NZHEA position statement and resource on health promotion*** (2017) accessed at https://healtheducation.org.nz/resources/. This document provides an overview of health promotion in NZC HPE terms. Use this to summarise what students have already learned about health promotion, particularly all of the actions and strategies.

Key to health education is to **understand health promotion as a process.** It's about the purposeful and organised/systematic actions people take (based on evidence of what needs to improve) to individually and collectively promote health and wellbeing for self and others, communities and society as a whole.

2. Learn some basic ideas about a range of models.

Notes that for senior secondary health education purposes (for the moment at least) all of the 'models' listed in this section above are considered to be 'models', regardless of whether they are:

- International charters like the Ottawa and Bangkok Charters
- Sets of principles like participation, protection and partnership in Te Tiriti o Waitangi
- Indigenous and other cultural models like Te Pae Mahutonga, Fono Fale and Fonua – noting that Te Pae Mahutonga *could be* seen and used as an enactment of ToW principles
- Understandings developed from academic theory and research such as behaviour change, self-empowerment and collective action.

3. Explore a range of current health promotion campaigns and organisations that have a role in promoting the health and wellbeing of people in NZ.

As shown in the resource sheet above, there are MANY of these. Be selective.

- Allow some student choice based on interest.
- Where possible and relevant, link the selection of these campaigns and organisations with other health education learning and/or whole school or local community actions.
- Give some focus to what is new and current.

4. (Briefly) Develop students' understanding about what it means to 'evaluate' in this context.

From the NZHEA Scholarship resource:
What is a critical evaluation for HPE purposes?

- When you 'evaluate' something you are looking to make a judgement about the value, quality or importance of it. 'Evaluate' is a verb and therefore it refers to the action of assessing or analysing health-related information from a particular perspective or position based on ethical, social, cultural and political values relevant to the subject matter.
- 'Critically' is an adverb which modifies the verb to indicate how the action (of evaluating) is to be done or carried out. In this case it means to think seriously or deeply about something – and this requires critical thinking.
- A 'critical evaluation' then is how you think about the health-related information or topic matter being evaluated relative to those ethical, social, cultural and political values. This is in contrast to an emotional evaluation for example which would be based on your opinions and assumptions, and how you feel about the topic.

5. Make connections between the models and a selection of campaigns/work of organisations through questioning, discussion and activities that:

Evaluate the implications for people's well-being of using models of models of health promotion by providing students with the opportunity to:

- Compare and contrast the application of different models for health promotion to various campaigns or the health promotion work of organisations
- Explain advantages and disadvantages of models for health promotion – this could be in terms of how effective they are known to be (what's the evidence that the model 'works'), whether they are culturally responsive, how easy they are to use and implement, etc
- Drawing conclusions about the likely effectiveness of the models when applied to a named situation – based on what is known, will the application of the model actually achieve what it aims to? Why or why not? This also includes showing insight about how the models for health promotion relate to the underlying health concepts – as relevant to the situation:
    - **Hauora** – *are all dimensions of health and wellbeing considered or just single dimensions?*
    - **Socio-ecological perspective** – *e.g. is the focus only on affected individuals or groups (in isolation), or are there roles and responsibilities for all people regardless of how the issue affects them*?
    - **Health promotion** - *is there a clear sense of a process to be undertaken, based on evidence about what needs to change, that aims to improve the health and wellbeing of people?*
    - **Attitudes and values** – *do the actions show respect for a diversity of people (and diversity in every sense), and do the actions reflect the values of social justice – are the actions fair and inclusive? Or (for example) are the actions 'done to' or 'done for' people without engaging them and finding out what is best for people?*
- Exploring links between models for health promotion and their use for improving people's well-being in given situation(s) – in other words, when a model has a set or principles, or action areas, or steps, or (whatever), what is the evidence that these have been applied in actual health promotion campaigns, or in the work health promotion organisations do?

6. Use past examinations and practice exams to give students experience of the sorts of questions that appear in an examination.

If the resource booklets for past examinations have had images and text removed for copyright reasons, simply replace this with material that the students have selected and used for their learning.

Some examples of health promotion campaigns – check out what is current at the time

Health New Zealand Te Whatu Ora https://www.tewhatuora.govt.nz/health-services-and-programmes/health-promotion

Check out current Public Health Campaigns (e.g. 2025) https://www.tewhatuora.govt.nz/health-services-and-programmes/health-promotion/campaigns.

- **Amohia Te Waiora - We're stronger without alcohol**
  Amohia te Waiora is a strategic platform with goals towards reducing alcohol harm in Aotearoa.
- **Stroke FAST**
  The F.A.S.T campaign encourages everyone to learn the key signs of stroke, and to think and act fast.
- **Stick it to Hep C**
  This award-winning campaign is for people who may have Hepatitis C and not know it.
- **Safer Gambling Aotearoa**
  Safer Gambling Aotearoa is part of our Minimising Gambling Harm programme.
- **Protect your Breath**
  Protect your Breath is a campaign led by our programme for Preventing Youth Uptake of Vaping.

Look across various national and local agencies for health promotion campaigns related to:

- Sexual and family violence prevention
- Mental Health
- Bullying
- Discrimination
- Healthy food
- Road safety
- Sexuality and gender related
- Disease specific e.g. cancer, diabetes, asthma
- Immunisation or vaccination
- Men's health
- Etc

Achievement Standard criteria and explanatory notes

Achievement	Achievement with Merit	Achievement with Excellence
Evaluate models for health promotion.	Evaluate models for health promotion.	Evaluate models for health promotion.
EN2 Evaluate involves considering the implications for people's well-being of models of health promotion by: • comparing and contrasting models for health promotion • explaining advantages and disadvantages of models for health promotion • drawing conclusions about the effectiveness of the models.	Evaluate, in depth, involves: exploring links between models for health promotion and their use for improving people's well-being in given situation(s) drawing reasoned conclusions about the effectiveness of the models.	Evaluate, perceptively, involves: • showing insight about how the models for health promotion relate to the underlying health concepts (hauora, socio-ecological perspective, health promotion, and attitudes and values) • drawing conclusions informed by the relationship of the models to these concepts.
EN3 Models for health promotion that use Health Education concepts and terms may include behavioural change, self-empowerment and collective action models, supported by documents such as the Ottawa Charter, the Bangkok Charter and Te Tiriti o Waitangi.		

As this is an external assessment, teachers will need to check the Assessment Specifications for the current year. See Section 2 in the front part of this resource.

This is the least popular of the existing Level 3 standards.

Change for 2025 AS3.5 91465 Evaluate models for health promotion Updated Explanatory Note 3 to remove outdated links.	This reference was to the *Making Meaning Making a Difference* (2004) resource, now out of print and no longer available online. We did develop a new resource with the MoE but the publishing of this is still tied up. NZHEA will make some replacement materials available. Some related material is provided in this section of the resource.

Advice and guidance

Common pitfalls with this standard

- Not preparing students to manage an unknown HP situation in the examination and then being distracted by this. Use past examinations and practice exams to prepare students for the examination.
- Not using the provided resources efficiently – teach students how to approach a resource-based assessment and to spend time reading and annotating the source material and planning answers before committing to writing their answer.

Health promotion knowledge

The ***Curriculum in Action: Making Meaning Making a Difference*** (Ministry of Education, 2004) was a key resource for schools to support this standard. Although print copies may still be in schools, the digital version of the text is no longer available, with many features of these resource now somewhat dated.

Owing to the lack of availability of this resource, an overview of health promotion knowledge is provided in this section of the resource for teachers to use.

Health promotion " *... is the process of enabling people to increase control over, and to improve, their health*" (WHO, 1986)

Theory and research-based models of health promotion

The resource, *The Curriculum in Action: Making Meaning Making a Difference* (Ministry of Education, 2004) introduced teachers to what have become known as the 'health education models' for health promotion. These models are **behaviour change, self-empowerment, collective action**. These models were based on Don Nutbeam's work for the WHO. Although there are many more models than these three, in combination they provided a useful foundation for student learning as they include a range of principles of health promotion that feature recurrently in public health campaigns. The table on the following pages describes each model and provides examples of the model in practice.

Avoid positioning these models as better or worse than each other. They all have their strengths and limitations. Although behaviour change may be criticised for its individualised focus such models can be quite effective in clinical practice when a practitioner is working with an individual client. While the ideals of collective action are admirable and more likely to bring about sustained and systemic changes for population (groups), if there are insufficient resources or the will power to change things, then it is not a successful approach.

The models are useful for ākonga when learning about health promotion in health education in several ways. For example, to use when critiquing existing health promotion campaigns, when shaping their plans for taking action, when evaluating the reasons why their action was successful (or not), and when recommending alternative approaches in the future.

In addition to the behaviour change, self-empowerment, collective action models ...
Over several decades, academics and practitioners working across different disciplines and different cultural contexts have developed models and approaches to guide or frame the process of health promotion. Also, international agencies such as The World Health Organisation have developed a succession of charters and declarations that frame sets of principles and key action areas that are essential to consider when undertaking community or population level health promotion. Below is an overview of a selection of these models and approaches, and following this, more detail is given to demonstrate how health promotion knowledge can apply to contexts where ākonga are taking action as part of health education learning.

See following pages

Behavioural change model	**Self-empowerment model**	**Collective action model**
The behavioural change model came into use before the other two approaches. Many early New Zealand health campaigns were based on this model, and it is still widely used, in conjunction with other models, as part of comprehensive health campaigns. The behavioural change model is a preventive approach and focuses on lifestyle behaviours that impact on health. It seeks to persuade individuals to adopt healthy lifestyle behaviours, to use preventive health services, and to take responsibility for their own health. It promotes a 'medicalised' view of health that may be characterised by a tendency to 'blame the victim'. The behavioural change model is based on the belief that providing people with information will change their beliefs, attitudes, and behaviours. This model has been shown to be ineffective in many cases because it ignores the factors in the social environment that affect health, including social, economic, cultural, and political factors.	This approach (also known as the self-actualisation model) seeks to develop the individual's ability to control their own health status as far as possible within their environment. The model focuses on enhancing an individual's sense of personal identity and self-worth and on the development of 'life skills', including decision-making and problem-solving skills, so that the individual will be willing and able to take control of their own life. People are encouraged to engage in critical thinking and critical action at an individual level. This model, while often successful for individuals, is not targeted at population groups and is unlikely to affect social norms.	This is a socio-ecological approach that takes account of the interrelationship between the individual and the environment. It is based on the view that health is determined largely by factors that operate outside the control of individuals. This model encompasses ideas of community empowerment, which requires people individually and collectively to acquire the knowledge, understanding, skills, and commitment to improve the societal structures that have such a powerful influence on people's health status. It engages people in critical thinking in order to improve their understanding of the factors affecting individual and community well-being. It also engages them in critical action that can contribute to positive change at a collective level. Given the importance of determinants of health, the use of a collective action model is more likely to achieve healthy outcomes, both for individuals and for groups within society.
Behavioural change model • Focuses on health professionals' perceptions of health needs – suggests that 'experts' know best. • Transmits knowledge – increases people's knowledge of the factors that improve and enhance health. • Educates 'about' health. • Uses health campaigns. • Uses the transmission approach to teaching – the learners are largely passive. • Often reflects 'healthism'*. • May have a 'moralistic' tone.	**Self-empowerment model** • Develops a sense of identity. • Promotes reflection in relation to others and society. • Encourages people to reflect and change their views. • Clarifies values. • Helps people to know where, when, why, and how to seek help. • Encourages independence. • Uses critical thinking and critical action in relation to oneself. • Uses the action competence process for the individual, recognising determinants that may be beyond their control.	**Collective action model** • Encourages democratic processes and participation 'by all for all'. • Takes a student-centred/constructivist approach to teaching and learning. • Takes determinants of health into consideration. • Emphasises empowerment for all participants. • Educates 'for' health. • Uses a social action or action competence process to work with others. • Uses a whole community/school development approach.

• Emphasises disease and other medical problems so tends to be negative and deficit-focused. • Focuses on risks rather than on protective or preventive factors and takes a 'band-aid' approach. • Tends not to reflect the socio-ecological perspective. • Does not take into account determinants of health or consider who is responsible for health. • May imply 'victim blaming'.	• Fosters resilience and empowerment at a personal level. • Enhances self-awareness. • Focuses largely on the individual. • Gives opportunities to celebrate individuality.	• Views teachers and students as social agents. • Uses critical thinking and critical action in relation to the individual, others, and society. • Takes a holistic approach – inclusive of hauora. • Is based on authentic needs. • Fosters resilience at wider community and societal levels – not just at an individual level.
Uses such media as posters, pamphlets, social media, online, TV and radio advertising. • Handwashing and coughing hygiene reminders • Graphic images on cigarette packets • 'Just say no' messages around drug use • Simplistic messages about the importance of eating well and being physically active.	Human and non-human resources that provide people with the tools needed to take health-enhancing change. • Quitline – online and phone support as well as subsidised nicotine gum, patches or lozenges • Health-related apps • Interactive tools e.g. on the Amohia te Waiora (alcohol.org.nz) website	As guided by the layers that exist in a socio-ecological model, puts in place actions that cut across different levels in relation to an issue. • Diversity group in a school who undertakes a range of support and advocacy activities • Marae-based healthcare services • Students, teachers, and council co-create a traffic management plan for areas proximal to the school • A local alcohol policy developed by a council in consultation with their community.
Notes for teachers – see future updates at the end of this section which aim to address these issues *Behaviour change is not a single model but a collection of models from health psychology*	*Self-empowerment is not a model as such but an approach – there's no fixed process or 'model' to follow when applying a self-empowerment approach*	*Collective action is more about the way people work or contribute to health promoting action – there's no 'model' as such. In future it will be preferable to refer to this group of approaches as 'ecological approaches' to reflect the multilayered, and interconnected ways a number of actions involving different people with different roles and responsibilities each/all contribute to an action.*

The Ottawa Charter for Health Promotion

As mentioned in the introduction to this resource, the Ottawa Charter for Health Promotion provides the framework upon which the Health and Physical Education underlying concept *health promotion* is based (Ministry of Education, 2007). Therefore, in addition to the Ottawa Charter being influential in public health settings across the world, the Ottawa Charter is relevant to health education in Aotearoa. As with the health education models of health promotion discussed above, the Ottawa Charter provides a lens through which health promotion goals, plans and actions can be developed, and outcomes can be critiqued.

Below are key elements of the Ottawa Charter, alongside their definition and examples how each might be incorporated into health promoting action. The three basic strategies for health promotion will be put to work in health promoting actions taken as part of the five action areas.

Element	Definition	Examples
Three basic strategies for health promotion:		
Advocate	Advocacy actions to address determinants of health that are negatively impacting on people and communities. To advocate means to stand up and have your voice heard; to publicly support or recommend something.	• Writing to the mayor or a Member of Parliament • Speaking at the school board of trustees meeting, a local council meeting or a select committee.
Enable	Reducing differences in current health status and ensuring equal opportunities and resources to enable all people to achieve their fullest health potential. People cannot do so unless they are able to take control of those things which determine their health.	• Funding for comprehensive support in relation to an issue, for example Quitline's various support layers • Legislation that supports people's health, wellbeing, rights and safety.
Mediate	People and groups have different cultural, social, political and economic interests in health-related matters. Coordinated action is needed by all in order to mediate between differing interests in society for the pursuit of health.	• Debate between alcohol and beverage companies, sports administrators, government and the public around alcohol sponsorship in sport • Processes around gaining licenses to sell alcohol • Compliance with new rules around selling vaping products.
Five action areas for health promotion:		
Build healthy public policy	Health promotion puts health on the agenda of policymakers in all sectors and at all levels, directing them to be aware of the health consequences of their decisions and to accept their responsibilities for health. Policy includes legislation, fiscal measures, taxation and organisational change. The aim must be to make the healthier choice the easier choice for policy makers as well.	• The Child and Youth Wellbeing Strategy and its associated actions that connect to policy • School policies that support student and staff wellbeing • International treaties on climate change and the associated actions the Aotearoa government has/will put in place to meet targets • Smokefree Environments and Regulated Products Amendment Act (2020) – previous law amended in light of the new issue of vaping.
Create supportive environments	The inextricable links between people and their environment are recognised in a socioecological approach to health. As	• Students (with the support of local council) investigate and take a range of actions to address the

	societies we need to take care of each other, our communities and our natural environment – including the protection of the natural and built environments and the conservation of natural resources. Health promotion generates living and working conditions that are safe, stimulating, satisfying and enjoyable.	causes of pollution in local waterways • Strengthening inclusive and non-discriminatory practices in a school or workplace setting
Strengthen community action	Community development and participation draws on existing human and material resources in the community and promotes community empowerment. This requires full and continuous access to information, learning opportunities for health, as well as funding support.	• Council partners with community members in the planning and design of a new recreational facility • Police education officers support school with whole school systems and practices to support a range of wellbeing issues.
Develop personal skills	Health promotion supports personal and social development through providing information, education for health and enhancing life skills. By so doing, it increases the options available to people to exercise more control over their own health and over their environments, and to make choices conducive to health. This has to be facilitated in school, home, work and community settings.	• A community garden holds regular sessions on a range of 'how to' topics relating to vegetable gardening • A health education unit focused on interpersonal skills.
Reorient health services	People in health services must work together towards a health care system which contributes to the pursuit of health in holistic terms. The role of the health sector must move increasingly in a health promotion direction, beyond its responsibility for providing clinical and curative services.	• COVID-19 (or other infectious diseases) vaccination programme • Cancer screening • Marae or church-based healthcare services.

Access the Ottawa Charter and supporting documentation at https://www.who.int/teams/health-promotion/enhanced-wellbeing/first-global-conference

Other WHO charters include:

The Bangkok Charter for Health Promotion in a Globalized World
https://www.who.int/teams/health-promotion/enhanced-wellbeing/sixth-global-conference/the-bangkok-charter

Scope
The Bangkok Charter identifies actions, commitments and pledges required to address the determinants of health in a globalized world through health promotion.

Effective interventions
Progress towards a healthier world requires strong political action, broad participation and sustained advocacy. Health promotion has an established repertoire of proven effective strategies which need to be fully utilized.

Required actions
To make further advances in implementing these strategies, all sectors and settings must act to:

- **advocate** for health based on human rights and solidarity
- **invest** in sustainable policies, actions and infrastructure to address the determinants of health
- **build capacity** for policy development, leadership, health promotion practice, knowledge transfer and research, and health literacy
- **regulate and legislate** to ensure a high level of protection from harm and enable equal opportunity for health and well-being for all people
- **partner and build alliances** with public, private, non-governmental and international organizations and civil society to create sustainable actions.

Key commitments
The four key commitments are to make the promotion of health:

- central to the global development agenda
- a core responsibility for all of government
- a key focus of communities and civil society
- a requirement for good corporate practice.

1. Make the promotion of health central to the global development agenda
Strong intergovernmental agreements that increase health and collective health security are needed. Government and international bodies must act to close the health gap between rich and poor. Effective mechanisms for global governance for health are required to address all the harmful effects of:

- trade
- products
- services, and
- marketing strategies.

Health promotion must become an integral part of domestic and foreign policy and international relations, including in situations of war and conflict.

This requires actions to promote dialogue and cooperation among nation states, civil society, and the private sector. These efforts can build on the example of existing treaties such as the World Health Organization Framework Convention for Tobacco Control.

2. Make the promotion of health a core responsibility for all of government
All governments at all levels must tackle poor health and inequalities as a matter of urgency because health is a major determinant of socioeconomic and political development. Local, regional and national governments must:

- give priority to investments in health, within and outside the health sector
- provide sustainable financing for health promotion.

To ensure this, all levels of government should make the health consequences of policies and legislation explicit, using tools such as equity-focused health impact assessment.

3. Make the promotion of health a key focus of communities and civil society

Communities and civil society often lead in initiating, shaping and undertaking health promotion. They need to have the rights, resources and opportunities to enable their contributions to be amplified and sustained. In less developed communities, support for capacity building is particularly important.

Well organized and empowered communities are highly effective in determining their own health, and are capable of making governments and the private sector accountable for the health consequences of their policies and practices.

Civil society needs to exercise its power in the marketplace by giving preference to the goods, services and shares of companies that exemplify corporate social responsibility.

Grass-roots community projects, civil society groups and women's organizations have demonstrated their effectiveness in health promotion, and provide models of practice for others to follow.

Health professional associations have a special contribution to make.

4. Make the promotion of health a requirement for good corporate practice

The corporate sector has a direct impact on the health of people and on the determinants of health through its influence on:

- local settings
- national cultures
- environments, and
- wealth distribution.

The private sector, like other employers and the informal sector, has a responsibility to ensure health and safety in the workplace, and to promote the health and well-being of their employees, their families and communities.

The private sector can also contribute to lessening wider global health impacts, such as those associated with global environmental change by complying with local national and international regulations and agreements that promote and protect health. Ethical and responsible business practices and fair trade exemplify the type of business practice that should be supported by consumers and civil society, and by government incentives and regulations.

Closing the implementation gap

Since the adoption of the Ottawa Charter, a significant number of resolutions at national and global level have been signed in support of health promotion, but these have not always been followed by action. The participants of this Bangkok Conference forcefully call on Member States of the World Health Organization to close this implementation gap and move to policies and partnerships for action.

Shanghai declaration on promoting health in the 2030 Agenda for Sustainable Development (2016)
https://www.who.int/healthpromotion/conferences/9gchp/shanghai-declaration/en/
Although not specifically named in the AS ENs, also take a brief a look at this document when considering international approaches to health promotion – **this is one place where learning for AS91462 (Health 3.2) links with learning for this standard.**

[Extract] **We commit to**

- apply fully the mechanisms available to government to protect health and promote wellbeing through public policies;
- strengthen legislation, regulation, and taxation of unhealthy commodities;
- implement fiscal policies as a powerful tool to enable new investments in health and wellbeing - including strong public health systems;
- introduce universal health coverage as an efficient way to achieve both health and financial protection;
- ensure transparency and social accountability and enable the broad engagement of civil society;
- strengthen global governance to better address cross border health issues;
- consider the growing importance and value of traditional medicine, which could contribute to improved health outcomes, including those in the SDGs

link to the UN Sustainable Development Goals at https://sustainabledevelopment.un.org/?menu=1300)

Te Pae Mahutonga and other mātauranga Māori frameworks

Te ao Māori and mātauranga Māori can be integrated in a wide range of ways into learning contexts for ākonga within which they take health promotion action. Alongside the concept of te whare tapa whā which is widely used in health education learning in Aotearoa, aspects of Te Tiriti o Waitangi are relevant to health promotion action, Te Pae Māhutonga provides a framework for taking action, and the Mana model offers an ecological approach to supporting success for ākonga Māori.

Te Tiriti o Waitangi

The principles of Te Tiriti o Waitangi provide a framework towards meeting obligations under the treaty. The Ministry of Health (2020) has taken upon the recommendations of the Waitangi Tribunal Hauora report, which is to adopt the following principles in the primary health care system (Waitangi Tribunal, 2019, p. 163-164):

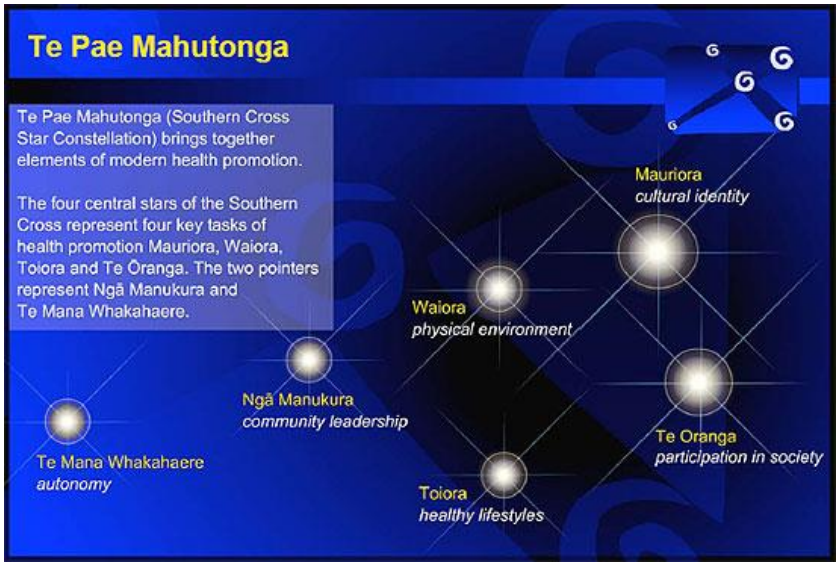
- **Tino rangatiratanga**: The guarantee of tino rangatiratanga, which provides for Māori self-determination and mana motuhake in the design, delivery, and monitoring of health and disability services.
- **Equity**: The principle of equity, which requires the Crown to commit to achieving equitable health outcomes for Māori.
- **Active protection**: The principle of active protection, which requires the Crown to act, to the fullest extent practicable, to achieve equitable health outcomes for Māori. This includes ensuring that it, its agents, and its Treaty partner are well informed on the extent, and nature, of both Māori health outcomes and efforts to achieve Māori health equity.
- **Options**: The principle of options, which requires the Crown to provide for and properly resource kaupapa Māori health and disability services. Furthermore, the Crown is obliged to ensure that all health and disability services are provided in a culturally appropriate way that recognises and supports the expression of hauora Māori models of care.
- **Partnership**: The principle of partnership, which requires the Crown and Māori to work in partnership in the governance, design, delivery, and monitoring of health and disability services. Māori must be co-designers, with the Crown, of the primary health system for Māori.

In context of ākonga taking action in school and community contexts as part of health education learning, the principles can be used as a lens through which to apply culturally responsive ways of working and evaluate the extent to which the principles were able to be embedded into the action taken.

Te Pae Māhutonga

Developed by Sir Mason Durie (1999), Te Pae Māhutonga (The Southern Cross constellation) is a model for Māori health promotion that is used in health promotion settings in Aotearoa. Durie explained that the whakapapa of Te Pae Māhutonga is the work of Maui Pōmare, the first Māori medical practitioner and medical officer, as well as the Ottawa Charter (Durie, 1999).

Durie (1999) explains that Te Pae Māhutonga has a long tradition of being a navigational aid and is associated with the discovery of Aotearoa. The constellation has four central stars arranged in the form of a cross, and there are two stars arranged in a straight line which point towards the cross. Te Pae Māhutonga can be used as a symbolic map for bringing together the significant components of health promotion, as they apply to Māori health, but as they might also apply to other New Zealanders. The four central stars can be used to represent the four key tasks of health promotion: Mauriora, Waiora, Toiora, Te Oranga. The two pointers are Ngā Manukura and Te Mana Whakahaere.



The National Screening Unit (NSU) within the Ministry of Health developed key questions to consider for each aspect of Te Pae Māhutonga (NSU, 2004). In the table below, the elements of Te Pae Māhutonga are described, alongside questions modified from the NSU (2004) that might be relevant for ākonga working to promote health and wellbeing in a school setting.

Element	Key questions
Mauriora: Access to Te Ao Māori Good health depends on many factors, but among indigenous peoples the world over, cultural identity is considered to be a critical prerequisite. A task for health promotion is therefore to facilitate access to Te Ao Māori in terms of: language and knowledge, culture and cultural institutions such as marae, Māori economic resources such as land, forests, fisheries, social resources such as whānau, Māori services, networks, societal domains where being Māori is facilitated not hindered.	• How do your plans for taking action facilitate or enable access to Te Ao Māori? • How do your plans for taking action help to promote and develop secure cultural identity for Māori? • How do your health promotion activities encourage people to access (and express) their own language, customs or culture?
Waiora: Environmental Protection Health promotion must take into account the nature and quality of the interaction between people and the surrounding environment.	• How do your plans for taking action encourage balance between development and environmental protection?

It is not simply a call for a return to nature, but an attempt to strike balance between development and environmental protection and recognition of the fact that the human condition is intimately connected to the wider domains of Rangi and Papa. In this context health promotion is about harmonising people with their environments. It is about protecting the environment.	• What environmental values are being expressed in your health promotion activities? • Are you conscious of conservation, recycling and reducing waste?
Toiora: Healthy Lifestyles Toiora – as distinct from Mauriora and Waiora – depends on personal behaviour. But it would be an oversimplification to suggest that everyone had the same degree of choice regarding the avoidance of risks. A shift from harmful lifestyles to healthy lifestyles requires actions at several levels and the key areas for consideration include harm minimisation, targeted interventions, risk management, cultural relevance, positive development.	• Have you consulted with the communities whose lifestyles you are seeking to change? • Are you looking at an individual level, or at the wider determinants of health that affect an individual? • How will you encourage change?
Te Oranga: Participation in Society Wellbeing, Te Oranga, is dependent on the terms under which people participate in society and on the confidence with which they can access good health services, or the school of their choice, or sport and recreation. And while access is one issue, decision-making and a sense of ownership is another. Health promotion is about enhancing the levels of wellbeing, Te Oranga, by increasing the extent of Māori participation in society: in the economy, in education, in employment, in the knowledge society, in decision-making.	• How do your plans for taking action foster inclusion and participation in the wider society? • How will your health promotion activities encourage participation in employment, recreation and education? • How will your health promotion activities encourage participation in decision-making and the mechanisms of government?
Ngā Manukura: Leadership Leadership in health promotion should reflect a combination of skills and a range of influences. Health professionals have important roles to play but cannot replace the leadership which exists in communities; nor should they. Health promotional leadership will be more effective if a relational approach is fostered and alliances are established between groups who are able to bring diverse contributions to health promotional programmes. Leadership for health promotion needs to reflect: community leadership, health leadership, tribal leadership, communication, alliances between leaders and groups.	• Have you identified the leaders in the community with whom you will be working? • Have you identified people who will be useful allies in the work you want to achieve? • Do you and the members of your group/team have the necessary skills, attitudes and knowledge for what you have planned?
Te Mana Whakahaere: Autonomy Communities – whether they be based on hapū, marae, iwi, whānau or places of residence – must ultimately be able to demonstrate a level of autonomy and self-determination in promoting their own health. Autonomy is reflected in the participation people have in health promotion and their control over it. Autonomy is also evident in the unique aspirations of a community. The promotion of health therefore requires the promotion of autonomy: control, recognition of aspirations, relevant processes, sensible measures, self-governance.	• How can you work alongside the community, allowing them to have ownership of (aspects of) your project? • How will you celebrate successes with the communities with which you are working?

The Mana Model

The Mana Model was developed as part of *Ka Awatea: An iwi case study of Māori student success in the Rotorua region of Aotearoa* (Macfarlane, Webber, McRae, & Cookson-Cox, 2014). The Mana Model is more usefully thought about as a model for the promotion of student wellbeing (rather than a model of health promotion) as it suggests that ākonga are motivated by the desire to achieve a sense of mana, self-efficacy, purpose, pride and belonging (Webber, 2019). The model outlines five key components comprising the optimal personal, familial, school and community conditions for gifted Māori students' success: Mana Whānau (familial pride), Mana Motuhake (personal pride and a sense of embedded achievement), Mana Tū (tenacity and self-esteem), Mana Ūkaipo (belonging and connectedness), and Mana Tangatarua (broad knowledge and skills). Webber (2019) describes this as a Māori-centric and strengths-based model of gifted students thriving and achieving to their full potential.

The Mana Model is a useful framework to consider in context of ākonga taking action to enhance wellbeing as part of their health education learning for several reasons. First, the model provides a culturally responsive lens through which student success can be sought. Second, the model is founded upon a socio-ecological approach. Third, the model connects to health promotion and taking action ideas in various ways. The table below describes each component of the model and provides questions for teachers and ākonga to consider when taking health promoting action.

Key component (Webber, 2019)	Questions
Mana "*Māori scholar Te Ahukaramū Charles Royal (2006) has argued that it is mana (honour, pride, and esteem) that lies at the heart of Māori positive self-image and the degree to which we feel empowered and good about ourselves*" (p. 9). "*A secure sense of mana can influence Māori students' thoughts and behaviours, enabling them to act purposefully in the world to achieve their goals and aspirations*" (p. 16).	• What does mana mean to you? • Why is mana important to you? • What are some other people's definitions of mana? • What do some other people say about the importance of mana to them?
Mana Whānau Holding a central position of importance within family, including school and community 'family'. Being connected to community.	• How can people at home, at school and in the community support me/us to take action?
Mana Motuhake A positive sense of Māori identity. Belonging and connectedness to culture and community, including whakapapa.	• How does my/our health promotion connect to my/our identity? • How can my/our health promotion help establish or further develop connections between me/us and culture and community?
Mana Tū Courage and resilience, self-efficacy, positive self-concept, and academic motivation, goal-oriented, persistence and determination.	• What attitudes and dispositions do I have that will help me to be successful? What do I need to work on? • What personal resources can I draw upon while I take action? • How can a sense of determination, resilience and confidence in my abilities act as an enabler as I take action?
Mana Ūkaipo A sense of place and belonging, with connection between school and local community, place-	• How is my/our health promotion project meaningful for our community? For whom will it make a difference, and how?

based learning, local knowledge and environment.	• What local knowledge will I/we be able to draw upon as I/we take action?
Mana Tangatarua Navigating success in different worlds, with the support of multiple role models. Appreciates differences that exist between people.	• Who are the human resources that can support me/us as I/we take action? • How can different people support me/us in different ways?

See also:

- **Ministry of Health**

https://www.health.govt.nz/our-work/populations/maori-health/he-korowai-oranga/strengthening-he-korowai-oranga/treaty-waitangi-principles

  - **Partnership** involves working together with iwi, hapū, whānau and Māori communities to develop strategies for Māori health gain and appropriate health and disability services.
  - **Participation** requires Māori to be involved at all levels of the health and disability sector, including in decision-making, planning, development and delivery of health and disability services.
  - **Protection** involves the Government working to ensure Māori have at least the same level of health as non-Māori, and safeguarding Māori cultural concepts, values and practices.

There are several online articles linking ToW and health and health promotion – most of these are far more detailed than what we would expect senior secondary students to use. This one is more useful for health education purposes and readily accessed:

Berghan, G., Came, H., Coupe, N., Doole, C., Fay, J., McCreanor,T., & Simpson, T. (2017). ***Tiriti-based health promotion practice.*** Auckland, Aotearoa New Zealand: STIR: Stop Institutional Racism.
Accessed from: https://trc.org.nz/treaty-waitangi-based-practice-health-promotion or the pdf is at https://trc.org.nz/sites/trc.org.nz/files/ToW%20practice%20in%20HP%20online.pdf

- The **Waitangi Tribunal** produce a number of resources about Te Tiriti o Waitangi for school use. Find the kit of resources at https://waitangitribunal.govt.nz/publications-and-resources/school-resources/

- *Critical Guide To Māori And Pakeha Histories Of Aotearoa* - this is a 6-book set of curriculum resources written by Tamsin Hanly and edited and illustrated by Ruth Lemon. These are not health education specific but speak to a wider range of considerations that relate to health and wellbeing http://cmph.cybersoul.co.nz/

Use other local resources where these are available.

Models of Pacific health (promotion)

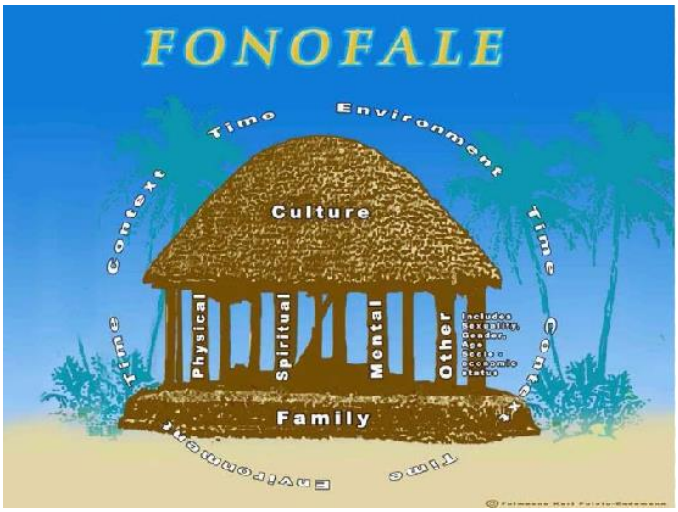
In parallel with the use of Te Pae Māhutonga in Māori health promotion settings, Pacific models of health (promotion) are increasingly used in health promotion settings in Pacific communities. Two well-known models are Fonofale (Samoan) and Fonua (Tongan). As with the models above, ākonga can respond to questions that connect to the dimensions of the models as they take health-promoting action.

Fonofale

The Fonofale model of health was developed by Fuimaono Karl Pulotu-Endemann as a result of his work as a nurse in Pacific communities across the 1980s and 1990s (Puloto-Endemann, 2001). Although a Samoan model of health, the Fonofale model incorporates values and beliefs that are held by people from Samoa, The Cook Islands, Tonga, Niue, Tokelau and Fiji – principally family, culture and spirituality (Puloto-Endemann, 2001).

The Fonofale model incorporates the metaphor of a Samoan house with the foundation or the floor, posts and roof encapsulate in a circle to promote the philosophy of holism and continuity. The **foundation** of the Fonofale represents the family. Genealogy in the foundation connects people to place. The **roof** represents cultural values and beliefs, which shelter the family. Between the roof and the foundation are the four **pou** or posts that connect the culture and the family, as well as interact with each other. These are:

- Spiritual – aspects of wellbeing that come from a belief system that includes either Christianity or traditional spirituality relating to nature, spirits, language, beliefs, ancestors and history, or a combination of both.
- Physical – biological or physical wellbeing.
- Mental – the wellbeing or the health of the mind which involves thinking and emotions as well as behaviours expressed.
- Other – various variables that can directly or indirectly affect health such as, but not limited to, gender, sexuality/sexual orientation, age, socio-economic status. The Fonofale is surrounded by **three dimensions** that have direct or indirect influence on one another. These are:
- Environment – considers the relationships and uniqueness of Pacific people to their physical environment.
- Time – the actual or specific time in history that impacts on Pacific people.
- Context – the where/how/what and the meaning it has for that particular person or people. For example, where people live, politics, socio-economic.



Questions for ākonga to consider:

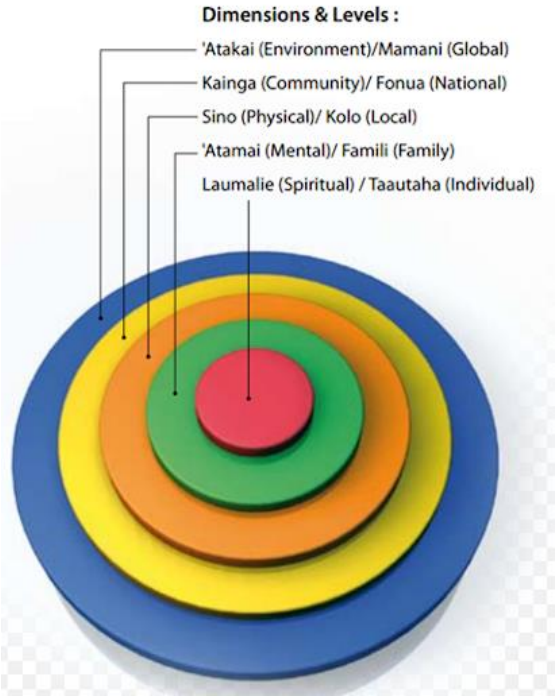
- Is the Fonofale a useful model to consider as I/we take action in our community?
- How do my/our plans for taking action connect to the inter-related parts of the Fonofale model?
- What from the Fonofale model is missing from my/our plans, and how could adding this enhance my/our action for the community I/we are working with?
- (When evaluating the action taken) How might aspects of the Fonofale model have strengthened my/our project and what would I/we recommend for future actions?

Fonua

Developed by Sione Tu'itahi. Fonua means land in Tongan, and the model is based upon Tu'itahi's Tongan experience (Tu'itahi, 2009).

In the model, Fonua is the cyclic, dynamic interdependent relationship (va) between environment and humanity for the purpose of health and wellbeing, harmony/peace (melino).

Central to Fonua is the notion of **tauhi va**. Tauhi = maintain. Va = the space or relationship between two or more entities, including humans and the environment. Tauhi va, therefore, refers to the maintaining of the relationship. Health and wellbeing, peace and harmony and progress depends on the on-going and successful maintenance of va. Another key concept is **liliu**, change. Change is an inherent feature of life in all forms.



There are five inter-related dimensions in Fonua. • Sino – physical • 'Atamai – mental • Laumalie – spiritual • Kainga – collective/community • 'Atakai – environment (both built and natural environment).	There are also five inter-dependent levels. In order to maintain the health and wellbeing of society, health issues must be addressed at all levels • Taautaha – individual • Kainga – family • Kolo – village • Fonua – nation • Mamani – global society.

Fonua is also conceptualised as a process, characterised by four phases. These phases can be used as tools or strategies for health promotion action. • Kumi Fonua – exploratory stage. Search and navigate new, physical or cultural contexts • Langa Fonua – formative stage. Build and construct the community/society • Tauhi Fonua – maintain and sustain the community • Tufunga Fonua – reform and re-construct society.	Alongside these components are **values:** • Fe'ofo'ofani – love • Fetokoni'aki – reciprocity • Fefaka'apa'apa'aki – respect • Fakapotopoto – wise & prudent.

Questions for ākonga to consider:

- Is Fonua a useful model to consider as I/we take action in our community?
- How do my/our plans for taking action connect to the inter-related parts of the Fonua model?
- What from the Fonua model is missing from my/our plans, and how could adding this enhance my/our action for the community I/we are working with?
- (When evaluating the action taken) How might aspects of the Fonua model have strengthened my/our project and what would I/we recommend for future actions?

Information for teachers: Looking ahead to updating and revising these health promotion ideas ... but not yet

The behaviour change, self-empowerment, collective action ideas were selected from the research and theory literature over two decades ago and there is a known need to refresh and make some minor modifications to these. This will open up the scope of how we understand and apply models of and approaches to health promotion which increasingly are about the promotion of wellbeing, not only 'health'– and the need to make that distinction - as well as appreciate the strengths and limitations of the range of models and approaches for health promotion as we look increasingly at the promotion of student wellbeing in schools.

Below is a redefinition or reorganisation of health promotion models and approaches used in health promotion settings - based on Naidoo & Wills (2016) and Glanz, Rimer & Viswanath (2015).

Health psychology models that aim to promote the health of individuals	**Ecological approaches that require collective action to promote the wellbeing of groups, communities and populations**
• Health Belief model • Behavioural change models (there are various) • Self-empowerment approaches	• Indigenous models: Te Pae Mahutonga), Fonofale, Fonua • The Ottawa Charter and other charter statements/declarations • Whole school approaches to the promotion of student wellbeing, for example the Mana Model (Webber et al (2019), the promoting and responding triangle (ERO, 2016), Te Kura Tapa Whā (Welch, MacFarlane, Rātima, Skipworth & Smith, 2021).

See explanations on the following page.

Health belief model The health belief model was one of the first models to adapt behavioural science theory (from psychology) and apply it to health problems. It remains one of the most widely recognised conceptual frameworks of health behaviour. The model was based on an assumption that people fear diseases, and that health actions are motivated in relation to the degree of fear (perceived threat) and expected fear-reduction potential of actions, as long as that potential outweighs practical and psychological obstacles to taking action (net benefits). *Health Belief model diagrams can be readily accessed online*. **Application** • *Disease and injury prevention, vaccination, screening etc*	**Advantages/strengths** • Predictive power for prevention and behaviour change • Highlights the importance of individual beliefs • Illustrates some of the individual complexities of health decision making • Highlights perceived barriers and susceptibility as primary factors to health beliefs/decision-making.	**Disadvantages/limitations** • Assumes rational decision-making • Biomedical view on health – healthism and individualism focused and therefore less culturally responsive • Present a linear equation ie that health beliefs lead to health decisions which leads to health outcomes • Does not take into account broader social determinants of health or recognise the role of broader social life, political environment or culture. • Does not recognise that all 'cues to action' do not have the same weighting (or 'clout'/impact), e.g. campaign poster or ad, versus an unwell family member.
Behavioural change models A collection of psychologically-based models (there are several of them) that seek to intervene on or provide a preventive approach focusing on lifestyle behaviours that impact on health. It is based on the belief that providing people with information will change their beliefs, attitudes, and behaviours. One extensively theorised and research example is the trans-theoretical (or stages of change) model which is a form of 'stage model' – where the person is expected to progress through a series of stages to achieve the desired health outcomes *(there are many online accessible versions of this model)*. Many early New Zealand health campaigns were based on behavioural change models and these approaches are still widely used, often in conjunction with other models as part of comprehensive health campaigns. **Application** • *Any context where individuals are encouraged to adopt healthy lifestyle behaviours, to use preventive health services, and to take responsibility for their own health e.g. food consumption, tobacco or alcohol use, exercise.*	**Advantages/strengths** • Can be tailored to meet individual needs • Combines clinical and public health interventions (easy to apply)	**Disadvantages/limitations** • Requires cognitive thought • Ignores the factors in the social environment that affect health, including social, economic, cultural, and political factors • It promotes a 'medicalised' view of health that may be characterised by a tendency to 'blame the victim' • The effectiveness of stage models tends to be judged on cross-sectional not longitudinal studies which means sustainability of observed changes in health behaviours is less certain. Stage models also tend to be hard to make judgments about the movement across the stages – where a person progresses from one stage to the next

Self-empowerment approaches Not actually a single 'model' as such but a range of educational approaches that seek to develop the individual's ability to control their own health status as far as possible within their environment. **Application** • *Smoking cessation, reducing alcohol and other substance consumption, increased exercise, etc.*	**Advantages/strengths** • Focuses on using education to empower people by raising their consciousness about health issues, so that the individual will be willing and able to take control of their own life. • Targets specific factors of motivation including increased self-control or autonomy requiring decision making and skill development; it enhances health-related self-concept and self-esteem; and encourages the use of an action plan	**Disadvantages/limitations** • The practitioner's own health values/attitudes can influence how the model is utilised and tends to lead to healthism focused approaches or understandings of 'health' (rather than holistic understandings of wellbeing). • It can minimise contextual and societal factors that impact an individual's ability to take control over their health and the emphasis for behaviour change placed on the individual which may mean it is not culturally responsive. • This approach, while often successful for individuals, is not targeted at population groups and is unlikely to affect social norms. • The understanding of a health issue alone is not enough to result in health action, and the provision of information needs to be accompanied by processes of belief and the clarification of values, followed by some practice in decision-making.
Ecological approaches A socio-ecological approach that takes account of the interrelationship between the individual and their social and community environment. **Ecological approaches to health promotion typically require some form of collective action** (*which is what previous health education resources referred to these approaches as*). It is based on the view that health is determined largely by factors that operate outside the control of individuals. This approach takes into consideration the determinants of health. There are many models or sets of principles that could be considered an ecological approach. They tend to encompass a range of health promotion ideas such as community empowerment (which requires people individually and collectively to acquire relevant knowledge, understanding, and	**Advantages/strengths** • Given the focus on the determinants of health, the use of an ecological approach (and collective action to achieve its aims) is more likely to achieve healthier outcomes, both for individuals and for groups within society. • Focuses on factors to bring about sustainable change ie by changing the factors that determine health and	**Disadvantages/limitations** • Involves many people each taking responsibility (often with specialised roles) for different aspects of the approach which can present logistical challenges. • Tend to require substantial time and resources to implement the often-complex array of interdependent actions. • Often require ongoing funding, as well as a continued commitment by all, which can present challenges.

skills) and commitment to improving the societal structures that influence people's health and wellbeing status. It engages people in critical thinking in order to improve their understanding of the actors affecting individual and community wellbeing. It also engages them in critical and collective action that can contribute to positive change at community and societal level. **Application** • *Population level health and wellbeing contexts.* • *Indigenous and cultural models all tend to be examples of ecological approaches.* • *International charters like the Ottawa Charter in effect frame an ecological approach.*	wellbeing and responds to community needs. • Once change has been achieved, it is more likely to be sustainable due to the widespread investment and commitment by communities, and that the causal factors of health and wellbeing have been addressed.	

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