<table>
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<th>Title</th>
<th>Analyze health status, determinants of health and inequalities of health in New Zealand</th>
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<tbody>
<tr>
<td>Level</td>
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**Purpose**

People credited with this unit standard are able to: analyze the health status of populations in New Zealand in terms of mortality rates and morbidity statistics; analyze determinants of health that contribute to the health status of populations in New Zealand; and examine health status and determinants of health and their relationship to health inequalities of populations in New Zealand.

**Classification**

Health, Disability, and Aged Support > Public Health Practice

**Available grade**

Achieved

**Explanatory notes**

1. Legislation and policies relevant to this unit standard include the New Zealand Public Health and Disability Act 2000 and subsequent amendments.

2. References

   - *The Social, Cultural and Economic Determinants of Health in New Zealand: Action to Improve Health*, National Advisory Committee on Health and Disability (National Health Committee), June 1998;

3. Definitions

   - *Culture* refers to the shared beliefs, values, customs, and practices that are common to a particular group or organisation. Culture includes, but is not limited to: ethnicity, age, disability, gender, sexual orientation, religious or spiritual belief, socio-economic status, occupation, and organisational background.
   - *Determinants of health* are the range of personal, cultural, social, economic and environmental factors that determine the health of individuals and populations. Different cultures may use different indicators as determinants of health.
Health inequalities (health inequities) are differences in health that are unnecessary, avoidable and unjust. Inequalities arise from, and are maintained by, the unequal distribution of the determinants of health, such as income, employment, education, housing, health care and social support.

Health status of populations is the level of health of groups, families and communities. Populations may be defined by locality, biological criteria such as age or gender, ethnicity, social criteria such as socio-economic status, or cultural criteria such as whânau.

Outcomes and evidence requirements

Outcome 1

Analyse the health status of populations in New Zealand in terms of mortality rates and morbidity statistics.

Range health status must include – heart disease, cancer, diabetes, obesity, teenage suicide, infectious disease, injury, infant mortality, mental health issues.

Evidence requirements

1.1 Mortality rates and morbidity statistics are analysed to determine the health status of the populations.

Range populations may include but are not limited to – Māori, non-Māori, Pacific peoples, refugees, youth, elderly, rural.

Outcome 2

Analyse determinants of health that contribute to the health status of populations in New Zealand.

Evidence requirements

2.1 Determinants of health are analysed to understand their relative contributions to the health status of the New Zealand population.

Range determinants must include – income and poverty, employment and occupation, education, housing, culture and ethnicity, social cohesion, behavioural patterns (smoking, alcohol, diet, exercise), age, gender, access to health care services, sense of control over life circumstances.
Outcome 3

Examine health status and determinants of health and their relationship to health inequalities of populations in New Zealand.

Evidence requirements

3.1 Impacts of health determinants across populations are identified and examined to describe health inequalities between populations in New Zealand.

Range

- health status must include – heart disease, cancer, diabetes, obesity, teenage suicide, infectious disease, injury, infant mortality, mental health issues;
- health determinants must include – income and poverty, employment and occupation, education, housing, culture and ethnicity, social cohesion, behavioural patterns (smoking, alcohol, diet, exercise), age, gender, access to health care services, sense of control over life circumstances;
- health inequalities must include – ethnic gaps in life expectancy, mortality rates for Māori and Pasifika peoples, mortality rates for different income earners, child poverty;
- populations may include but are not limited to – Māori, non-Māori, Pacific peoples, refugees, youth, elderly, rural.

<table>
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<th>Planned review date</th>
<th>31 December 2018</th>
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Status information and last date for assessment for superseded versions

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Consent and Moderation Requirements (CMR) reference

0024


Please note

Providers must be granted consent to assess against standards (accredited) by NZQA, before they can report credits from assessment against unit standards or deliver courses of study leading to that assessment.

Industry Training Organisations must be granted consent to assess against standards by NZQA before they can register credits from assessment against unit standards.

Providers and Industry Training Organisations, which have been granted consent and which are assessing against unit standards must engage with the moderation system that applies to those standards.

Requirements for consent to assess and an outline of the moderation system that applies to this standard are outlined in the Consent and Moderation Requirements (CMR). The CMR also includes useful information about special requirements for organisations wishing...
to develop education and training programmes, such as minimum qualifications for tutors and assessors, and special resource requirements.

**Comments on this unit standard**

Please contact the Community Support Services ITO Limited info@careerforce.org.nz if you wish to suggest changes to the content of this unit standard.