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Healthy histories

Enhancing secondary school students' critical health literacy

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Abstract

There are rising concerns about adolescent (mental) health in the Netherlands. This article explores how history education can contribute to students' Critical Health Literacy (CHL). We identify five interrelated ways in which historical thinking is connected to CHL. Additionally, we present three pedagogical approaches for implementation: The use of diachronic health themes, the application of a well-being framework, and the Strange Past contextualization framework. These approaches offer practical entry points for integrating CHL across the history curriculum. While we acknowledge that history teachers are not health professionals, and empirical research is still emerging, this article serves as an exploratory contribution. Our article invites further dialogue and investigation into the potential of history education to foster students' resilience and well-being.

Keywords

Historical thinking, history education, critical health literacy, applied history, historical contextualization

Thinking about health: An urgent need

Contemporary secondary school students are growing up in an increasingly complex world, facing major societal and personal challenges. Issues such as climate change, the proliferation of misinformation, and the promotion of unrealistic beauty standards through social media significantly shape their everyday lives and well-being. These pressures are reflected in a marked decline in the mental health of Dutch adolescents. In 2021, students in the Netherlands reported the lowest levels of life satisfaction in two decades, a trend exacerbated by the COVID-19 pandemic but already visible prior to its onset (Boer et al., 2022).

In addition to mental health concerns, there is mounting evidence of deteriorating physical health among young people. In the Netherlands, 42% of 15-year-olds and 60% of 16-year-olds report consuming alcohol, with many engaging in binge drinking—defined as consuming five or more alcoholic beverages during a single occasion (Boer et al., 2022). In 2024, 14% of students aged 4 to 17 were classified as overweight (CBS/RIVM, 2025). Environmental factors further compound these issues; for example, the number of fast-food outlets within a five-minute walk of secondary schools has increased by 40% over the past decade (Pointer, 2022).

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These alarming trends have prompted growing concern among policymakers, educators, and public health organizations. Multiple Dutch institutions, including the National Youth Council (Lossie & Tuin, 2020), the Social and Economic Council (SER, 2022), and the VO Council (2022), have called for a more proactive role for schools and teachers in promoting student health and resilience. In alignment with these concerns, the national *Knowledge Agenda for Education* has identified the mental and physical health of young people as a critical and urgent area for educational research and intervention (Lazonder, 2022).

Health literacy in secondary schools

Schools are widely recognized as important environments for promoting health literacy (HL) among young people. However, despite this potential, there is a clear and pressing need for pedagogical strategies and tools that enable teachers to integrate HL into their subject-specific teaching practices (McCuaig et al., 2014; Simovska & McNamara, 2015). Although general educational resources aimed at supporting student (mental) health are available in the Netherlands —often developed as part of government initiatives to promote healthier school environments—, they are not easily integrated into subject-specific teaching. For example, schools are provided with materials such as escape room activities on sexting or guidance on implementing a 'healthy lunchroom' (e.g., www.gezondeschool.nl). While potentially valuable in a whole-school approach to health promotion, these resources often lack explicit connections to disciplinary knowledge and pedagogies, making them challenging for (history) teachers to integrate meaningfully into their instructional practices.

History teachers participating in our professional development (PD) programs consistently reported a lack of practical frameworks or classroom resources to guide meaningful discussions about health within the history curriculum, even though health is an important historical topic within the formal curriculum (e.g., workers' living conditions during the Industrial Revolution). When health is discussed in history classrooms, the focus tends to remain on factual content, such as the chronology of medical advancements or heroic interventions, rather than on broader reflections concerning health as a socially and historically situated phenomenon. It is, in that sense, remarkable that in subjects such as mathematics (e.g., Bruselius-Jensen et al., 2016), the integration of health literacy has received significantly more attention than in history education.

Adolescents' health behaviors are strongly associated with their HL level (Fleary et al., 2018). Low HL is linked to a higher risk of adverse health outcomes and a diminished quality of life (Zheng et al., 2018). In the Netherlands, over one-third of adults possess insufficient or limited HL, a factor contributing to rising healthcare expenditures (Heijmans et al., 2018)

A central dimension of HL is critical health literacy (CHL), which encompasses the cognitive and social skills required to critically evaluate health information and make informed decisions that influence individual and collective well-being (Nutbeam, 2008). More recently, CHL has been conceptualized as 'the ability to reflect upon health-determining factors and processes and to apply the results of that reflection to individual or collective actions for health in any given context' (Abel & Benkert, 2022, p. 2).

Promoting critical health literacy through historical thinking

We argue that historical thinking, a core goal of secondary history education globally (Erdmann & Hasberg, 2011; Levesque, 2008; Van Boxtel & Van Drie, 2018), can make a meaningful contribution to the development of CHL. Historical thinking has been defined as 'the creative process that historians go through to interpret the evidence of the past and generate the stories of history' (Seixas & Morton, 2013, p. 2). Although empirical evidence is still limited, we identified five interrelated pathways through which historical thinking may contribute to the development of students' CHL.

(1) Thinking about narrative construction, subjectivity, and empathy

Stack (2024) highlights significant parallels between historical thinking and cognitive behavioural therapy (CBT), particularly in their shared focus on narrative construction and the acknowledgment of subjectivity as inherent to human experience. As historical thinking is fundamentally

interpretive, it can help students recognize and embrace subjectivity. Furthermore, the development of historical empathy—defined as students' cognitive and affective engagement with historical actors (Endacott & Brooks, 2018)—might support students in understanding the interplay between thoughts, emotions, and behaviors, mirroring a core tenet of CBT. Such reflection may strengthen students' ability to process complex emotional experiences, a skill vital to both HL and overall psychosocial resilience.

(2) Contextualizing health

Historical thinking invites students to examine the socio-cultural contexts of ideas and events (Huijgen, 2018; Huijgen, 2023). Health, rather than being a purely biomedical concept, is increasingly recognized as a societal construct shaped by cultural, political, and economic factors (Suwono et al., 2023). Historians are particularly adept at illuminating the social and cultural determinants of health (Fleming, 2020). For instance, historical inquiry into changing beauty standards across time and place can foster critical awareness of how health-related ideals are socially produced. Encouraging students to reflect on these historical shifts aligns with key objectives in CHL, particularly regarding the interrogation of social determinants of health (Chin, 2011).

(3) Evaluating information

A foundational element of both historical thinking and CHL is the ability to critically evaluate and contextualize information. CHL requires the capacity to access, manage, and assess the credibility of health-related information (Sykes et al., 2013). In history education, students are systematically taught how to analyze sources, evaluate reliability, and interpret bias (Van Boxtel & Van Drie, 2018). There is also increasing emphasis on equipping students with tools to recognize misinformation and disinformation in history education, including the use of heuristics for identifying 'fake news' (Moreno-Vera et al., 2025). The urgency of these skills was underscored during the COVID-19 pandemic, which gave rise to an 'infodemic' of misleading and harmful health information (Breakstone et al., 2021; Zarocostas, 2020).

(4) Thinking with history vs. thinking about history

Historical thinking may foster students' awareness that contemporary health issues are neither entirely new nor unchangeable. In particular, the concept of *thinking with history*—as opposed to merely *thinking about history*—can be valuable, as it involves drawing on historical materials and the frameworks through which we interpret them to navigate and make sense of the present (Schorske, 1998). For instance, examining the historical effects of pandemics across generations or using family narratives might help students to contextualize their own experiences and better manage contemporary health crises (De Graaf et al., 2021; Elias & Brown, 2022; Fivush et al., 2008). These approaches—aligned with the concept of *applied history* (Allison & Ferguson, 2016)—may further strengthen the perceived relevance of history education by connecting historical inquiry to students' lived experiences. For instance, scholars have highlighted the educational value of engaging students in comparisons between the COVID-19 pandemic and earlier epidemics as a means of generating meaningful historical understanding (Hartsuiker et al., 2021).

(5) Creating safe learning environments by temporal distance

Finally, historical inquiry can provide a temporal buffer for addressing sensitive health-related topics such as sexuality, mental health, disability, and obesity. Health is not merely an abstract or historical concept; it intersects directly with students' personal experiences, choices, and identities. As a result, teachers may feel uncertain or hesitant when addressing health-related content, fearing that it may intrude upon students' sense of autonomy or provoke discomfort. By engaging with these issues in historical contexts, students may feel more comfortable participating in discussions without the pressure of personal disclosure. Such temporal distancing may facilitate more open and reflective dialogue, potentially supporting the development of CHL within a psychologically safe classroom environment.

Implementing critical health literacy in history curricula

As demonstrated, historical thinking and history education might offer valuable opportunities for teachers and students to engage with CHL. Rather than restricting CHL to isolated lessons or units, we argue for its systematic and continuous integration throughout the history curriculum. But how can this be achieved? We propose three pedagogical approaches.

(1) Using diachronic health themes

First, history teachers can identify diachronic themes related to health within their curricula. For example, the topic of food offers a lens through which to explore continuities and changes across time. Questions such as *How have diets and eating patterns evolved?* can help students understand historical developments in health-related practices and their broader social, economic, and political contexts. Another example question might be: *How have ideas about sexuality and sexual health changed over time?* Exploring historical perspectives on sexuality allows students to critically examine how societal norms, moral frameworks, and power structures have shaped understandings of sexual health, rights, and identity over time. A question such as *How have societies responded to pandemics throughout history, and what do these responses reveal about changing medical knowledge, social structures, and political power?* can help students to examine continuities and change in societal fears and to better understand government interventions and to deal with, for example, lock-downs.

In our *Healthy Histories* project, which brought together the expertise of history and biology teachers and teacher educators, numerous compelling examples emerged in response to such questions. Using 'Essential Questions' guidelines (cf. McTighe & Wiggins, 2013) might help teachers to formulate these kinds of questions which promote student discussions and a deeper understanding of the learning content.

(2) Well-being template

Secondly, Stack (2024) argues to review existing history modules (preferably in co-constructive dialogue with students) at the university level by using the 'five ways to well-being' template (Aked et al., 2008). Table 1 provides an overview of this template connected to the examples of Stack (2024).

Table 1: Well-being framework and examples for history education

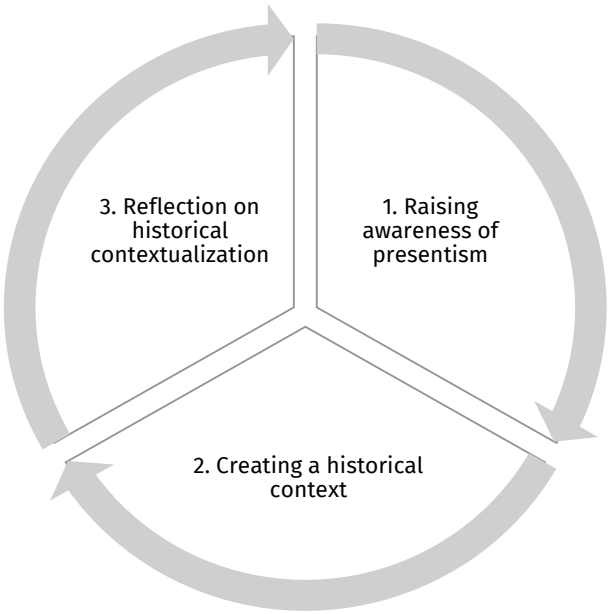
Five ways of well-being (Aked et al., 2008)	Examples (Stack, 2024)
Connect	Providing a space for students to reflect upon how an aspect of their own life –or their family history– might connect to the module content.
Be active	Promoting field work (e.g., city tours, visiting historical sites, urban walking), students moving around different breakout groups or considering information sheets pinned to different parts of the classroom.
Take notice	Relate module learning to what is going on in the wider world and to those things students care about, explore the experiences of historical actors in relation to students' own feelings and emotions.
Keep learning	Peer-assisted learning (PAL) programmes in which students in an older cohort facilitate supplementary group study sessions, using weekly learning plans, which set clear expectations.
Give	PAL programmes, group study sessions, building students' confidence in collaborating

Although Stack's (2024) examples are tailored to higher education contexts and therefore differ from secondary history education, they may nonetheless serve as inspiration for schools and history teachers to reconsider their curricula. In particular, the first three components of the well-being framework (connect, be active, and take notice) appear especially relevant. This raises important questions for history educators: To what extent can we align curricular modules more closely with students' personal lives and experiences? How might we systematically incorporate active elements, such as field trips, into the history curriculum? Moreover, the integration of historical Virtual Reality (VR) experiences may encourage more active (and physical) student engagement. Finally, by centering historical actors within each module, educators can promote deeper emotional and reflective engagement, encouraging students to relate these past experiences to their own emotions and perspectives while critically acknowledging the temporal and contextual differences between past and present.

(3) The Strange Past framework

Finally, teachers might use the Strange Past subject-specific framework (Huijgen, 2018; Huijgen, 2023) designed to promote historical thinking by strengthening students' ability to engage in historical contextualization. An overview of the framework is presented in Figure 1.

Figure 1. The strange past framework (Huijgen, 2023)



This teaching approach consists of three phases. Phase 1 raises awareness of presentism by confronting students with a surprising or unfamiliar historical source to trigger cognitive conflict. Students reflect on their reactions through questions, leading to a discussion on presentism and anachronisms. Phase 2 focuses on creating a historical context by guiding students through five dimensions: chronological, spatial, political, economic, and socio-cultural. Depending on their prior knowledge, students are either supported or work independently with varied sources. Phase 3 involves reflecting on initial interpretations by re-evaluating the source from Phase 1 using the constructed context. Students revise or justify their initial explanations and reflect on their understanding of contextualization and presentism.

This framework can be applied to any historical topic within the curriculum. For instance, in Phase 1, students might engage with a primary source such as a pamphlet written by King James I of England. While he is widely recognized for commissioning the first English translation of the Bible, he was also a fierce opponent of smoking. He implemented various measures to discourage tobacco use—including tax increases, which he later rescinded due to their negative impact on trade—and in 1616, authored a strongly worded anti-smoking pamphlet. It concluded with the statement: *'Smoking is a loathsome custom, hated by the nose, harmful to the brain, and dangerous to the lungs. The black, stinking fume reminds one of the Stygian pit that is bottomless'*—a clear allusion to hell. The pamphlet is concise and strikingly modern in tone, even warning of

the dangers of passive smoking. This might surprise students, many of whom may assume that the harmful effects of smoking and nicotine have only recently become widely known (raising awareness of their possible present-oriented perspective). In Phase 2, students investigate the historical context of the source to develop a 'sense of period' (Dawson, 2009). They examine the political, economic, and cultural circumstances in which the pamphlet was produced, deepening their understanding of early 17th-century England. In Phase 3, students reflect critically on the same source (pamphlet) and its implications. A compelling central question at this stage is: *To what extent was King James I ahead of his time?* To further connect with students' own lives, teachers might also ask: *What do you think of the central message in James I's pamphlet?* These questions not only encourage historical thinking but also open the door to classroom discussions about contemporary issues such as smoking and vaping, making the past relevant to students' present experiences. A foundational consideration in this process is the creation of a safe and supportive learning environment that enables open discussion of sensitive health topics.

Conclusion and discussion

There is a growing and urgent need, recognized by both schools and teachers, to support secondary school students' (mental) health. Yet, many educational professionals struggle to identify practical and realistic ways to address this within existing curricula. This article examined the potential of history education to contribute to students' CHL by outlining five interrelated pathways through which historical thinking can be meaningfully connected to CHL. In addition, we proposed three pedagogical approaches that offer concrete strategies for history teachers and schools to systematically integrate CHL into the history curriculum, thereby fostering students' (mental) well-being in a sustainable and educationally grounded manner.

The recently published framework for inclusive history of Barsch et al. (2025) might also be helpful to design impactful classroom materials on health topics because this framework connects historical learning with students' personal experiences. However, there is still a lack of theoretical clarity and empirical evidence regarding the relationship between historical thinking and students' health. Important questions remain for future empirical research to explore how factors such as the framework of Barsch et al. (2025), the concept of *hope* (cf. Wansink, 2025), the use of family histories (cf. Duke et al., 2008), and students' capacity to link historical consciousness with future-oriented thinking (cf. Barsch, 2025) may influence students' health and resilience at the individual level. More specifically, it remains an open question whether applying the Strange Past framework to historical health topics effectively promotes students' CHL. Similarly, the impact on student learning outcomes of interdisciplinary collaboration between biology and history teachers in essential question driven health projects has yet to be systematically studied.

Importantly, we fully recognize that historians and history teachers are not trained medical professionals or psychologists and this article is not intended to prescribe a specific pedagogical approach. Rather, it should be viewed as an initial exploration and an invitation to engage in an open dialogue about whether—and if so, how—history education might contribute to students' (mental) health.

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This research did not require ethical approval, as no personal data were collected and no human participants were involved. The authors used ChatGPT to assist with language-related editing tasks, such as improving sentence structure and grammar. All content was subsequently reviewed and revised by the authors, who take full responsibility for the final version of the publication.

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