

Assessment Report

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Level 3 Health 2018

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Part A: Commentary

Candidates are advised to familiarise themselves with the whole paper and plan their answers prior to commencing so that they allow adequate time to complete all questions.

In general, candidates' evidence and the resource material were utilised effectively, and answers were concise.

Part B: Report on standards

91462: Analyse an international health issue

Candidates who were awarded **Achievement** commonly:

- described effects of Determinants of Health (DOH) and some implications
- provided implications on personal wellbeing, but interpersonal and society was commonly sparse
- explained two strategies but not linked to the determinants or implications
- provided some evidence but often not referenced correctly
- provided determinants of health, however not always the most significant
- answered the question, but may have been inconsistent with some responses
- did not explain how the strategies provided led to more equitable outcomes.

Candidates whose work was assessed as **Not Achieved** commonly:

- identified incorrect Determinants of Health (DOH)
- failed to mention implications for society
- failed to provide enough detail about the implications
- did not provide enough credible evidence to support their responses
- did not discuss societal implications
- failed to explain the impacts on well-being.

Candidates who were awarded **Achievement with Merit** commonly:

- used their understanding of well-being to further explain the implications of their strategies
- gave evidence that was referenced and relevant
- addressed societal and individual implications throughout
- linked strategies back to the relevant Determinants of Health at both local and international level
- provided some detailed evidence
- discussed how the strategies would achieve equitable outcomes
- explained most significant and relevant Determinants of Health in detail
- discussed the societal implications in detail with evidence.

Candidates who were awarded **Achievement with Excellence** commonly:

- provided strategies directly related to their Determinants of Health (DOH) and explained the implications of these using well-being
- answered the question by providing a local and international strategy that related directly to the identified determinant
- explained underlying concepts throughout the paper
- gave evidence that was correctly referenced and relevant
- explained, in depth, implications for individuals and society.
- explicitly linked the underlying concepts, i.e. Health Promotion in the strategies by discussing the models used in their strategies. The attitudes and values when discussing determinants, the socio-ecological perspective in and impacts on Hauora in the implications.
- gave coherent answers.

Standard specific comments

Candidates who appeared to have read through the questions first and planned their answers performed well, particularly in the strategy section where they had to link an international strategy and a local strategy to each specific determinant.

Those candidates who achieved higher grades were able to apply their knowledge to the questions asked rather than just providing what appeared to be rote learned answers.

The quality of evidence and sourcing of the evidence was generally good.

Candidates who answered the questions coherently and concisely tended to achieve well.

91465: Analyse models for health promotion

Candidates who were awarded **Achievement** commonly:

- provided at least two strategies
- provided some comparison of the models for health promotion evident in their strategies and/or the HPA campaign
- provided little or no explanation of the effectiveness of the models, strategies and supporting documents for improving well-being
- demonstrated some understanding of the advantages and disadvantages of the models for health promotion
- demonstrated some understanding of the Bangkok Charter and referenced the Treaty of Waitangi.

Candidates whose work was assessed as **Not Achieved** commonly:

- did not provide two strategies
- did not accurately explain the models for health promotion and how they were evident in the HPA campaign and/or their strategies
- did not compare and contrast the models for health promotion
- did not provide an explanation of how the supporting documents were evident in their strategies and the HPA campaign
- did not reference the Treaty of Waitangi or did not accurately explain how the principles and provisions were, or could, be represented
- did not attempt all parts of the question.

Candidates who were awarded **Achievement with Merit** commonly:

- demonstrated understanding of the models for health promotion and had few inaccuracies
- demonstrated understanding of the effectiveness of the strategies, models for health promotion, and supporting documents for improving well-being of those affected and New Zealanders
- provided reasoned conclusions about the advantages and disadvantages of the models for health promotion
- demonstrated understanding of how the principles of the Bangkok Charter were evident in their strategies and the HPA campaign
- demonstrated some understanding of how the Treaty of Waitangi was evident in their strategies and/or the HPA campaign

- supported their explanations with effective use of the resource material.

Candidates who were awarded **Achievement with Excellence** commonly:

- demonstrated conceptual understanding of the models for health promotion and supporting documents
- provided a valid explanation of the collective action model for health promotion
- provided connections of the models for health promotion, their strategies, and the supporting documents to the underlying concepts
- recognised that collective action was required to effectively provide long term sustainable changes
- supported their explanations with consistent and effective use of the resource material.

Standard specific comments

The Collective Action Model was the least understood model for health promotion. This model was often incorrectly identified and/or explained within their strategies and/or the HPA campaign. Many aligned the collective action with education of the harms of alcohol, by experts, to a group of people in schools, support groups or workshops.

When included in their strategies, the behaviour change model for health promotion often included 'scare tactics' to ensure its effectiveness.

The Treaty of Waitangi was not well understood and was often misrepresented by candidates, e.g. stating that active protection was met by the posters because everyone could access them. Many candidates did not acknowledge how Treaty principles and provisions, accurately applied, would ensure that the health promotion worked towards equitable health status for Māori.

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Previous years' reports

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