

91465R



NEW ZEALAND QUALIFICATIONS AUTHORITY  
MANA TOHU MĀTAURANGA O AOTEAROA

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## Level 3 Health, 2018

### 91465 Evaluate models for health promotion

2.00 p.m. Wednesday 28 November 2018  
Credits: Five

## RESOURCE BOOKLET

Refer to this booklet to answer the questions for Health 91465.

Check that this booklet has pages 2–4 in the correct order and that none of these pages is blank.

**YOU MAY KEEP THIS BOOKLET AT THE END OF THE EXAMINATION.**

## Resource A: New Zealand Health Survey Alcohol Facts

The 2015 / 16 New Zealand Health Survey found about one adult in five has a hazardous drinking pattern. "Hazardous drinking" refers to an established alcohol drinking pattern that carries a risk of harming the drinker's physical or mental health, or having harmful social effects on the drinker, or others.

Rates of hazardous drinking vary by sex, age, and ethnic group, with young adults (18 to 24 years) recorded as having the highest rates of hazardous drinking and weekly binge drinking.

## Resource B: The Health Promotion Agency's (HPA) Approach

### The HPA's approach

Drinking alcohol is a part of many New Zealanders' lives but, for a significant proportion, the amount and pattern of drinking causes harm both to themselves and others. Harm can include injuries, chronic health problems, and abuse of others.

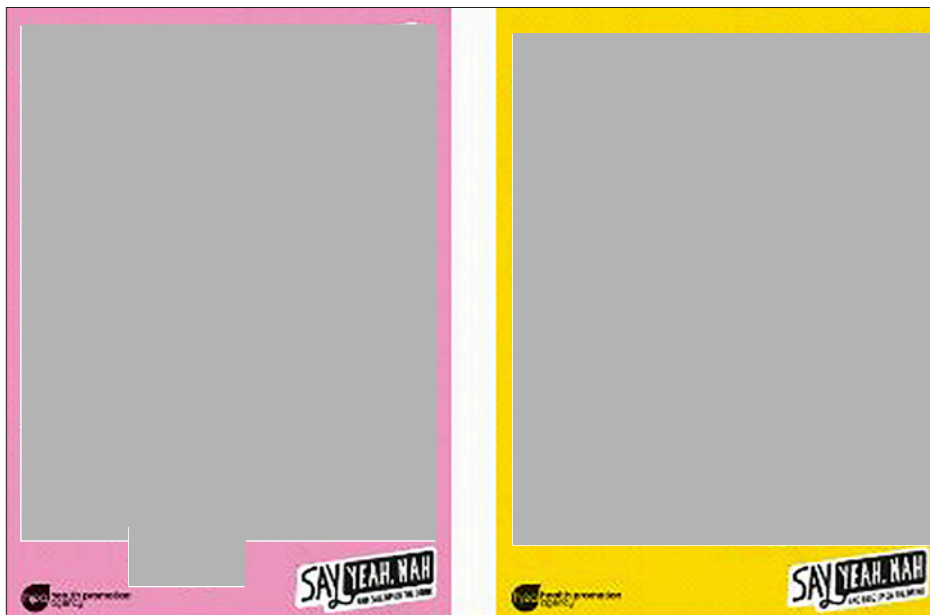
The work that the HPA undertakes aims to prevent and reduce this harm and inspire New Zealanders to make better decisions about drinking alcohol. It has **alcohol-specific** functions to:

- [REDACTED]
- undertake, or work with others, to research alcohol use and public attitudes to alcohol in New Zealand, and problems associated with, or consequent on, alcohol misuse.

### National marketing campaign and other communications

The HPA uses a range of strategies as part of its national marketing and communications programme to help New Zealanders make positive decisions about their alcohol use. [REDACTED]

[REDACTED] Examples of this campaign's posters feature comedian Guy Williams' face giving advice to Kiwi men and women about moderate drinking.



## Resource C: Three Models for Health Promotion

### Behavioural Change Model

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.

### Self-empowerment Model

### Collective Action Model

This is a socioecological approach that takes account of the interrelationship that occurs between the individual and the environment. It is based on the view that health is determined by factors that operate largely outside the control of individuals.

This model encompasses ideas of community empowerment and commitment to improve the societal structures that have such a powerful influence on people's health status.

**Turn the page for Resource D**

### Acknowledgements

Material from the following sources has been adapted for use in this examination (accessed 19 April 2018).

**Resource A:** 'Annual Update of Key Results 2015/16' (Wellington: Ministry of Health, 2016), p. 18, found on <https://www.health.govt.nz/system/files/documents/publications/annual-update-key-results-2015-16-nzhs-dec16-v2.pdf>.

**Resource B:** <https://www.hpa.org.nz/what-we-do/alcohol>; <https://www.hpa.org.nz/who-we-are>; <https://www.hpa.org.nz/what-we-do/alcohol/say-yeah-nah>; <http://stoppress.co.nz/news/draftfcb-says-yeah-nah-booze>; and <http://stoppress.co.nz/news/guy-wiliams-head-gives-responsible-drinking-advice>.




**Resource C:** *Making Meaning: Making a Difference*, The Curriculum in Action Series for the Ministry of Education (Wellington: Learning Media, 2004), found on <http://health.tki.org.nz/Key-collections/Curriculum-in-action/Making-Meaning>.

**Resource D:** The Bangkok Charter for Health Promotion from The World Health Organisation (2005), found on [http://www.who.int/healthpromotion/conferences/6gchp/bangkok\\_charter/en/index.html](http://www.who.int/healthpromotion/conferences/6gchp/bangkok_charter/en/index.html); Te Tiriti o Waitangi / The Treaty of Waitangi and Health Promotion from A. Waa, F. Holibar, C. Spinola, 'Programme Evaluation: An Introductory Guide for Health Promotion' (Auckland: University of Auckland Alcohol and Public Health Research Unit / Whāriki Rūnanga Wānanga hauora Mete Paekaka, 1998), found on <http://www.hauora.co.nz/resources/ToWandHP.pdf>, and from Health Promotion Forum of New Zealand – Rūnanga Whakapiki ake i te Hauora o Aotearoa, 'TUHA – NZ: A Treaty Understanding of Hauora in Aotearoa – New Zealand' (2002), found on <http://www.hauora.co.nz/assets/files/Maori/Tuhanzpdf.pdf>.

## Resource D: Supporting Documents

### The Bangkok Charter for Health Promotion

The World Health Organisation's (WHO) 2005 Bangkok Charter builds upon its earlier Ottawa Charter to guide health promotion in a globalised world. It is based upon five main principles:

1. advocating for health, based on human rights and solidarity
2. 
3. 
4. 
5. partnering and building alliances with public, private, non-governmental organisations, and civil society to create sustainable actions.

### Te Tiriti o Waitangi / The Treaty of Waitangi and Health Promotion

The Treaty of Waitangi has been identified as the founding document of Aotearoa / New Zealand, and as a key to health promotion in this country.

Treaty principles and provisions that are of particular relevance to health include:

#### *Partnership*

Refers to ongoing relationships between the Crown (the Government, or its agencies) and Māori.

#### *Participation*



#### *Active protection*

Recognises that the Crown needs to be proactive in health promotion and the development of preventative strategies – for example, providing additional resources so that Māori are able to enjoy equitable health status with non-Māori.