

91465R



NEW ZEALAND QUALIFICATIONS AUTHORITY
MANA TOHU MĀTAURANGA O AOTEAROA

QUALIFY FOR THE FUTURE WORLD
KIA NOHO TAKATŪ KI TŌ ĀMUA AO!

Level 3 Health 2021

91465 Evaluate models for health promotion

Credits: Five

RESOURCE BOOKLET

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

Check that this booklet has pages 2–7 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: ‘Steer Clear’ drug driving campaign (Collective Action Model)

The ‘Steer Clear’ campaign targeted 16–24-year-old New Zealanders, showing that cannabis can impair driving, and supporting young people to find alternatives to driving stoned.

The challenge

The campaign uses research-based evidence that clearly points to road safety challenges related to drug driving.

What did the campaign do?

The NZ Drug Foundation engaged Innovative Change and Curative, two New Zealand creative companies who work to address pressing social needs, to reduce the number of young people who drive following the use of cannabis.

The ‘Steer Clear’ crew at Splore (a New Zealand music and entertainment festival).

The campaign created a comprehensive social-marketing plan to reduce drug-related driving

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Sources (adapted):

<https://www.drugfoundation.org.nz/news-media-and-events/steer-clear-launched/>

<https://www.innovatechange.co.nz/nzdf>

**RESOURCE B: 'Unsaid' New Zealand Transport drug driving campaign
(Behavioural Change Model)**

In 2018, 71 people were killed in crashes where a driver was found to have drugs or medication in their system, that may have impaired their driving. In a safe system, no one deserves to be killed or seriously injured because they've made a mistake, yet people are being killed or seriously injured because some drivers are under the influence of drugs.

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Sources (adapted):

<https://www.nzta.govt.nz/safety/what-waka-kotahi-is-doing/our-advertising/current-advertising-campaigns/drug-affected-driving-advertising/>

<https://transporttalk.co.nz/news/video-campaign-highlights-human-impact-drug-driving>

RESOURCE C: Three models for health promotion**Behavioural Change Model**

This is a preventative approach, which 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

This approach seeks to develop the individual's ability to control their own health status as far as possible within their own environment. The model focuses on enhancing an individual's sense of personal identity and self-worth, and on the development of 'life skills'.

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 of 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.

Source (adapted): *Models of Health Promotion*, The Curriculum in Action Series for the Ministry of Education, found online at <http://health.tki.org.nz/Key-collections/Curriculum-in-action/Making-Meaning/Socio-ecological-perspective/Defining-health-promotion/Models-of-health-promotion>

RESOURCE D: Supporting documents

The Bangkok Charter for Health Promotion

The Bangkok Charter builds upon the Ottawa Charter to guide health promotion in a globalised world. It is based on five main principles:

- Advocating for health, based on human rights and solidarity.
- Investing in sustainable policies, actions, and infrastructure to address the determinants of health.
- Building capacity for policy development, leadership, health-promotion practice, knowledge transfer and research, and health literacy.
- Regulating and legislating to enable equal opportunities for the well-being of all people.
- Partnering and building alliances with public, private, and 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

Emphasises Māori involvement in all aspects of society within Aotearoa New Zealand. Within health promotion, this includes involvement of Māori stakeholders in the planning, delivery, and monitoring of programmes.

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.

Sources:

World Health Organization, *The Ottawa Charter for Health Promotion*, (1986).

Bangkok Charter for Health Promotion in a Globalized World, *Prevention and Control*, (2005).

Waa, A., Holibar, F., Spinola, C., & University of Auckland, *Programme evaluation: An introductory guide for health promotion*, Auckland: Alcohol & Public Health Research Unit. University of Auckland, (1998).

