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91465



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NEW ZEALAND QUALIFICATIONS AUTHORITY
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Level 3 Health, 2017

91465 Evaluate models for health promotion

2.00 p.m. Monday 13 November 2017
Credits: Five

Achievement	Achievement with Merit	Achievement with Excellence
Evaluate models for health promotion.	Evaluate, in depth, models for health promotion.	Evaluate, perceptively, models for health promotion.

Check that the National Student Number (NSN) on your admission slip is the same as the number at the top of this page.

You should attempt BOTH parts of the question in this booklet.

Pull out Resource Booklet 91465R from the centre of this booklet.

If you need more room for any answer, use the extra space provided at the back of this booklet.

Check that this booklet has pages 2–8 in the correct order and that none of these pages is blank.

YOU MUST HAND THIS BOOKLET TO THE SUPERVISOR AT THE END OF THE EXAMINATION.

Low
Excellence

TOTAL

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INSTRUCTIONS

Read **Resource Booklet 91465R** for details of the three models for health promotion and their supporting documents that you are required to evaluate in this examination.

Refer to the resource material, and apply your own understanding of aspects of the models and supporting documents, as they relate to the “5+ A Day” and “Healthy Families” Campaigns about **lifestyle practices**, when answering (a) and (b).

Space is provided below to help you plan your answers.

Begin your answers on page 3.

PLANNING (OPTIONAL)

QUESTION

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Read and refer to **ALL of the resources** on pages 2–5 of the resource booklet, when answering (a) and (b).

- (a) Compare and contrast the effectiveness of the “5+ A Day” and “Healthy Families” Campaigns, in relation to the models for health promotion that are present within each.

Evaluate the advantages and disadvantages of these different models for health promotion, along with their effectiveness for improving the **well-being** of New Zealanders.

The Behavioural Change (BC) model of health promotion is evident in the 5+ per day campaign. The BC model is characterised by concise messages aimed at transferring basic knowledge to a wide audience. There are a number of advantages of using a BC model. Firstly, websites are easily accessible by the general public and posters can be easily distributed in workplaces and schools. Thus, the 5+ campaign is likely to reach a wide NZ audience quickly. The campaign will also be very cost-effective, as websites are cheap to run and posters are inexpensive. Furthermore, the BC model is good at conveying concise, catchy pieces of information - the '5+' slogan is easy to remember, and can quickly be absorbed by the public. However, the BC model is effective at basic education, but poor at changing people's lifestyles. The colourful and childish aesthetic of the posters may seem condescending or irrelevant for some people, which means that, although people may remember the phrase '5+', they may not act on it or actively examine their own lifestyle. Although many BC models can focus on negative aspects of health, the 5+ campaign manages to seem reasonably positive, which will enhance engagement.

Part (a) continues on the next page

Another limitation of the BC model is that the information offered is quite generic. Although the use of analogies such as the 'right fuel for the car' are catchy, they offer little personalised advice or in-depth information about how to make major lifestyle changes. Thus, although the 5+ campaign will reach a wide audience, the effect of the campaign is likely to be ~~very little~~ temporary and very superficial.

Unlike the '5+' campaign, the 'Healthy Families' campaign is based on a collective action (CA) model of health promotion. The CA model is commonly known as the 'by-all for all' approach, whereby all members of a community invest time and effort, to address the underlying determinants of health. Using the CA model has many benefits. Firstly, the Healthy Families campaign aims to build a supportive environment which makes lifestyle changes easier for individuals. By making changes at workplaces, schools and clubs, people are able to encourage and help each other, which builds a culture of positivity and enthusiasm. This makes people more open and motivated to make healthy lifestyle choices. The Healthy Families campaign is also equitable, because it is inclusive of all demographics and individuals. By making use of local Iwi, businesses and DHBs, all members of society will benefit from the campaign, meaning it is equitable, as everyone has an equal opportunity to make lifestyle changes. The CA model is also beneficial and effective because it ~~may~~ addresses the specific determinants of health in the community. Economic, social and political factors are all determinants of health in NZ, and so by utilising...

- (b) Compare and contrast the "5+ A Day" and "Healthy Families" Campaigns, in relation to the principles of the Bangkok Charter and The Treaty of Waitangi.

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Evaluate how the inclusion, or lack of inclusion of these principles within both initiatives, will affect the well-being of New Zealanders.

Both the 5+ campaign and Healthy Families campaign address and exemplify principles 3 and 4 of the Bangkok Charter. The 5+ campaign focuses primarily on transferring knowledge via the BC method of health promotion. Posters, websites and school resources are all ways of transferring knowledge about healthy diet and sharing the latest research with the public. Similarly, the Healthy Families campaign displays principle 3, as it aims to spread health knowledge through local schools, iwi and sports clubs. The CA model also gives individuals the opportunity to display leadership, by organising community activities, which is included in Principle 3.

The 5+ campaign also gives all members of NZ society the same information, and thus provides an equal opportunity for individuals to improve their health. However, the Healthy Families campaign acts on the other, as it targets vulnerable demographics (such as Māori), through the use of local iwi. This means that, unlike the 5+ campaign, the Healthy Families campaign adheres to the 'active protection' principle of the Treaty of Waitangi.

Additionally, by communicating jointly with local iwi, the Healthy Families campaign is demonstrating the 'Partnership' and 'Participation' principles of the Treaty of Waitangi. This is because iwi are being made aware

of the campaign, and are able to modify and contribute to the CA model, to ensure Māori are included and benefited equally/equitably by the campaign.

The 5+ campaign does little to address principle 1 of the Bangkok Charter. Although the 5+ campaign advocates for health, the campaign does not promote collaboration, encouragement or 'solidarity'. Hence, the 5+ campaign is limited in its capacity to address principle 1 of the Bangkok Charter because of the BC model employed.

In contrast, the Collective Action model used in the Healthy Families campaign fundamentally adheres to principle 1, as Collective Action requires solidarity and community collaboration to advocate for health.

Thus, the inclusion of businesses, iwi, DHBs etc. are all examples of Bangkok Charter principle 1 in action.

The 5+ campaign does not adhere to Principle 2 of the Bangkok Charter because it does not take into account the determinants of health. For example, the campaign advises NZers to eat 5+ fresh fruit and vegetables per day, but does not address economic or social barriers to eating healthily, like subsidising fruit and vegetables.

In comparison, the Healthy Families ~~Eating~~ Campaign strongly addresses the second principle of the Bangkok Charter as it actively seeks to address economic, cultural and political barriers to achieving wellness. For example, collaboration with business leaders, targeting schools and improving...

Extra space if required.

Write the question part(s) if applicable.

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a. local businesses, local government and sports clubs, each determinant of health can be addressed by these leaders. For example, local supermarkets could discount fresh produce, meaning economic disadvantages are less of a barrier to healthy eating. Additionally, the CA model will likely strengthen community ties and build resilience against future health issues. By including all members of society and fostering a culture of mutual support, the community will be more inclined to invest in other health promotion activities. One drawback of a collective action model is that such campaigns are expensive. Bringing all sectors of society on board will require efforts and government expenditure, however the campaign expenses should be worthwhile if the campaign works. Furthermore, CA campaigns take a long time to change social culture and create permanent change. However, in contrast to the 5+ campaign, the Healthy Families campaign should be more permanent and create greater change, as it addresses the determinants of health.

Extra space if required.
Write the question part(s) if applicable.

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b. ... the eating/wellbeing culture in the community are all examples of where the Healthy Families campaign has identified and addressed the determinants of health.

Lastly, the S+ campaign does little to demonstrate Principle 5 of the Bangkok Charter, as it does not seek to ally or consult with private or non-government organisations. The S+ campaign is run primarily in schools, and so the health campaign is solely government run. In contrast, the Healthy Families campaign seeks to build 'collective action' by actively conferring with civil organisations (such as clubs, businesses and DHBs) and deferring some responsibility to them. In this way, the Healthy Families campaign gives some autonomy to local organisations, allowing them to tailor their responses according to their community's specific needs. Thus, the Healthy Families campaign does adhere to the fifth principle of the Bangkok Charter.

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Annotated Exemplar

Excellence exemplar 2017

Subject:	Health	Standard:	91465	Total score:	07
Q	Annotation				
a and b	<p>The candidate accurately represents the models for health promotion and the supporting documents.</p> <p>The candidate's comparisons of the effectiveness of the models and the evaluation of the inclusion, or lack of inclusion, of the supporting documents, considers the effects on the well-being of all New Zealanders.</p> <p>There is some reference to the underlying concepts provided (although reference to 'hauora' was not consistent throughout), and consistent and coherent evidence is included.</p>				