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91465



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Mana Tohu Mātauranga o Aotearoa
New Zealand Qualifications Authority

Level 3 Health 2024

91465 Evaluate models for health promotion

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 ALL 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.

Do not write in the margins (/////). This area will be cut off when the booklet is marked.

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

Excellence

TOTAL 07

Page 1

Make sure you have the paper Resource Booklet 91465R.

INSTRUCTIONS

Before you begin, read ALL parts of the question. Support your answers with **specific and relevant evidence** from **Resource Booklet 91465R**, and your own understanding of aspects of models for health promotion, as they relate to improving the well-being of New Zealanders through meningococcal disease immunisation.

PLANNING

B I U     

Model 1 - Behavioural change model

Focuses on lifestyle behaviours that impact health. It seeks to persuade individuals to adopt healthy lifestyle behaviours, to use preventative health services, and to take responsibility for their own health.

- Moralistic tone (professional's opinion is the best.)
- Band-aid - preventative approach (focuses on the risks rather than the protective/preventative factors)
- advertisements - Aims to persuade individuals to get immunised for MC - Advocates 'about' health
- does not take the determinants of health into account

Model 2 - Collective action model

a Socioecological approach that takes account of the interrelationships between an individual and the environment. Based on the views that health is determined by factors that operate largely outside the control of individuals. Encompasses ideas of community empowerment and commitment to improve the societal structures that have such powerful influence on people's health status.

- Holistic tone - considerate and inclusive of Hauora (**Spiritual, physical, emotional and social wellbeing**)
- fosters resilience for wider communities and society, rather than just the individual
- partnering with local communities and iwi to initiate change.
- Advocates 'for' health
- Educating within schools.

175 WORDS

QUESTION

- (a) Identify and explain TWO of the models for health promotion that are represented in the 'Be Safe In Our Space' campaign (Resource A) strategies.

Model of health (1):




Behavioural Change Model

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The Behavioural change model is evident in the 'Be Safe In Our Space' campaign strategies through the use of various advertisements across multiple media platforms. By using social media platforms that are "frequented by youth" (Resource A) the campaign is aiming to specifically target their audience of people aged 13-25. This approach follows a more moralistic tone, this is also known as the 'band-aid approach', this is because of how the campaign uses a preventative approach (Resource B) to how they promote their campaign. By advocating 'about' health, they focus on the risks that arise from meningococcal disease, rather than the protective, preventative factors. In an act of persuading the target audience to adopt to a 'healthier lifestyle' (Resource B) by getting immunised. They have also utilised the use of radio stations to promote their campaign by tuning into radio stations that are used on a more communal level. By idolising community, commercial, iwi, pacific and student radio stations, the campaign is further enhancing the likelihood that their target audience (those ages between 13 and 25 years) will listen to their campaign promotions. Additionally, by putting "key promotions" on local radio stations, the campaign is able to connect with the local communities who are less likely to have access to more modern music platforms (spotify or apple music), this is beneficial in promoting protection against meningococcal disease for the more vulnerable communities within New Zealand. Similarly, the behavioural change model is evident in the 'Be Safe In Our Space' campaign strategies by 'victimising' the target audience. By stating things such as "young people are at greater risk of catching meningococcal disease", they are creating a sense of urgency for the target audience, generating a more impactful response by 'scaring' people into getting their immunisations following the mention of how contagious the disease is, and what the symptoms are. As well as the fact that the symptoms are highly common symptoms, further 'scaring' the youthful audience. The behavioural change model is evident in the campaign's strategies because of how their approach to promoting protection is primarily focused on the spread of professional information. By having professional and expert information being provided to their audiences, the campaign is persuading individuals to focus more into meningococcal disease through the persuasion of word from health professionals.

Model of health (2):

Collective Action Model

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The Collective action model is evident in the 'Be Safe In Our Space' campaign strategies because of how they are inclusive of the wider community in promoting protection against meningococcal disease. By initiating "peer education workshops, community events, peer support networks and skill-building sessions" (Resource A) the campaign is emphasising the importance of spreading crucial information to the wider community in New Zealand. These initiatives are highly supported by the fact that the spread of meningococcal disease are determined by factors beyond an individual's control (Resource B). By focusing on educating individuals about getting immunised, they are providing further information about how contagious the disease is, increasing the importance of being immunised. By organising community events to encourage discussions about meningococcal disease increases the likelihood of information being spread to the target audience of 13-25 year olds (Resource A). The collective action model fosters a holistic tone and is considerate of hauora (Spiritual, physical, emotional and social wellbeing). By establishing events where communities are able to come together and be educated about the impact which meningococcal disease has on individuals increases one's social wellbeing because of how trained peer leaders are able to facilitate conversations about getting immunisations. Enlightening those who are more concerned about the importance of getting immunised against meningococcal disease. By fostering resilience amongst wider communities and iwi, the campaign strives to educate all age groups about the impact from meningococcal disease and how one case can spread and impact multiple individuals. This initiates positive changes within society and encourages those who are more vulnerable to take action as an individuals, but by doing so, they are also protecting their whanau, friends, and community (Resource A). Additionally, the collective action model is evident in the campaign's strategies because of how they have created easily accessible resources and environments for people all over New Zealand. By distributing resources such as newspapers (both paper and online), pamphlets and guest speakers (Resource A) that are available in Maori and other languages other than English which may be beneficial within New Zealand (e.g Chinese, French, Spanish), the campaign is encouraging wider communities to get involved in protecting themselves and others against meningococcal disease. Furthermore, the campaign's strategies focus on educating individuals about getting immunised. By utilising schools and education providers, the campaign's strategies are able to directly capture the attention of their target audience (13-25 year olds, (Resource A)) through the use of connecting with the education system to spread important information to those in the population that are most impacted by meningococcal disease. (Resource A).

- (b) Using the **TWO** models identified in part (a), evaluate how effective they are at improving the well-being of New Zealanders through meningococcal disease immunisation. In your response, consider the advantages and disadvantages of each model.

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The behavioural change model is slightly effective in at improving the well-being of New Zealanders through meningococcal disease immunisation because of how they foster a 'preventative approach'. This is relevant to the effectiveness because of how the information provided discusses the impact of meningococcal disease and the risks which occur within younger people. This approach is effective because of how it pressures individuals to get immunised through the use of highlighting the risk factors for those who are not immunised. Additionally, by advertising that it is accessible and free for those within the target, most vulnerable age group (13 to 25), the campaign is enabling individuals such as university students who may have a lower income than most to get immunised because of the immunisation being cost-free. This improves the well-being of those students because of how they are able to access protection against meningococcal without the worry of having to afford it whilst being in a situation where they have a minimal income. By using local and student radio stations, the campaign is able to spread information directly to the more vulnerable communities. This is effective in improving the well-being of New Zealanders through meningococcal disease immunisation because of how they are able to hear frequent information about getting immunised, therefore being able to feel more included in their communities. The inclusivity of the radio and social media platform promotions are evidently considerate of hauora by enabling more vulnerable individuals to get protection at their own convenience. However, the disadvantages to the behavioural change model include the fact that there is no law or government policy which states that every individual must get immunised. An example of this disadvantage is the community of anti-vaxers within New Zealand during the COVID-19 times. But instead, the meningococcal disease immunisation is one of which does not mean that New Zealand citizens are required to have the immunisation to participate within society. They are just creating a further risk to themselves, and others around them. The primary disadvantage to the behavioural change model is that it is only impactful to those who can relate to the information being promoted. The communities which are most likely to not be impacted by this campaign are those who are over 25. This is because (as the campaign states) that "the immunisation is FREE for people aged 13 to 25". Meaning that those who are over 25 will have to pay in order to get immunised, this is not beneficial for the individuals that are in lower-class social positions because they may not be able to afford the price in which it costs to get an immunisation. However, this is not the target audience for the campaign, therefore this group of individuals in society is not the group of interest, having no overall impact on the campaign's target goal. Similarly, due to the behavioural change model using a 'band aid approach' the campaign is not improving the well-being of New Zealanders through meningococcal disease immunisation because they are not providing the youth-focused audience with encouraging information regarding getting immunised. By solely educating individuals about the risk factors from meningococcal disease, they are decreasing the emotional well-being by placing a negative shadow over the disease as a whole.

The collective action model is effective they are at improving the well-being of New Zealanders through meningococcal disease immunisation because of how the campaign is inclusive of all communities and vulnerable groups within New Zealand. By providing resources which are available in multiple languages, the campaign is positively impacting the well-being of the communities in New Zealand that do not use English as their first language. By doing this, they are able to provide crucial information to ensure that their target audiences, are able to understand and be educated about the importance of being immunised from meningococcal disease. By creating partnerships with local organisations, iwi and community leaders (Resource A), the campaign is evidently being considerate of their more diverse communities, identifying that they need to implement immunisation initiatives which address the importance of protection against meningococcal disease. Through designing community organisations, the well-being of New Zealanders is heightened through the fact that communities are able to receive information from their own people, adopting the "by all, for all" approach. This enables the collective action strategies to be more efficient in improving the well-being of New Zealanders through meningococcal disease immunisation, because they are able to interpersonally connect with more unique communities, persuading and encouraging more individuals to take action and get their meningococcal immunisations. This evidence supports the advantages to the collective action model, these strategies display how community engagement positively impacts the level in which information is communicated and how beneficial the response is from the communities themselves. Overall improving the well-being of the more conservative and concerned individuals that are within the more vulnerable groups in society. Furthermore, the collective action is evidently effective at improving the well-being of New Zealanders through meningococcal disease immunisation because of the way in which the campaign strives to educate higher-ranking individuals in society as well as the target audience. By educating the higher-ranking individuals such as teachers, educators, community leaders, iwi health providers and tertiary providers/employers (Resource A), the campaign is able to increase the degree in which information is being communicated. For example, children are more likely to take interest into topics that their parents, teachers and peers discuss around them. Increasing the likelihood that accurate information is spread through word. The well-being of younger individuals is impacted because of how they are positively reassured that by getting an immunisation against meningococcal, they are protecting their family, friends and those in their community. Thus leaving a lasting impression on a young person's mind that they have positively impacted their own lives and the lives of their loved ones. However, a disadvantage to the collective action model is that the inaccurate information can be widely spread amongst communities. This leaves an ineffective demeanor onto the campaigns strategies because of how those that are not directly effected may choose not to get the immunisation, by not getting the disease itself, reassures individuals that their choice was correct. Information like this can spread within communities and groups such as "anti-vaxers" are created. Those who do not believe in illness. Additionally, this also impacts the religious communities within New Zealand, because of religion, they do not believe in immunisations, increasing the number of individuals who choose not to get immunised. Overall decreasing the well-being of the religious communities, because they are being reassured on social media, the radio and around other communities that their religion is irrelevant when it comes to getting protection for meningococcal disease. Impacting the spiritual aspect to Hauora because of how

- (c) What aspects of the Bangkok Charter and Te Tiriti o Waitangi / the Treaty of Waitangi are evident in the strategies for the 'Be Safe In Our Space' campaign?

How effective are these aspects in improving the well-being of New Zealanders through meningococcal disease immunisation?

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The Bangkok Charter is evident in the 'Be Safe In Our Space' campaign strategies that focus on the principle of "partnering and building alliances with public, private, non-governmental organisations, and civil society to create sustainable actions" (Resource C) this includes the strategies that involve partnering with the community, local organisations, iwi, and community leaders in order to impliment immunisation initiatives that address the unique needs of their diverse community (Resource A). This aspect is effective in improving the well-being of New Zealanders through meningococcal disease immunisation because of how they are inclusive of the more diverse communities and the importance of incorporating strategies which accomodate the individual needs for the target audience of the campaign (13 -25 year olds). Community events are effective in improving well-being because of how they involve initiatives which allow specific groups to actively participate in getting protection against meningococcal disease. This effects hauora because of the specific needs for more vulnerable individuals is met through the diverse and unique strategies. Enabling initiatives to be inclusive and accessible for all New Zealanders. Benefiting the overall well-being due to an increased acessability for informative and reassuring resources which encourage individuals through meningococcal disease immunisation. Additionally, the Bangkok Charter is evident in the 'Be Safe In Our Space' campaign strategies because they include elements in their strategies which highlight the principle of "regulating and legislating to enable equal opportunities for the well-being of all people (Resource C).

This is effective in improving the well-being of New Zealanders through meningococcal disease immunisation because of how they create environments which include opportunities for individuals to ask questions and be provided with answers that contain relevant and considerate information about meningococcal disease, alleviating fears or misconseptions around immunisation (Resource A). This improves the wellbeing of New Zealanders through the process of getting immunised for meningococcal disease because people are able to be acknowledged for their concerns and treated in a way which is comforting for those who are unsure about the immunisation process. Additionally, this principle in the Bangkok Charter is evident because of how the campaign strives to create equal opportunities for all people in New Zealand to get free immunisations against meningococcal disease. By regulating a situation which allows people between the ages of 13 and 25 to get free immunisations in halls of residence, boarding school or hostels (Resource A), these specific groups are given an equal opportunity to get immunised, especially because those are the groups which are most vulnerable from contracting meningococcal disease. This is effective in improving the well-being of New Zealanders through meningococcal disease immunisation because they are being treated equally and are enabled opportunities to recieve the same care as those who are not imediately vulnerable from meningococcal disease. Increasing the impact on one's hauora from the equal opportunities provided in the Be Safe In Our Space' campaign's strategies.

Furthermore, the Treaty of Waitangi is evident in the 'Be Safe In Our Space' campaign strategies through the principles of 'Participaton' (Resource C). The campaign's strategies consistantly mention the inclusivity of "iwi" and "iwi health providers and educators" (Resource A) in their community communication and partnership events. This is an essential factor into the Treaty of Waitangi 'Participation' principle because of how the campaign emphasises Maori involvement in all aspects of society within New Zealand. Within health promotion, it includes the involvement of Maori stakeholders in the planning, delivery and monotoring of the programe" (Resource C). This is evident in the campaign's strategies because of the fact that they state that the will partner with the organisations, iwi, and local communities to **co-design initiatives**. (Resource A) This indicates that Maori stakeholders will be able to be a part of the process in communicating the initiatives for meningococcal immunisations and they will be able to deliver resources to their own Whanau and iwi in ways that highlight their cultural beliefs and values. positively impacting the well-being of those in Maori communities because they are able to connect with their iwi and whanau in ways which enable them to effectively and positively navigate the meningococcal immunisation process. Similarly, the Treaty of Waitangi principle of 'Active Protection' (Resource C) is evident through the use of resources being provided in Te Reo Maori. The principle states that health promotion must "provide additional resources so that Maori are abl to enjoy equitable health status with non-Maori" (Resource C). This is effective in the campaign's strategies because of how they are inclusive of the Maori culture, by implimenting opportunities to develop and provide their own community sessions which provide information about meningococcal disease and provide the ability to develop skills around problem-solving and decision making when it comes to immunisation health. This is beneficial to the wellbeing of the Maori communities because they are able to communicate in a more comfortable mannon with individuals in which they trust and idolise in their community, to encourage them to actively participate in the immunisation process. Overall proving the effectiveness of the campaign's strategies because of the increased levels of inclusivity for Maori people within New Zealand, to assist them through an effective immunisation process, and how Maori culture is given equal opportunities for health promotion and health-care as non-Maori.

Excellence

Subject: Health

Standard: 91465

Total score: 07

Grade score	Marker commentary
E7	<p>The response is well thought out and insightful. However, key points could have been much more concise to enhance readability.</p> <p>The response demonstrates how the two identified models for health promotion relate to the underlying concepts and carefully draws well-reasoned conclusions informed by the relationship of the models to the underlying health concepts.</p>