

Assessment Schedule – 2015

Health: Evaluate models for health promotion (91465)

Assessment Criteria

Achievement	Achievement with Merit	Achievement with Excellence
The candidate evaluates models for health promotion.		
<p><i>Evaluation</i> involves considering the implications for people's well-being of models of health promotion by:</p> <ul style="list-style-type: none"> comparing and contrasting models for health promotion explaining advantages and disadvantages of models for health promotion drawing conclusions about the effectiveness of the models. 	<p><i>In-depth evaluation</i> involves:</p> <ul style="list-style-type: none"> exploring links between models for health promotion and their use for improving people's well-being in given situation(s) drawing reasoned conclusions about the effectiveness of the models. 	<p><i>Perceptive evaluation</i> involves:</p> <ul style="list-style-type: none"> showing insight about how the models for health promotion relate to the underlying health concepts (hauora, socioecological perspective, health promotion, and attitudes and values) drawing conclusions informed by the relationship of the models to these concepts.
See Appendix for sample answers.		

Evidence

N1	N2	A3	A4	M5	M6	E7	E8
Partial answer, but does not analyse the health issue.	Insufficient evidence to meet the requirements for Achievement.	The evaluation generally meets the requirements for Achievement, but the answer may be inconsistent across the criteria.	The evaluation meets the requirements for Achievement, including use of the resource material provided.	The in-depth evaluation generally meets the requirements for Merit, but some aspects of the answer may be inconsistent across the criteria.	The in-depth evaluation meets the requirements for Merit, including use of the resource material provided.	The perceptive evaluation generally meets the requirements for Excellence, but one aspect of the answer may be inconsistent across the criteria.	The perceptive evaluation meets the requirements for Excellence, including insightful connections to the underlying health concepts.

N0 = No response; no relevant evidence.

Cut Scores

	Not Achieved	Achievement	Achievement with Merit	Achievement with Excellence
Score range	0 – 2	3 – 4	5 – 6	7 – 8

Appendix

Question	Sample answers for the analysis of the “Smokefree Schools are more than a Sign on the Gate” Campaign (not limited to these examples)
(a)	<p>Explains how different models for health promotion are represented in the smokefree strategies currently in place at Lang Beach High School.</p> <p>Compares the advantages and disadvantages of the models currently represented, their effectiveness for improving well-being, and the likelihood of the school becoming completely smokefree, e.g.:</p> <p>The Behavioural Change Model is evident in the following strategies:</p> <ul style="list-style-type: none"> • <i>Quitline posters pinned up around the school.</i> • <i>Lang Beach ‘Smokefree’ Policy is stapled to the wall.</i> • <i>The nurse has pamphlets on a stand outside her room.</i> • <i>Lessons are run by the Health teachers about the dangers of smoking for your health.</i> <p>The advantages and disadvantages of the Behavioural Change Model, and its effectiveness for improving the chances of the school becoming completely smokefree:</p> <ul style="list-style-type: none"> • <i>This model for health promotion has the advantage of targeting a large number of people with ease, and provides them with information about the harms of smoking in a relatively inexpensive way. However a disadvantage of this model is that to be effective at all, the person concerned has to realise that it applies to them and want to make the change.</i> • <i>The BC Model is a preventative approach that shows if you or someone you know smoke, you should not do it because it is risky and you should have the self-control to be smokefree. It does not provide the support or strategies to give up, as happens in a Self-Empowerment Model for health promotion, but relies more on the fact that if an individual understands the information, they will take notice and do what is being said.</i> • <i>In the BC Model, attitudes and values are generally limited to respect for self, and focus on the individual feeling guilty, or solely responsible for their own behaviour, and therefore feeling like it is up to them to do something about it. It relies on its success by blaming the individual for the problem, rather than them feeling that it is acceptable to gain support from others to become smokefree, and that society has a part to play in taking some responsibility for the problem as well as for the solution. This can impact on well-being as it can make people feel that they are useless, or not as in control as other members of society who do not smoke.</i> • <i>The BC Model is based on the fact that if you provide people with the necessary information, then they will be able to change their behaviour. It usually only involves focusing on one or two dimensions of hauora. For example, the mental and emotional side of addiction, or the physical side, and it does not consider there to be a socioecological component, where the environment or how society as a whole contributes to the problem is considered. This limits the success of this model in improving well-being by getting people to stop smoking, as it does not get to the cause of the problem, only the result. Therefore, although a person may stop, it does not prevent others from starting.</i> <p>The Self-empowerment Model is evident in the following strategies:</p> <ul style="list-style-type: none"> • <i>Students can make an appointment with the school counsellor to learn strategies for giving up smoking.</i> <p>The advantages and disadvantages of the Self-empowerment Model, and its effectiveness for improving the chances of the school becoming completely smokefree:</p> <ul style="list-style-type: none"> • <i>Students are encouraged to take ownership of their own behaviour by accessing services and support on offer to them, such as the counsellor, i.e. the individual is the one offered support and strategies to overcome their smoking problem. The advantage of this is that it provides more support than the Behavioural Change Model, where they are just given information about the risks of smoking and it is up to them to stop. The SE Model provides the individual with the support of others to help them stop, and provides strategies for doing so that can be used both immediately and in the future.</i> • <i>The SE Model seeks to provide students with the self-actualisation skills necessary to develop strategies to deal with the feelings and issues they have when they are smoking.</i> • <i>Students would be provided with the skills to develop strategies to deal with the feelings and issues that they have in relation to smoking, i.e. empowering students and developing resilience at an individual level where they can transfer this to other areas of their life.</i>

- *The student is the one seen as having the problem, and although they are offered support and strategies to overcome the smoking addiction, the cause of the issue is generally still aimed at the individual. The disadvantage is that only the behaviour of the person is targeted, not the other impacting factors, such as environment or peer influence, etc.*
- *Students have to feel comfortable about accessing help, and trust the confidentiality of the counsellor, or have built up a good relationship over the year with their teacher. This may help to provide them with the confidence to make a change in their smoking habits; however if they do not have a good relationship with this one person, then this will not occur.*
- *The attitudes and values of the community in relation to smoking are still very important in determining what level of support people are comfortable accessing, due to the reaction and stigma that is placed on them being seen as responsible for the problem that they have.*
- *The strategies that come under the self-empowerment model require more time and resourcing than the Behavioural Change Model. Therefore, a disadvantage is these strategies take longer to implement with the resourcing available to schools. It also requires in the case of the lessons that the student has covered being done at a time when the individual is ready to receive the information.*

- (b) Explains what other health promotion strategies could be included in the “Smokefree Health Promotion Plan” to be presented to the Lang Beach High School Principal.
- Evaluates which **models** and **supporting documents** are represented in the strategies, and how these strategies would lead to the improved well-being of the whole school community, e.g.:
- Collective Action** strategies:
- *Survey the school community to find out what their needs are in relation to becoming smokefree.*
 - *Form an action group of students who are willing to identify and support other students to help them give up smoking.*
 - *Look at the school environment to see whether there are things happening at lunchtimes for students to do to occupy them, rather than them just hanging out and feeling like they are more inclined to smoke.*
 - *Look to see if there are areas in the school environment that encourage people to hide and smoke.*
 - *Provide opportunities for whānau to have input into issues that are causing their children to start smoking.*
 - *Provide workshops and support for whānau to give up smoking.*
- Models and supporting documents to include in these strategies, and how these would lead to the improved well-being of the whole school community:
- *The Collective Action Model encourages all people in the community to be involved, even if they are not the ones addicted. The CA Model looks to identify how the environment and other factors contribute to the problem, and what could be different to prevent the problem from occurring in the first place. For example, children watching their parents smoking at home. This improves well-being by lessening the feelings of isolation and failure, allowing individuals to gain the confidence to access help, as they do not feel that it is all their fault and that they have to sort it out all on their own.*
 - *The community owning the problem by looking at the issue for themselves and coming up with the solution, links to the Bangkok Charter principle of **investing in sustainable policies**, as the community owns the problem and the solution, and therefore is more likely to be sustained by the community.*
 - *The CA Model takes into account each individual community and its specific needs, and then develops a plan that caters to that community’s needs. Finding out what each community needs is more time-consuming and involves more resourcing than the other two health promotion models; however the long-term gains make this investment worthwhile. People’s well-being improves as they feel more connected with their community, and more likely to want the best for all within that community, which not only improves well-being because people feel valued for the attributes they have and can share, but also encourages a greater sense of community, which builds resiliency and pride. This connects to the Ottawa Charter principle of **strengthening community action**, where this strong connection means that people are more likely to get involved in helping with solutions for the issue.*
 - *The CA Model of health promotion lays less blame than the other two models; however it requires people to have the capacity to understand that it is the problem of the community as a whole. It is based around creating changes by encouraging people to work together to provide solutions for smoking-related harm. This links to the Bangkok Charter principle of **advocating for health** based on human rights and solidarity, where others take responsibility for the issue and the solutions.*
 - *Providing whānau with the opportunity to have input is represented in the Ottawa Charter principle of **creating supportive environments** where communities are encouraged to develop networks that create their own individualised initiatives, and whole communities are encouraged to be involved in solving or preventing risky, smoking-related harm. Well-being is improved because people feel supported by others and are able to broaden their social networks, and this helps to improve a range of people’s self-worth, not just those with the smoking addiction.*
 - *The fact that everyone in New Zealand has a part to play in the solution, including the government, links to the Treaty of Waitangi principle of **active protection**, where policy and process needs to be considered in preventative strategies as it is not simply the individual at fault. This active protection takes into account that there are other factors that may contribute to why someone has a smoking problem, and it is these factors that need to be considered when preventative strategies or solutions are considered for the well-being of all New Zealanders.*
 - *Including the Māori community as stakeholders involved in all aspects of the action plan improves the well-being of all, as Maori can see that their needs are being considered and valued, and therefore everyone in the community is seen to be equally important. This links to the Treaty of Waitangi*

	<p><i>principle of participation, as communities are encouraged to develop their own formal networks with Māori stakeholders to implement strategies to change attitudes and behaviours specific to Māori. The values and beliefs of all are being upheld, and as a result, well-being improves because a more harmonious society is developed where everyone starts to feel valued.</i></p>
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