Assessment Schedule – 2016

Health: Evaluate models for health promotion (91465)

Assessment Criteria

Achievement	Achievement with Merit	Achievement with Excellence
The candidate evaluates models for health promotion.		
Evaluation involves considering the implications for people's well-being of models of health promotion by:	*In-depth evaluation* involves:	*Perceptive evaluation* involves:
• comparing and contrasting models for health promotion • explaining advantages and disadvantages of models for health promotion • drawing conclusions about the effectiveness of the models.	• 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.	• 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.

Evidence

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

*See **Appendix** for sample answers.*

N0 = No response; no relevant evidence.

Appendix – Sample answers for analysis of the "Big Change Starts Small" Campaign (not limited to these examples)

Question	Expected Coverage
(a)	Explains which models for health promotion and supporting documents are evident in the current strategies of the "Big Change Starts Small" Campaign, and the advantages and disadvantages of these being used. Draws conclusions about how effective these models and supporting documents are in improving the well-being of New Zealanders, in relation to childhood obesity and inactivity, e.g.: • *The **Behavioural Change Model** is evident in the following strategies of the "Big Change Starts Small" Campaign:* - *Two television advertisements* - *Radio and media advertising* - *Outdoor advertising – posters, billboards* - *Web page available for people to access.* • *The advantages and disadvantages of the **Behavioural Change Model**, and how effective it is in improving the well-being of New Zealanders, in relation to childhood obesity and inactivity:* - *This model for health promotion has the advantage of targeting a large number of people with ease, and provides them with information about the harm involved with eating the wrong types of food, overeating leading to obesity, and the health effects of inactivity 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 or their families, and want to make the change.* - *The BC Model is a preventative approach that shows if you or someone you know are overweight or inactive, it is risky, and it is up to you and your family to help you make the changes to change your eating and activity levels. It does not provide the support or strategies to give up fatty food, or to exercise more, as happens in the Self-Empowerment Model, but relies more on the fact that if an individual understands the information, they will take notice and do what is being said.* - *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 change their lifestyle, habits of overeating, eating the wrong foods, and not getting enough exercise. Unlike the Collective Action Model, it does not take into account that all of 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 inferior, or not as in control, as other members of society who are not overweight and get enough exercise.* - *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 involves only focusing on one or two dimensions of hauora, for example, the mental and emotional side of addiction, or the physical side. It does not consider there to be a socioecological component, where the environment, or how society as a whole contributes to the problem, are considered. This limits the success of this model in improving well-being by getting people to make changes in relation to their diet, as it does not get to the cause of the problem, only the result. Therefore, although a person may make changes, it does not prevent others from making the same mistakes in the first place around diet and exercise for themselves or their family / whānau.* • *The **Self-empowerment Model** is evident in the following strategies of the "Big Change Starts Small" Campaign:* - *Parents can have conversations stimulated by the information (that they or whānau have seen) with their children about the food they are eating and their levels of inactivity.* - *Parents can access an interactive web page, which provides them with ideas and solutions about healthy recipes and activity ideas that they can then use with their children to help prevent obesity.* • *The advantages and disadvantages of the **Self-empowerment Model**, and how effective it is in improving the well-being of New Zealanders, in relation to childhood obesity and inactivity:* - *People are encouraged to take ownership of their own part in the contributing to the behaviour by accessing the support on offer to them, such as agencies advertised through the web page, or utilising the ideas that are provided on the website.*

- *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 overeating and inactivity, and it is up to them to stop. The SE Model provides the individual with the support of others (family / whānau) to help them overcome obesity, and provides strategies for doing so that can be used both immediately and in the future.*
- *The SE Model seeks to provide people with the self-actualisation skills necessary to develop strategies to deal with the feelings and issues they have when they are obese.*
- *People would be provided with the skills and understanding around the issue that they have through conversations that occur with family and whānau, and then they are provided support to seek help to develop the strategies to deal with the feelings and issues that they have in relation to obesity.*
- *With the SE Model, the obese child is the one seen as having the problem, and although they are offered support and strategies to overcome the issue, 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 factors, such as environment, family influence, etc, which is considered in the CA Model.*

• *The advantages and disadvantages of the **supporting documents**:*

- *The attitudes and values of the community and family / whānau in relation to obesity 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 and Collective Action Models require more time and resourcing than the Behavioural Change Model. Therefore, a disadvantage is that these strategies take longer to implement with the resourcing available to communities.*
- *The development of personal skills from the supporting document of the Ottawa Charter is evident in the "Big Change Starts Small" Campaign. People are encouraged to gain knowledge about the impacts that an underactive lifestyle has, and are then encouraged to have conversations and utilise resources on the web pages to improve their skills around providing healthy options for their children and whānau.*
- *There is some evidence in the BCSM of building the capacity from the Bangkok Charter for policy development, as there is a link to a politician's speech around the issue of childhood obesity, leadership, health-promotion practice, knowledge transfer and research, and health literacy.*
- *There is also evidence of knowledge transfer within the building capacity aspect of the Bangkok Charter, where research has been completed with families to see if the advertisements relate to them.*
- *To a minor extent, the aspect of the Ottawa Charter of creating supportive environments is evident in the campaign, in that it encourages families to take on board the issue of obesity as a whole whānau problem that needs to be solved by everyone talking and communicating about the issue, and then working together to provide support for their children to prevent obesity. However, for this to be effective, it needs to encompass the whole community.*

(b)	Explains what other strategies could be added to the "Big Change Starts Small" Campaign to improve the models for health promotion and supporting documents represented. Evaluates how these strategies would create a more effective campaign for improving people's well-being, in relation to childhood obesity and inactivity, e.g.: • ***Self-empowerment*** *strategies:* - *Provide support through agencies where people can go for help and skill development to develop self-actualisation skills, in relation to changing their lifestyles.* - *Provide workshops within communities, so families can have easy access to develop the skills necessary to be able to keep their children healthy, thereby creating feelings of independence and value within communities.* • ***Collective Action*** *strategies:* - *Survey the community to find out what their needs are in relation to becoming more active and eating healthier food.* - *Form an action group within the community of people who are willing to identify and support other people and families struggling to prevent their children from becoming obese.* - *Look at the community environment to see whether there are things to encourage children to be active, such as safe places to play.* - *Look to see if there are large numbers of takeaway outlets in certain areas, and approach these businesses about healthier options.* - *Provide opportunities for whānau to have input into issues that are causing their children to be obese.* - *Provide workshops and support for whānau within their communities to teach them to be more active themselves, and how to cook healthier meal options.* • *Models and supporting documents to include in these strategies, and how these would lead to the improved well-being of the whole 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 make unhealthy food and exercise choices. 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 obesity-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 poor lifestyle choices, in relation to food and exercise. 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 children who are*

	obese. - *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 weight 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 Māori 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 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.*

Cut Scores

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