Assessment Schedule - 2021

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 by: | In-depth evaluation involves considering the implications for people's well-being by: | Perceptive evaluation involves considering the implications for people's well-being by: | | | | | |
| 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 well-being in a 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. | | | | | |

| N1 | N2 | А3 | A4 | M5 | М6 | E7 | E8 |
|--|---|---|--|---|---|---|--|
| Partial answer, but does not evaluate the models for health promotion. | Insufficient evidence to meet the requirements for Achievement. | The response is at Achievement level. The evaluation generally meets the requirements for Achievement, but the | The response is at Achievement level. The evaluation consistently meets the requirements for Achievement. | The response is at Merit level. The in-depth evaluation meets the requirements for Merit, but one of the aspects of the answer | The response is at Merit level. The in-depth evaluation consistently meets the requirements for Merit. | The response is at Excellence level. The perceptive evaluation meets the requirements for Excellence. However, | The response is at Excellence level. The perceptive evaluation meets the requirements for Excellence. |
| NØ = No response; no re | levant evidence. | quality may be inconsistent across the criteria. | | may be inconsistent across the criteria. | | some of the relationships to the underlying concepts may be inconsistent across the criteria. | |

Cut Scores

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

Sample Evidence

Possible evidence for discussion based on the effectiveness, including advantages and disadvantages, of the 'Steer Clear' and 'Unsaid' drug driving health promotion campaigns to improve the well-being of New Zealanders:

Behavioural Change Model

Both campaigns use the behavioural change model of health promotion. They provide information about the dangers of drug driving to a wide audience. However, not all New Zealanders may identify that this information applies to them, or that they are affected by the issue (drug driving), so they may not take an action to change. Their well-being in relation to drug driving would not be improved if they don't utilise the information provided.

The 'Unsaid' campaign uses television advertising to reach a wide audience. Again, this does not necessarily mean people will identify that they have a problem and will be led to change their behaviour.

The 'Steer Clear' campaign uses a range of mass media methods (radio, television, pamphlet drops, and a crew at multiple events) to reach a large audience.

Collective Action Model

The collective action model is effective in empowering people to take control of their behaviour.

The 'Steer Clear' campaign utilises a number of strategies where community groups identify with, and come up with, strategies for helping others who may be engaging in this activity. It allows actions to be personalised for the group it is targeting. These strategies include co-designing workshops with community groups to ensure that the right strategies are engaged. '

Unsaid' is a campaign where the people directly affected within the community can engage and work with others to come up with strategies to educate, provide support, and change behaviour. This improves the well-being of all New Zealanders as the number of people under the influence of drugs would be reduced.

Possible evidence explaining aspects of the Treaty of Waitangi and the Bangkok Charter for Health Promotion that are present in the 'Steer Clear' and 'Unsaid' drug driving campaigns:

Treaty of Waitangi

The 'Steer Clear' campaign strategy of involving community groups would include involving the Māori community as stakeholders. This improves the well-being of all, as Māori input is seen as valued and important. This links to the principal of participation, where communities are encouraged to develop networks representative of all sectors. This improves the well-being of all by ensuring the ideas of all people are encouraged and valued.

Bangkok Charter

The 'Steer Clear' campaign is investing in sustainable policies, actions, and infrastructure by involving community groups in its campaign strategies. This ensures that the campaign will be sustainable within the community, as it is empowering those within the community to take ownership of improving the well-being of individuals and the community around drug driving.

Other responses possible.