Assessment Schedule - 2023

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 	 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 			
 drawing conclusions about the effectiveness of the models. 	eliectiveliess of the models.	the models to these concepts.			

Cut Scores

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

Evidence

N1	N2	А3	A4	M5	M6	E7	E8
Partial answer but does not analyse the models	Insufficient evidence to meet the requirements	The response is at Achievement level.	The response is at Achievement level.	The response is at Merit level.	The response is at Merit level.	The response is at Excellence level.	The response is at Excellence level.
for health promotion.	for Achievement.	The evaluation generally meets the requirements for Achievement, but the quality may be inconsistent across the criteria.	The evaluation consistently meets the requirements for Achievement.	The in-depth evaluation meets the requirements for Merit, but one of the aspects of the answer may be inconsistent across the criteria	The in-depth evaluation consistently meets the requirements for Merit.	The perceptive evaluation meets the requirements for Excellence. However, some of the relationships to the underlying concepts may be inconsistent across the criteria.	The perceptive evaluation meets the requirements for Excellence.
NØ = No response; no re	levant evidence.	Some supporting evidence is provided.	Supporting evidence is provided.	Some detailed supporting evidence is provided.	Detailed supporting evidence is provided.	Consistent and coherent evidence is provided.	Consistent and coherent evidence is provided throughout.

Question	Sample Evidence (other responses possible)		
(a)	Possible evidence explaining how the Amohia Te Waiora – We're stronger without alcohol health promotion campaign (Resource A) reflects the principles of the Treaty of Waitangi and the Bangkok Charter (Resource C).		
	The Treaty of Waitangi		
	Valuing Māori stakeholder input improves the well-being of people within society. This could include a partnership between the local council and iwi to help develop strategies to ensure that alcohol is less visible and accessible in local communities. This links to the principle of participation where communities are encouraged to develop networks representative of all sectors.		
	The Bangkok Charter		
	Building capacity through creating sustainable actions where members of the community with expertise in addiction can offer support and education programmes to help develop understanding of the harm around alcohol misuse. Improving the social cohesiveness of the community by fostering support networks where people have relationships and feel supported in making long-term changes with their relationship to alcohol. Other people can support the kaupapa by taking part in the programmes. Multiple people having input into the solutions for supporting those whose well-being is affected by alcohol misuse is evidence of the Bangkok Charter principle of investing in sustainable policies. This is because the community owns the problem and the solutions, and therefore it is more likely to be sustained in long-term improvements to alcohol-related harm within the community.		

- (b) Possible evidence explaining how EACH of the three models for health promotion (Resource B) are represented in the Amohia Te Waiora We're stronger without alcohol campaign strategies.
 - The behavioural change health promotion model is present in the campaign strategies through television and radio advertisements explaining the damage that alcohol can cause and where to go for help to make changes.
 - The self-empowerment health promotion model is present in the campaign strategies through an individual from the community accessing the health services to help minimise the harm regarding their alcohol use.
 - The collective action model of health promotion is present in the campaign strategies through iwi within a community being consulted by local health authorities and local government organisations about the support that is needed within their community to help take action in reducing alcohol-related harm.
- (c) Possible evidence of comparing the advantages and disadvantages of the three models for health promotion identified within the Amohia Te Waiora We're stronger without alcohol campaign strategies in (b).

Behavioural Change Model

An advantage of the behavioural change model for health promotion is that it provides information about the dangers of alcohol use to a large audience. Informing people could involve some inexpensive advertising. However, a disadvantage is that not all the target audience will realise that they are behaving in unhealthy ways. Those that do may not have the capacity or confidence to take the next steps to access resources to help themselves make changes to their behaviour. The model focuses on the individual and places the onus for change upon each person separately. People's well-being in relation to alcohol use could potentially not improve as sociological aspects of the problem are ignored.

Self-Empowerment Model

An advantage of the self-empowerment model is that because of community-led programmes, people feel empowered. There are targeted interventions where the resources can be best utilised rather than broad reaching methods, which do not reach all those who need help. A disadvantage is that again the problem is seen as belonging to the individual rather than society. Individuals need the confidence to seek help and be comfortable utilising the support on offer. There may be stigma, real or perceived, towards the person who is dealing with the issue.

Collective Action Model

The advantages of this model for health promotion are that it is more sustainable because it utilises a whole community rather than people directly affected. It also means that people with diverse skill sets are involved and feel valued for their views and ideas to address the issue. The disadvantages of this type of model are that it requires a lot more time to implement and means that all people within the community need to accept the systemic nature of alcohol abuse. It can be challenging to get people motivated to support people struggling when other issues can be more pressing.

(d)

Possible evidence of discussing how effective the Amohia Te Waiora – We're stronger without alcohol campaign could be in improving the well-being of New Zealanders in relation to alcohol-related harm, considering the three models for health promotion and the Treaty of Waitangi.

The Amohia Te Waiora – We're stronger without alcohol health promotion campaign could be effective in reducing alcohol-related harm, as it incorporates all three models for health promotion. Advertising allows the campaign to reach a wide audience for a relatively small cost. The well-being of individuals who are directly affected by alcohol related harm may be improved, as they would be aware of the impact that alcohol misuse is having on them and that there is community support.

Rather than being a one-size-fits-all campaign, communities can tailor it to their own needs. This ensures that the resources available can be used by the people who know best what will help the most to improve well-being in relation to alcohol-related harm. As the community works together for solutions that are going to benefit everyone, it also improves the general well-being of those directly affected by alcohol harm and positively impacts the community.

Providing local input and ideas honours the Treaty of Waitangi principles of partnership and this enables the campaign to be more sustainable as people are empowered to make a difference to benefit the well-being of all those within their community. Each community working together to fix the problem and making the campaign fit their needs uses the Bangkok Charter principle of investing in sustainable policies, as the community owns the problem and the solution. This community approach can help encourage and support individuals to access the support being offered and help them not feel alone, i.e. as if it is their fault and they need to solve it themselves. This improves the well-being of the individual by allowing them to feel supported and valued rather than guilty and blamed.

The campaign utilising strategies that encompass the individual and specific needs of each community means that the time and resourcing costs are much greater than if these were not included. However, it could be argued that the benefits outweigh the costs, as each community has a plan that caters for their specific needs. People's well-being is more likely to improve as they feel more connected with their community.

The fact that the campaign actively involves Māori in the consultation phase and is inclusive of all views means that it is an effective campaign, as it provides formal networks of consultation and action. This means that it is targeting the specific needs of Māori from a Māori perspective, thereby fulfilling the principle of participation as outlined in the Treaty of Waitangi.