

## Assessment Schedule – 2024

### Health: Evaluate models for health promotion (91465)

#### Assessment Criteria

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

#### Cut Scores

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

N1	N2	A3	A4	M5	M6	E7	E8
Partial answer, but does not evaluate the models for health promotion.	Insufficient evidence to meet the requirements 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.

**N0** = No response; no relevant evidence.

**Evidence**

Question	Evidence
<p>(a)</p>	<p><i>Candidate identifies and explains TWO of the models for health promotion that are represented in the ‘Be Safe in Our Space’ campaign.</i></p> <p><i>Possible evidence explaining how TWO of the three models for health promotion are represented in the ‘Be Safe In Our Space’ Meningococcal Immunisation Campaign strategies.</i></p> <p><b>Behavioural Change model</b></p> <p>The behavioural change health promotion model is present in the campaign strategies through radio advertisements and social media campaigns. These explain the damage that meningococcal disease can cause, why immunisation is important, and where to go to get vaccinated.</p> <p><b>Self-empowerment model</b></p> <p>Within peer education workshops, where individuals can connect, share experiences, and provide emotional support to one another around the importance of getting immunised against meningococcal disease.</p> <p><b>Collective Action model</b></p> <p>The Collective Action model of health promotion is present in the campaign strategies through community partners – such as local iwi – in consultation with local health authorities and local government organisations. Discussions around the support needed within their community to help take action to reduce meningococcal disease through immunisation.</p>
<p>(b)</p>	<p><i>Candidate uses the TWO models identified in part (a) to evaluate how effective they are at improving the well-being of New Zealanders through meningococcal disease immunisation, with consideration for the advantages and disadvantages of each model.</i></p> <p><b>Behavioural Change model</b></p> <p>An advantage of the Behavioural Change model for health promotion is that it provides information to a large audience about the dangers of meningococcal disease and of not getting immunised. Informing people could involve some inexpensive advertising. However, a disadvantage is that not all the target audience – in this case New Zealanders between the ages of 13 and 25 living in shared accommodation – may identify that this also applies to them, so may not take action to change their behaviour or get immunised against meningococcal disease. The model focuses on the individual and places the onus for change upon each person separately. People’s well-being in relation to meningococcal disease and the importance of being immunised may not improve as sociological aspects of the problem are ignored. Their well-being in relation to immunisation would not be improved if they did not utilise the information being provided.</p> <p><b>Self-empowerment model</b></p> <p>An advantage of the self-empowerment model is that because of community-led programmes, people feel empowered. There are targeted interventions where resources can be best utilised rather than broad reaching methods, which do not reach all those who need help. A disadvantage is that the problem is seen as belonging to the individual rather than to society. Individuals need the confidence to seek help and be comfortable utilising support. There may be stigma, real or perceived, towards the person who is dealing with the issue.</p>

	<p><b>Collective Action model</b></p> <p>The advantages of this model for health promotion are that it is more sustainable because it utilises a whole community rather than only affected individuals. 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. This means that everyone within the community needs to be part of the solution for reducing the spread and risks of meningococcal disease. When the well-being of each individual is improved, it benefits the well-being of everybody through less need for the resourcing of hospitals for preventable diseases.</p>
(c)	<p><i>Candidate explains aspects of the Te Tiriti o Waitangi / the Treaty of Waitangi and the Bangkok Charter for Health Promotion that are present in the 'Safe In Our Space' Meningococcal Immunisation Campaign.</i></p> <p><b>Bangkok Charter</b></p> <p>Building partnerships through creating sustainable actions by communities collaborating with advocacy groups, patient organisations, and health care professionals through increased funding for community health professionals to target community risk sectors.</p> <p>Creating supportive environments through collaboration with schools and workplaces to educate people about the risks involved with meningococcal disease and around reducing the stigma associated with the disease.</p> <p><b>Te Tiriti o Waitangi / the Treaty of Waitangi</b></p> <p>Māori input is seen as valued and important, so including the Māori community as stakeholders improves the well-being of all students. This links to the principle of participation, where communities are encouraged to develop networks representative of all sectors. This improves the well-being of everyone, by ensuring all ideas are encouraged and valued.</p> <p>Other responses possible.</p>