Assessment Schedule - 2013

Health: Evaluate models for health promotion (91465)

Evidence Statement

Achievement	Achievement with Merit	Achievement with Excellence
The candidate evaluates resource material covering three	:	

- (1) Behaviour change
- (2) Self-empowerment
- (3) Collective action.33

The models are supported by The Ottawa Charter, The Bangkok Charter, and / or Te Tiriti o Waitangi / The Treaty of Waitangi.

The *evaluation* considers the implications for people's well-being of three models for health promotion by:

- comparing and contrasting the models for health promotion
- explaining advantages and disadvantages of models for health promotion being used in the 'Choice Not Chance' Campaign
- drawing conclusions about the effectiveness of the models being used in the 'Choice Not Chance' Campaign.

The in-depth evaluation involves:

- exploring links between models for health promotion and their use for improving people's well-being in gambling situations
- drawing reasoned conclusions about the effectiveness of the models being used in the 'Choice Not Chance' Campaign.

The perceptive evaluation involves:

- 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 in the 'Choice Not Chance' Campaign.

See Appendix for possible responses.

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N1	N2	А3	A4	M5	М6	E7	E8
Partially answers, little analysis, only some topic related material.	Brief answers that attempt to compare and contrast the models and draw conclusions. The answer does not meet the requirements for Achievement.	The answer generally meets the requirements for Achievement, though the answer may have some inconsistencies.	The answer meets the requirements for Achievement, including use of the resource material provided.	The answer generally meets the requirements for Merit, though the answer may have some inconsistencies.	The answer meets the requirements for Merit, including use of the resource material provided.	The answer generally meets the requirements for Excellence, though one aspect may be weaker.	The answer meets the requirements of Excellence, including connections to the underlying health concepts.

N0 = No response; no relevant evidence.

Judgement Statement

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

Appendix

Question	Possible evidence for Excellence (not limited to these examples)		
(a)	Extent to which EACH of the three models for health promotion are represented within the key strategies of the 'CNC' Campaign, eg:		
	The Behavioural Change Model is represented within the media for the CNC Campaign. In this aspect of the campaign, individuals are provided with information in relation to the harm that gambling has on them as an individual and on others around them. It is meant to be a preventative approach by showing that if you gamble and show particular behaviours in relation to gambling then you should not do it, as you do not have the self-control to be able to gamble sensibly. The Behavioural Change 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 dimension of well-being such as the mental and emotional side of addiction, and does not consider there to be a socio-ecological component, where the environment or how society as a whole contributes to the problem, is considered. In this model, attitudes and values are generally limited to respect for self, and the focus is on the individual feeling guilty or solely responsible for their own behaviour, with the onus on them to do something about it.		
	The Self-empowerment Model is represented within the CNC Campaign through National Gamblefree Day, which aims at raising awareness around the issue of problem gambling, and encourages people to take ownership of their own behaviour by accessing services and support that have been offered on this day. The individual is the one who is seen as having the problem, and although they are offered support and strategies to overcome the problem gambling, the cause of the issue is generally still aimed at the individual. The Self-empowerment Model seeks to provide people with the self-actualisation skills to develop strategies to deal with the feelings and issues that they have with gambling. It aims at empowering and developing resilience but only at an individual level. The attitudes and values of the community in relation to problem gambling 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 by them being seen as responsible for the problem that they have.		
	The Collective Action Model is represented in the collaboration and networking of the CNC Campaign, where the person and the environment are both considered. Each community is encouraged to become empowered to look at its own individual issues and needs, and then work as a group to create strategies to overcome the identified issues. This encourages communities to think critically about the bigger picture, in relation to what is causing the issues. It is also democratic, as it encourages a range of community representatives who have the opportunity to investigate what should happen, and then all parties decide a plan. This reflects the action competence process. The collaboration and networking is holistic as it looks at all the needs (hauora) of the various individuals within the community, and by the CNC Campaign forming individual community networks that are specific to that community, it involves all people (SEP), and takes into account the specific attitudes and values that that community sees as important (A+V) in an attempt to create a more socially just society. Collective Action is more inclusive and sustainable as all stakeholders have a vested interest in it continuing, as they have all invested time and energy in creating strategies and support to prevent problem gambling within their community.		

(b) How the 'CNC' Campaign reflects principles of The Ottawa Charter, The Bangkok Charter, AND The Treaty of Waitangi, eg:

The Ottawa Charter: Building healthy public policy is reflected in the CNC Campaign by increasing public awareness through media campaigns about the wide-ranging effects that problem gambling can have on a wide range of people (ie not only those directly affected by the gambling). By using a three-pronged approach including public health resources, health promotion strategies and social marketing strategies, and the knowledge and skills of a range of organisations and groups, it is reflective of representatives from a wide range of community groups. Creating supportive environments are reflected in the CNC campaign by the support provided from a range of organisations and groups within society that have the skills and resources to work alongside communities to support them in developing initiatives to deal with harmful gambling. This aspect is also reflected in the collaboration and networking aspect of the CNC Campaign, where formal networks are established that reflect the individualised needs of each community. Re-orientation of health services can be seen in both the relevant research, where the effectiveness of aspects of the campaign are investigated to inform practice in the future, and also again in the collaboration and networking, where communities are encouraged to create individualised action plans that are specific for their own issues. Strengthening community action and developing personal skills are evident in a number of aspects both at a behavioural change level in the media, and information aspects, as well as the self-empowerment aspects of the National Gamblefree Day, where people are encouraged to seek help to develop strategies to overcome gambling issues. These aspects are also very evident in the collaboration and networking, where individuals are encouraged to combine their individual skills and knowledge to work together collaboratively to create change and improve the well-being of people and communities around gambling-related harm.

The Bangkok Charter: Building capacity is linked to collaboration and networking, 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 gambling-related harm problems. Investing in sustainable policies and actions is linked to communities, and gambling service providers raising awareness and empowering people, through providing support and resources. Partnering and building alliances is linked to individuals and communities working with agency support to raise community awareness.

The Treaty of Waitangi: Partnership is achieved by The Crown being proactive in the delivery of health promotion and the development of preventative strategies such as the CNC Campaign, and by them employing representatives within The Crown from a range of ethnic groups, including Māori. Participation is linked to each community being encouraged to develop their own formal networks with Māori stakeholders to implement strategies to change attitudes and behaviours specific to Māori. Active protection could be represented to a greater extent within the CNC campaign, where The Crown recognises the need to provide specific resources that reflect Māori culture, such as a model where Māori are involved in educating fellow Māori, using the values and beliefs founded in Māori culture, such as holistic well-being (hauora).

(c) Advantages AND disadvantages of The Health Promotion Agency's use of EACH of the three models for health promotion in the 'CNC' Campaign, eg:

The Behavioural Change Model is a way of getting the key messages in relation to gambling harm to a wide audience in a quick and cheap way through the media in the CNC Campaign, where television and newspapers are used to sell a message. It helps to inform and educate, by providing information passively, rather than providing people with the opportunity to develop skills to try and overcome their gambling problems, such as the National Gamblefree Day. This day reflects the Self-empowerment Model, where people are provided with the support and the ability to reflect on their behaviour and then to seek help to try and develop the skill set to overcome their gambling addiction. These two health promotion models focus on the individual having the problem and therefore leave it up to them to realise this, and to sort it out largely for themselves. The effectiveness of these campaigns is reliant on people's attitudes and values in relation to how they perceive gambling and the harm that it has on communities.

The **Collective Action Model** encourages all people in the community to be involved, even if it is not they who actually has the addiction. This model looks to identify how the environment and other factors contribute to the problem and what could also be different to prevent the problem from occurring in the first place, such as not having casinos or pokey machines in easily accessible places, or in communities where addictive gambling habits are common. The Collective Action Model takes into account each individual community and its specific needs, and develops a plan that caters to that community. The need to find out what each community needs is more time consuming and involves more resourcing than the other two health promotion models. This type of health promotion is less blaming than the other two (Behavioural Change and Self-Empowerment) however it requires people to have the capacity to understand that it is not only an individual's problem, but in fact the problem of the community as a whole. It is based around creating changes in relation to gambling-related harm by people working together to provide solutions (eg the collaborative and networking aspects of the CNC campaign), and that everyone has a part to play in the solution, as it is not simply the individual at fault but takes into account that there are other factors that may contribute to why someone has a gambling problem, and it is these factors that need to be considered when preventative strategies or solutions are considered.

(d) Effectiveness of the 'CNC' Campaign in improving well-being for individuals and communities affected by gambling-related harm, considering the use of ALL THREE models, as well as the principles of their supporting documents, eg:

To be as effective as possible in relation to improving the well-being for individuals and communities affected by gambling-related harm, the CNC Campaign needs to include the use of all three models within the campaign strategies. By utilising all three models, there is a three-pronged approach using the media (Behavioural Change) to reach a wide audience to inform them of the pitfalls in relation to harmful gambling behaviour, and people come to the realisation that there is a problem within our society that it is having a negative impact on the well-being of individuals, families, and the wider community. This then creates an opportunity for all people to be aware of the problem and advocate for building healthy public policy in relation to problem gambling. The greater awareness is, the greater the opportunity for change, as it is seen as an issue that reaches further than those who actually have the gambling addiction. The media coverage serves to highlight the problem to a wide audience that there are people who are struggling to deal with the stress of dealing with addiction, and also the associated problems that come from this, such as not having money left over after gambling to provide the necessities for themselves and their families, or such as the relationship breakdowns that can occur when people are having to deal with the stress of living with a problem gambler. People can identify with the stories in the 'Kiwi Lives' Campaign and see how some of these may be similar to their own lives. By realising that there are other people going through the same thing, it means that the feelings of isolation and failure are lessened, and individuals may feel more confident to access help.

This is where the implementation of things such as the National Gamblefree Day provide people with the skill set to identify that they need to develop some strategies to overcome the issues that they are having. It also allows people to develop new relationships within their community, which leads to them being emotionally happier as they have more support networks to draw on. This then creates more supportive environments for people to become resilient and empowered in dealing with the problem gambling. Those that are involved in supporting others with gambling addiction are also improving their own well-being by developing their own confidence and usefulness through sharing their skill set and broadening their social networks. This is then strengthening the personal skills of a number of people within the community and develops a more connected and skilful society. People feel valued for the attributes they have and can share, and share a greater sense of community, which builds resiliency and pride. The whole community collaborative approach is inclusive and requires critical thinking in terms of what needs to change to improve the well-being of all people in the community.

The Collective Action Model, which the collaboration and networking is a reflection of, creates a greater understanding by individuals that harmful gambling is not the fault of those individuals who are addicted, but that it has some causes that are outside of an individual's control. This leads to less blaming and more constructive attitudes towards what a community can do to rectify the problem. Each community can then look at the causes of the issue, rather than the results. By creating committees that are individualised, the specific impacts that gambling is having on well-being within each community can be identified and dealt with. This has a direct impact on well-being as it strengthens the bonds within a community and empowers people with the knowledge that what they are doing is going to have a positive impact on them, their families, and those who live in their community. If the committee members are a reflection of the makeup of their community, it means that all ethnicities and cultures are included, and therefore all stakeholders are involved in all aspects of the action plan. This improves the well-being of all as each specific group can see that their needs are being considered and valued, and therefore everyone in the community is seen to be equally important. This improves the well-being of all within a community as the values and beliefs of all are upheld and a more harmonious society develops.