2019 VCE Health and Human Development examination report

General comments

The 2019 Health and Human Development examination provided students with opportunities to demonstrate their understanding of many aspects of the study.

Many students showed a high level of understanding on questions that required recall and description of key concepts, which was demonstrated in responses to Questions 8d., 10a. and 16b. Questions that drew on the key skills and required application, explanation, evaluation or analysis, on the other hand, were not answered as well. This was particularly evident in responses to Questions 1b., 5 and 14.

Areas of strength included the principles of the social model of health, Ottawa Charter action areas, indicators of the Human Development Index (HDI), disadvantages of the biomedical model of health, the Pharmaceutical Benefits Scheme (PBS), the concept of burden of disease, and specific aspects relating to dimensions of health and wellbeing.

Areas of greatest challenge related to social justice and equity as prerequisites for health, the Sustainable Development Goals (SDGs), characteristics of high- and middle-income countries, sustainability and equity in relation to the PBS, the justification of social actions and the evaluation of health promotion programs in relation to promoting health and wellbeing.

Students are advised to read graphs carefully and ensure they are using the information according to the question being asked. There were several questions that relied on the interpretation of data to achieve full marks.

Students are reminded of the need to read the questions carefully, consider the mark allocation, plan their responses so they are clear, and answer what is being asked. When extra space is used at the end of the question and answer book it is important that students indicate this and label the response clearly with the question number.

Specific information

Note: Student responses reproduced in this report have not been corrected for grammar, spelling or factual information.

This report provides sample answers or an indication of what answers may have included. Unless otherwise stated, these are not intended to be exemplary or complete responses.

The statistics in this report may be subject to rounding resulting in a total more or less than 100 per cent.

Question 1a.

Marks	0	1	2	Average
%	44	39	17	**0.8**

Many students were able to show some understanding of either social justice or equity, but most found it difficult to show a specific understanding of both.

Social justice includes being free from discrimination, having human rights upheld and having equal access to resources and opportunities, regardless of personal characteristics.

Equity relates to social justice but has a greater focus on fairness, meaning that those who are disadvantaged receive more support.

Question 1b.

Marks	0	1	2	3	4	Average
%	48	23	18	7	3	**1**

Where students were able to identify a specific example of social justice or equity (such as all people being able to access education or low-income earners receiving more funding for health care), they were generally able to explain why it was a prerequisite at an individual and global level. Students should ensure they use a different example for their link to global importance as distinct from individual importance, as using one example generally won't provide enough detail for four marks. Some students were too general with their discussion and did not display an understanding of what social justice or equity would look like in society.

The following is a possible response.

Equity

Equity is a prerequisite for health individually as it allows individuals to attend school or work, as giving more resources to those who need it, such as paying for low-income students to buy textbooks, allows them to participate in their community.

Equity is a prerequisite for health globally because it allows for trade between countries. This is because providing resources to low-income countries allows those countries to participate in trade, which can promote health through global economic growth, as countries can develop their healthcare resources.

Question 2a.

Marks	0	1	2	Average
%	44	14	42	**1**

Most students who correctly identified a principle of the social model of health were able to explain how it was reflected in the case study. Some students changed the wording of the principle and therefore changed its meaning. For example, 'Addresses the broader determinants' and 'Addresses the broader dimensions of health' were used in place of 'Addresses the broader determinants of health'. These responses did not receive marks.

Other principles reflected are:

- empowers individuals and communities
- involves intersectoral collaboration

- acts to reduce social inequities
- enables access to healthcare.

The following is an example of a high-scoring response.

Acts to enable access to healthcare: the Bush classrooms project aims to help Aboriginal men access 'modern health services' by making healthcare more culturally appropriate to them (to address their 'shame and lack of confidence').

Question 2b.

Marks	0	1	2	Average
%	32	30	38	**1**

This is a comparison question that required students to make reference to both Indigenous and non-Indigenous Australians in their answer. Students were not expected to memorise data, but should have been able to provide a general difference in health status between population groups. There are many differences in health status that students could draw on to answer this question, including differences in life expectancy, infant mortality, maternal mortality and morbidity, rates of specific diseases and health problems (such as obesity, mental health issues, cardiovascular disease, type 2 diabetes and kidney disease).

Note that higher rates of high body mass index among Indigenous Australians compared to non-Indigenous Australians represents a difference in a biological factor, not a difference in health status. Reference should be made to higher rates of obesity to receive a mark in this instance.

Question 3a.

Marks	0	1	2	Average
%	6	29	65	**1.6**

This question was answered well, with most students being able to identify two sources of iron. Possible answers include:

Beef, liver, kidney, lamb, chicken, turkey, eggs, fish (tuna, salmon), legumes (including peas, lentils, chickpeas, soybeans, kidney beans), green leafy vegetables (broccoli, spinach), brown rice, tofu, nuts, apricots, iron-fortified cereal and wholegrain bread.

Question 3b.

Marks	0	1	2	3	4	Average
%	21	14	29	23	13	**2**

This question drew on students' understanding of the impact of low iron intake and the way in which dimensions of health and wellbeing interrelate. To show interrelationships between dimensions of health and wellbeing, it is important that responses do not keep referring back to the stimulus (i.e. low intake of iron).

Some students were too general on the role of iron and stated that 'low intake of iron means that body systems will not function adequately', which does not show the level of understanding required. This relates to the last key knowledge point in Unit 3, Outcome 1. Higher-scoring responses made a link to anaemia and the resulting lack of energy.

The following is an example of a possible response.

When iron levels are low or deficient a person will feel tired and lethargic and may become anaemic as their cells are not being supplied with enough oxygen, lowering physical health and wellbeing. This can influence emotional health and wellbeing as tiredness and lethargy could

negatively impact upon the individual feeling relaxed or happy, inhibiting the expression of positive emotions. This may negatively affect their ability to maintain satisfying relationships with their friends or family members if they are finding it difficult to stay positive and calm in everyday situations, decreasing social health and wellbeing. As the individual is less likely to develop and maintain relationships, they are less likely to have a positive sense of belonging with family or friends.

Question 4a.

Marks	0	1	2	3	Average
%	26	28	25	21	**1.4**

Students should ensure their responses are phrased in the correct context. Responses needed to explain how consuming the recommended number of serves of vegetables could affect burden of disease, not what under-consumption can contribute to.

Links to specific diseases should be included to demonstrate a higher level of understanding.

The following is an example of a high-scoring response.

> *By consuming enough vegetables, individuals will have enough fibre in their diet, which will promote satiety and prevent overeating (which could lead to weight gain and high BMI). By maintaining a healthy body weight, individuals are at a lower risk of developing weight-related conditions like type 2 diabetes, positively impacting YLD of burden of disease in Australia.*

Question 4b.

Marks	0	1	2	Average
%	36	40	24	**0.9**

This question required students to show an understanding of the work of Nutrition Australia. More emphasis was placed on the outline of the work as opposed to simply naming an example of the work. Note that the Australian Dietary Guidelines and the Australian Guide to Healthy Eating are not Nutrition Australia initiatives.

The following is an example of a high-scoring response.

> *Nutrition Australia also promotes healthy eating through the development of the Healthy Eating Pyramid. The pyramid has 4 layers, with each food group represented in the layer which size is proportionate to the amount of that food group to be consumed. For example, the foundation layer contains mostly vegetables, demonstrating that they should be consumed in large amounts. If people follow this guide, they will be eating correct amounts of each food group, promoting healthy eating.*

Question 5

Marks	0	1	2	3	4	5	6	7	8	9	10	Average
%	18	24	22	17	11	4	2	1	0.4	0.2	0	**2.1**

Student responses were scored on the interplay between how well:

- the stimulus material and related concepts had been understood, connected and synthesised
- the stimulus material had been used to support the analysis of how addressing the HIV/AIDS epidemic could lead to an improvement in health and wellbeing and an SDG (besides SDG 3)
- key features of SDG 3 were used to support how addressing the HIV/AIDS epidemic could lead to an improvement in health and wellbeing and another SDG
- the response was structured for clarity and coherence.

Common errors in response to this question included discussing the negative impacts of HIV/AIDS or how another SDG could assist in addressing the HIV/AIDS epidemic, neither of which answered the question. Many responses did not include specific features of SDG 3 and did not demonstrate specific knowledge of another SDG. Although many responses made links to dimensions of health and wellbeing, in a lot of cases this was the main emphasis of the response and other key requirements were neglected.

Most responses referred to all three sources of information, which was a fundamental requirement of the question.

The following is an example of a high-scoring response:

By addressing the HIV/AIDS epidemic, health and wellbeing can be significantly improved and SDG 4: Quality education can be achieved. The HIV/AIDS program must be addressed in order to improve health and wellbeing as despite AIDS related deaths (all ages) decreasing over time from approximately 1.5M in 200 to approx. 1M in 2015 (source1), 'every minute of every day a girl aged between 15-24 years gets HIV in sub-Saharan Africa' (source 2), highlighting that the HIV/AIDS epidemic continues to harm individuals. By addressing the HIV.AIDS epidemic, there can be a reduction in the spread of communicable diseases, a key feature of SDG 3: Good health and wellbeing. Moreover, as the HIV/AIDS epidemic results in girls being 'forced to work in the sex industry' (source 3), addressing the epidemic can reduce levels of stress and anxiety in girls […], leading to an improvement in mental health and wellbeing. This can simultaneously decrease the development of mental conditions (e.g. depression) in such girls, decreasing the prevalence of non-communicable diseases and mental conditions, another key features of SDG 3. Furthermore, in addressing the HIV/AIDS epidemic, less families will be devastated by the loss of a loved one, such as Mosiya who was orphaned as 'both parents (died) from AIDS complications' (source 3). This can increase levels of peace and harmony, leading to improvements in spiritual health and wellbeing, as well as maintaining a supportive network of family and friends for people like Mosiya, leading to improvements in social health and wellbeing. Thus, in addressing the HIV/AIDS epidemic, as in 2015, approx. 2.2M adults and children acquired HIV (source 2), more families would have stable sources of income. This would mean that children like Mosiya wouldn't be 'forced to leave school and work' (source 3), and instead could receive an education and acquire literacy and numeracy skills, helping to achieve SDG 4: Quality education. Moreover, by addressing the HIV/AIDS epidemic, more adults would be healthy enough to return to school and university to develop greater skills and knowledge, aiding the achievement of SDG 4: Quality education. Thus, addressing the HIV/AIDS epidemic can lead to significant improvements in health and wellbeing an the achievement of SDG 4: Quality education.

Question 6a.

Marks	0	1	2	Average
%	50	26	24	**0.8**

For two marks, students were required to identify two indicators of the HDI and use them to explain the difference in HDI between Australia and Papua New Guinea. The most common error was simply identifying the indicators with no reference to the two countries.

The four indicators are:

- life expectancy at birth
- mean years of schooling
- expected years of schooling
- Gross National Income (GNI) per capita.

The following is an example of a high-scoring response.

GNI per capita – Australia, a high-income country, has a much higher GNI per capita compared to Papua New Guinea, that is, Australia has a higher average income. Thereby, Australia has a higher HDI than Papua New Guinea.

Life expectancy at birth – Australia has a higher life expectancy than Papua New Guinea.

Question 6b.

Marks	0	1	2	Average
%	78	12	10	**0.3**

Students were required to outline how two characteristics could be used to classify a country as either high-income or middle-income. As the question states 'other than HDI', students should know not to refer to any indicator used to calculate the HDI, as this would not show the depth of knowledge required. The most common errors were not making any reference to high- and middle-income countries or referring to high- and low-income (instead of middle-income) countries.

Question 7a.

Marks	0	1	2	3	Average
%	44	23	24	9	**1**

This question was not handled well. While students could identify a strategic priority of the World Health Organization (WHO), most did not include a description of it. Many students who identified the priority correctly tried to demonstrate how it was evident in the case study by simply restating part of the stimulus material without showing any understanding of how it reflected the priority identified.

The following is an example of a possible response.

Addressing health emergencies - the WHO works towards promoting health for all with governments providing access to lifesaving health services during epidemics and other health emergencies, including health promotion. The WHO supports member countries to build processes in preparation for health emergencies. Health emergencies require access to medications such as antibiotics. These drugs will be more effective if reducing antibiotic resistance is achieved.

Many students also provided high-scoring responses using one of the other two priorities ('Promoting healthier populations' and 'Achieving universal health coverage').

Question 7b.

Marks	0	1	2	Average
%	61	23	15	**0.6**

The question required students to provide an example of how the WHO works and then make a meaningful link to a dimension of health and wellbeing for two marks. While students could draw on their knowledge of the core functions of the WHO to formulate a response, this was not a requirement. The most common error was providing general answers relating to what the WHO aims to achieve (e.g. to reduce the impact of communicable diseases) without including how the WHO actually achieves this (e.g. carrying out and funding research in relation to the development of vaccines).

The following is an example of a high-scoring response.

Provide technical support and help build sustainable health systems: by helping countries build a stable health care system that can benefit the population, by being accessible to all and provide quality services, the WHO is able to reduce stress / anxiety in those populations, as they will be able to access health if they need it (without falling into poverty), which positively contributes to mental health and wellbeing.

Question 8a.

Marks	0	1	2	Average
%	43	32	25	**0.9**

The most common error for this question was students describing health-adjusted life expectancy (HALE) instead of disability-adjusted life year (DALY).

Question 8b.

Marks	0	1	2	3	Average
%	24	29	41	6	**1.3**

Students were required to compare the burden of disease in Australia to the global figures, include a change over time, and to refer to each contributor to burden of disease.

Students need to ensure that when analysing data, they use the correct units. A common error was misinterpreting the data by discussing the 'number of DALYs'. The number of DALYs were not shown in the graph, only the percentage contributed by each cause to the total.

The following is an example of a high-scoring response.

In Australia the proportion of DALYs attributable to maternal and neonatal conditions, communicable diseases, injury and non-communicable diseases remained relatively stable from 1990 to 2016, with non-communicable diseases slightly increasing from 82% of DALYs to 84% of DALYs and communicable disease DALYs slightly decreasing. Globally, the proportion of attributable DALYs from non-communicable diseases has increased from 42% in 1990 to 60% in 2016, while the proportion of DALYs contributed by communicable diseases has decreased from approximately 30% to 20% respectively.

Question 8c.

Marks	0	1	2	3	4	Average
%	31	18	27	14	10	**1.6**

Those who referred to specific actions reflecting each model and then linked them back to the contributor to burden of disease received four marks. Some responses were too general (e.g. 'the biomedical model works to treat diseases') and lacked the detail required for full marks.

Reponses had to be clear as to whether they were discussing the biomedical or social models in each part, to gain full marks.

The following is an example of a high-scoring response.

Burden of disease - *Communicable disease*

Biomedical: Improvements in medical technologies, particularly vaccinations and antibiotics have resulted in the ability to cure/prevent previously untreatable communicable diseases, like tuberculosis, which has resulted in the decrease of communicable diseases.

Social: Health campaigns raising awareness on safe health practices (for example, using barrier methods to prevent the spread of STI's like HIV/AIDS) have changed people's behaviours and prevented the spread of communicable diseases, positively contributing to the reduction.

Question 8d.

Marks	0	1	2	Average
%	24	35	41	**1.2**

This question required students to outline two disadvantages of the biomedical model. No marks were awarded if the disadvantage was simply identified. For example, 'it is expensive' is an identification of a disadvantage, whereas 'it relies on medical professionals and technology and can therefore be expensive' reflects an outline of the disadvantage. Other disadvantages included:

- Education on how to prevent diseases and promote health is generally absent and people may still suffer from a disease before it can be treated.
- The focus is on the disease, not behavioural or sociocultural factors that could lead to its development, so individuals are not empowered to take responsibility for their health.
- Not every condition can be treated, nor effectively managed once diagnosed, so reliance on this model may not prolong life.

Question 9a.

Marks	0	1	2	Average
%	17	58	24	**1**

The correct units must be used when referring to data. The graph did not show the number of health professionals in any one region, but rather the rate per 100 000 people. To say that there are 'more GPs in remote and very remote areas compared to major cities' was not correct.

Students received one mark for outlining the overall difference in availability of health professionals according to remoteness, and another for identifying the anomaly of a higher ratio of GPs to people in remote and very remote areas compared to major cities.

Question 9bi.

Marks	0	1	Average
%	42	58	**0.6**

This question required reference both to people living in major cities and those living in remote and very remote areas. Students were not expected to memorise data, but should have been able to identify a general difference in health status between the two groups. There are many differences in health status that students could draw on to answer this question, including differences in life expectancy, infant mortality, maternal mortality and rates of specific diseases and health problems (including obesity, mental health issues, cardiovascular disease, injuries and some cancers).

Question 9bii.

Marks	0	1	2	Average
%	57	25	18	**0.6**

This question asked how access to health professionals could contribute to the difference identified in Question 9bi. The most common error was to discuss how health status could be promoted if access to health professionals was improved in remote and very remote areas, which did not answer the question.

Question 10a.

Marks	0	1	Average
%	40	61	**0.6**

Most students were able to describe the PBS as a federal government scheme that subsidises the cost of essential medicines.

Question 10b.

Marks	0	1	2	3	4	Average
%	40	23	18	10	10	**1.3**

This question required analysis of how the PBS demonstrates sustainability and equity. Students had to include specific aspects of the PBS in their response to ensure a deep level of understanding was shown. Some responses discussed the meaning of sustainability and equity without explaining how specific aspects of the PBS reflect each concept.

The following is an example of a high-scoring response.

The PBS demonstrates sustainability because not every medication is listed on the PBS which helps to keep costs under control and allows for new medications to be listed in the future without having to take old ones off.

The PBS also demonstrates equity because the PBS Safety Net ensures that once individuals and / or families reach a certain threshold of payments of medications in one calendar year, the government allows them to purchase medications as a reduced cost in order to protect them against large overall expenses, therefore helping those who need it the most.

Question 11a.

Marks	0	1	2	3	4	5	6	Average
%	24	18	20	16	13	6	4	**2.1**

Most responses were able to make some links between the stimulus material and dimensions of health and wellbeing. To achieve higher marks, a response had to make specific links between the impacts of climate change, the stimulus material and dimensions of health and wellbeing.

The following is an example of a high-scoring response.

Climate change might cause irregular weather events such as a heatwave to occur. This might mean that people who work outside are forced to stop, and as a result lose income, contributing to high levels of financial stress and anxiety (mental). Climate change might mean extreme weather events, such as hurricanes are more likely to occur. This might mean that houses are destroyed and more people injured as a result. If their country has a weak healthcare system this might mean that when they go to hospital they are denied treatment, meaning they are living with injury (physical). Climate change might mean that sea levels rise. This might mean people living in poverty and residing in slums are forced to leave their homes due to flooding. This might mean they have nowhere else to go and lose their sense of belonging (spiritual).

Question 11b.

Marks	0	1	2	3	Average
%	31	27	30	12	1.3

While many students were able to identify an example of social action, most did not go on to justify this in relation to why it could be effective in addressing climate change.

Responses also had to link to climate change, not to the impacts of climate change. For example, although raising money for drought-stricken farmers is an example of social action, it is not addressing climate change itself, but rather its impacts.

The following is an example of a high-scoring response.

> *An individual could use their purchasing power to support an action that promotes social change. For example, they might buy clothes from a company because it minimises its greenhouse emissions during the manufacturing process. This might mean other companies lose business, and decide to minimise their greenhouse emissions to get their business back. This means that greenhouse gas emmisions are reduced, therefore addressing climate change.*

Examples of other social actions include:

- lobby a member of parliament to take action on climate change
- donate to or fundraise for a non-government organisation working to address climate change
- volunteer for an organisation working to address climate change, such as by planting trees
- participate in public campaigns such as Earth Hour
- organise a demonstration or protest that works to influence decision makers in the community
- use social media such as Twitter to share information about climate change
- create an online petition that collects signatures to persuade companies to reduce their carbon footprint.

Question 12a.

Marks	0	1	Average
%	57	43	0.5

Despite being a key concept in Health and Human Development, many students described hygiene when asked to describe sanitation. Although hygiene and sanitation are related concepts, they are not the same. Sanitation refers to the removal of hazardous (or human) waste from the environment whereas hygiene is related more to cleanliness. Sanitation also involves more than just ‘toilets’ or ‘removal of faeces’.

Question 12b.

Marks	0	1	2	Average
%	31	44	25	1

This question required interpretation of data to compare the use of basic sanitation services in fragile and non-fragile states. Students had to read all the provided information carefully, as in this case an explanation of fragile (and therefore non-fragile) states was included in the stimulus.

The most common error was discussing the percentage of fragile and non-fragile states using basic sanitation as opposed to the proportion of people in fragile and non-fragile states using basic sanitation.

The following is an example of a high-scoring response.

The use of sanitation is higher in non-fragile states than fragile states. For example, in 2015 the proportion of people using basic sanitation services in northern Africa and western Asia was measured at 93 percent and 68 percent for non-fragile and fragile states respectively.

Question 12c.

Marks	0	1	2	3	4	Average
%	32	21	26	12	8	**1.5**

This question required links between differences in the use of basic sanitation and health status and burden of disease. High-scoring responses made references to specific conditions and relevant indicators of health status and burden of disease.

The following is an example of a high-scoring response.

If there is adequate sanitation this might mean there is sewerage disposal and human waste isn't flowing into the streets. This reduces the risk of contracting an infectious disease such as diarrhoea from contaminated sewerage water, contributing to lower morbidity rates. If there is adequate sanitation facilities, this might mean that menstruating girls don't have to walk a long, unsafe distance to find an adequate toilet. This reduces the risk of them getting kidnapped and murdered by violent gangs, contributing to a lower YLL rate.

Question 13a.

Marks	0	1	2	Average
%	25	47	27	**1**

Most students were able to describe bilateral aid, but many could not describe aid provided by non-government organisations. When discussing bilateral aid, reference to 'two countries' should be included and not just 'two governments'.

Aid provided by non-government organisations is not the same as multilateral aid. Aid provided by non-government organisations often reaches those not reached by other types of aid. It often works with local communities to address the underlying causes of poverty such as lack of education and unsafe water.

Higher-scoring responses included information that was specific to the type of aid in question and that did not apply to other types of aid. For example 'working to reduce poverty' is characteristic of aid provided by non-government organisations, but it also applies to other types of aid.

Question 13b.

Marks	0	1	2	3	Average
%	24	37	30	9	**1.3**

This question required links between the stimulus material and an SDG of the student's choice (besides SDG 3). Common errors were:

- making general links to the overarching concept of the SDG and not making reference to a specific aspect of it
- selecting SDG 5 'Gender equality' and then discussing aspects of SDG 4 'Quality education'.

Commonly selected SDGs were 'No poverty', 'Zero hunger' and 'Quality education'.

The following is an example of a high-scoring response.

Gender equality (SDG 5)

By having a particular focus on girls in Kibera, the program aims to ensure these women have access to the same opportunities as males (as often only males get to go to school). Additionally, by educating these women, they are better able to have powerful roles in decision-making and parliament, and can take control over their sexual / reproductive health and not fall victim to sexual / domestic violence (they are safe in the boarding school).

Question 13c.

Marks	0	1	2	3	Average
%	27	25	29	18	**1.4**

Those who took aspects of the program and made meaningful links to aspects of human development achieved full marks. The most common error was linking to aspects of human development without explaining how the program contributes to it.

The following is an example of a high-scoring response.

The program provides these girls in Kibera with the ability to go to school and therefore increases their access to knowledge, which they can then use to get a job and earn an income, improving their standard of living, and by being the first in their families to attend university, they will have their choices and capabilities expanded (the range of things they can be and do, instead of becoming a sex worker).

Question 14

Marks	0	1	2	3	4	Average
%	36	25	24	8	7	**1.3**

For full marks, students were required to outline implications of using digital technologies for knowledge sharing on health and wellbeing. Responses could be positive, negative or a mix of both. Higher-scoring responses generally took a balanced approach.

The following is an example of a high-scoring response.

Using digital technologies such as My Health Record, can result in high levels of stress and anxiety that health information, such as what medicines individuals are taking, could be hacked. This creates immense worry and stress, negatively impacting mental health and wellbeing. Conversely, using digital technologies, such as My Health Record, can result in databases being connected between GPs and aged care services, allowing for relevant medical information and history (e.g. past diseases such as cardiovascular disease) being shared. This can allow aged care services to provide the medicines needed to uphold proper functioning of the body and its systems, promoting physical health and wellbeing.

Question 15

Marks	0	1	2	Average
%	20	46	33	**1.2**

Students received one mark for identifying another dimension of sustainability and one mark for describing it. Most were able to identify a relevant dimension but fewer could accurately describe it.

The following is an example of a high-scoring response.

Economic sustainability refers to maintaining a decent standard of living and ensuring that salaries continue to rise with inflation and living costs in the future.

Question 16a.

Marks	0	1	2	Average
%	16	47	37	**1.2**

This question was answered reasonably well with most responses providing at least one reason as to why health promotion was used to target their selected area.

The following is an example of a high-scoring response.

Target area: Skin Cancer

Australia has the highest rate of skin cancer in the world. Many cases of skin cancer are preventable by changing behaviour such as the use of sunscreen.

Question 16b.

Marks	0	1	2	3	4	Average
%	21	6	17	26	29	**2.4**

Most responses accurately identified action areas of the Ottawa Charter. Some students found it difficult to describe how their selected action areas were reflected in their selected health promotion. Responses had to go beyond stating that the action area was reflected, to include a description of **how** it was reflected.

The following is an example of a possible response.

Target area: Skin cancer
Health promotion program: SunSmart

Create supportive environments - There is a UV alert system that provides information on the level of UV exposure which helps people become aware of the dangers of the sun at particular times during the day.

Developing personal skills - SunSmart develops personal skills through mass advertising campaigns on television, radio, print, digital, and public relations activities that are designed to educate people about the need for sun protection.

Question 16c.

Marks	0	1	2	3	Average
%	42	30	21	7	**0.9**

There are many criteria to which students could refer when evaluating a program, but they had to have an understanding of the features that make a program effective, such as:

- actual improvements
- potential improvements
- features of effective programs (such as results-focus, partnerships and collaboration, ownership, appropriateness)
- action areas of the Ottawa Charter evident
- principles of the social model of health reflected.

Many responses did not provide enough detail about why the particular aspect of the program assisted in making it effective. Although a specific link to a dimension of health and wellbeing was

required for full marks, some neglected to evaluate the program and only included multiple links to various dimensions, which did not answer the question.

The following is an example of a high-scoring response.

Target area: Skin cancer

SunSmart has focussed on education which has raised awareness of skin cancer and changed Victorians' sun protection behaviours and attitudes. Since it was launched, the proportion of Victorians who like to get a sun tan has decreased significantly. More people use sun protection measures, such as wearing a hat, shirt and sunscreen and rates of skin cancer rates are evening out after decades of increase. Melanoma incidence is also falling in those under the age of 45. Rates of skin cancer in younger people are falling and the early detection of skin cancer is leading to better treatment and long-term survival rates. This indicates it is an effective health promotion campaign.