2021 VCE Health and Human Development external assessment report

General comments

The 2021 examination gave students the opportunity to demonstrate and apply a range of knowledge and skills.

Questions that required recall and description of key concepts, including the use of appropriate examples, were generally answered well (e.g. responses to Questions 1a., 3a. and 12b.). Many students were also able to correctly identify action areas of the Ottawa Charter in Question 4. Questions that required the interpretation of stimulus material and those that required connections to be made between concepts were not answered as well. This was particularly evident in responses to Questions 2, 3b., 10 and 12c.

Concepts that were well understood included those relating to the relationship between social and spiritual health and wellbeing, the names of Sustainable Development Goals (SDGs), the impact of climate change on health and wellbeing, and characteristics of low-income countries.

The concepts of greatest challenge related to sustainable resources as a prerequisite for health, specific aspects of the SDGs, the priorities of the World Health Organization (WHO) and implications for the health system of increasing life expectancy.

Students generally demonstrated the ability to interpret data, as was evident in responses to Questions 8c. and 14.

Where students had to apply concepts in new scenarios, many students neglected to use meaningful examples relating to the concepts in question, which affected their ability to receive full marks.

Students are reminded to read the questions carefully, consider the mark allocation, plan their responses so they are clear, and answer what is being asked. When using extra space 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 1ai.

Marks	0	1	Average
%	6	94	1.0

This question was answered well, with most students able to identify a factor that can influence physical health and wellbeing. Examples of appropriate responses included:

- eating a healthy diet (or a specific food/nutrient)
- having appropriate rest or sleep
- maintaining a healthy body weight
- the absence of illness, disease or injury
- levels of energy
- access to health care
- income
- education
- access to water
- sanitation
- vaccination
- family
- peers/friends
- any other dimension of health and wellbeing (e.g. mental health and wellbeing).

Question 1aii.

Marks	0	1	2	Average
%	30	45	25	1.0

Most students were able to make a link between their selected factor and an aspect of optimal health and wellbeing. Although Question 1ai. related to physical health and wellbeing, Question 1aii. allowed students to link to a dimension of their choice.

Students needed to ensure that they included enough detail for two marks.

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

If a person has a balanced diet which includes fresh, healthy foods like vegetables and water, they will have the energy to exercise. Exercise decreases the risk of cardiovascular diseases and obesity, optimising health and wellbeing.

Question 1b.

Marks	0	1	2	Average
%	10	42	49	1.4

Students were required to use an aspect of the case study to describe the relationship between Lucy's social and spiritual health and wellbeing. Some students linked an aspect of the case study (e.g. being part of a team) to both social and spiritual health and wellbeing, which did not show how the two dimensions relate.

Responses that received marks for linking to an aspect of social health and wellbeing (such as quality relationships) in Question 1aii. did not receive marks for using the same example in Question 1b.

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

By training with her netball team, Lucy develops meaningful and satisfying relationships with her team mates, promoting optimal social health and wellbeing. As a result of positive and supportive friends, Lucy develops a sense of belonging to her netball club, thus positively impacting spiritual health and wellbeing.

Question 2

Marks	0	1	2	3	4	Average
%	57	22	14	5	2	0.8

This question was not answered well. While many students could make links to aspects of health and wellbeing or health status, few incorporated specific examples of sustainable resources, meaning that their answers were often too general.

Examples of sustainable resources were:

- forests
- biodiversity
- fisheries and oceans
- electricity
- agriculture
- clean air
- safe water.

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

Individual level

Sustainable resources means that resources such as food and energy can be continually provided for future generations. This means that people are less likely to be worried about the ability of their children and future generations to access these resources, reducing stress and anxiety (promoting mental health and wellbeing). This allows them to concentrate on the activities that improve life (studying, socialising) as they are not fixated on the availability of these resources.

Global level

Sustainable resources means that resources such as plant material can be continually provided into the future. This allows for the manufacture of medicines (antibiotics) around the world meaning that infectious diseases like tuberculosis can be treated effectively and quickly improving freedom from diseases (physical health and wellbeing). This reduces the transmission of infectious diseases between countries, globally.

Question 3a.

Marks	0	1	2	Average
%	12	54	34	1.2

This question was answered very well, with most students able to explain either self-assessed health status or morbidity, or both.

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

Self assessed health status is a measure of one's health that is influenced and based on the individuals own perception of their health whereas morbidity relates to ill health of an individual or population.

Question 3b.

Marks	0	1	2	3	4	5	6	Average
%	35	19	23	15	6	2	0.5	1.5

This question was not answered well. It required students to refer to the information provided to explain implications of increasing life expectancy for Australia's health system. Common errors included not referring to the information provided and neglecting to make links to specific aspects of Australia's health system (e.g. Medicare, the Pharmaceutical Benefits Scheme (PBS), sustainability and funding).

Although no positive implications were evident in the information, it was possible for students to make a positive link (e.g. people working longer, meaning more money can be put into Medicare and the PBS). Some students only made positive links, which neglected key information presented in the stimulus.

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

As Australia's life expectancy increases, so will the strain on Australia's health system including Medicare, private health insurance, NDIS and PBS. Dementia is a long-lasting neurodegenerative disease which includes the use of multitudinous treatments and medications. As the rate is estimated to increase to 350 000 by 2030, the number of treatments and medications needed also will. For instance, the pharmaceutical benefits scheme will experience an increased demand on some medications and this may diminish their sustainability to provide long-term help. Additionally, an increased burden on Medicare may result in an increased Medicare levy and Medicare levy surcharge to counteract its effects on sustainability, although this may reduce access and equity as people may not be able to afford subsidised rates of co payments, meaning those who need it the most may not be able to access it due to increased demand, minor treatments may also experience reduced access due to prioritisation.

Question 4

Mark	0	1	2	3	4	5	6	Average
%	16	5	9	16	25	17	12	3.3

This question required students to discuss two action areas of the Ottawa Charter that could be used to address increased rates of alcohol consumption. While many students could show an understanding of the action areas, many did not provide enough discussion to be awarded six marks.

It is important for students to be specific when discussing how the action areas could reduce increasing levels of alcohol consumption, as opposed to simply stating that they would be effective.

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

Build Healthy Public Policy: Governments can raise tax on alcoholic beverages, decreasing attractiveness of buying the alcohol to many conscious buyers as they are made too expensive, decreasing rates of alcohol consumption. The government can also place laws on how many drinks are allowed to be bought from a single customer, for instance at a bar. This would decrease overall alcohol consumption.

Create Supportive Environments: Those suffering with alcohol addiction can access helplines and websites online where others who have experienced or are currently experiencing alcohol addiction share their stories and advice, decreasing alcohol consumption to those who are inspired or want to stop. School or work events such as graduations or Christmas dinner can be held with beverages being supplied that are not alcoholic, and having no alcohol present. This would decrease rates of alcohol consumption.

Question 5a.

Marks	0	1	2	Average
%	35	32	33	1.0

This question required students to describe 'old' public health. It was important for students to include information unique to old public health as general statements might also relate to 'new' public health and would not be awarded marks. Many responses that received full marks provided a description and a relevant example of an intervention relating to old public health.

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

> *Old public health refers to the policies and practices implemented by the government to reduce disease, mainly communicable and respiratory diseases. This model of health was more prevalent from the 1900s to 1950s and involved policies like implementation of quarantine laws, mass immunisations and promotion of safe water and sanitation.*

Question 5b.

Marks	0	1	2	Average
%	39	30	30	0.9

This question required students to describe how actions undertaken as part of old public health could be used to reduce global deaths. It was important for students to accurately identify a cause of death by writing it out exactly as it appeared in the graph.

If responses used the same example in Questions 5a. and 5b., they had to include more discussion in Question 5b. to be eligible for full marks.

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

> *Leading cause of death Diarrhoeal diseases*

> *Global deaths can be reduced by enabling access to sanitation and waste removal. By removing human urine and faeces and containing it, the risk of contaminating drinking water or food supplies with pathogens is significantly reduced. This reduces the risk of contracting and transmitting diarrhoeal diseases, which may protect vulnerable individuals with weakened immune function, hence reducing global deaths.*

Question 5c.

Marks	0	1	2	3	4	Average
%	15	17	27	20	21	2.2

Students needed to select a different cause of death compared to Question 5b. and explain how the biomedical and social models of health could be used to reduce deaths from this cause.

It was important for students to provide specific information about each model as opposed to simply referring to the biomedical model 'curing' the condition or the social model 'preventing' the condition. Some information was needed in relation to how this might be achieved (e.g. through medication or participating in healthy eating workshops to reduce deaths from stroke).

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

> *Leading cause of death: Trachea, bronchus, lung cancers*

Biomedical model of health: Lung cancers involve tumours and due to the biomedical model of health people were and are able to undergo surgery to remove this form of cancer. Being able to remove tumours allows less people to die from cancers and thus reducing overall global deaths.

Social model of health: Campaigns and laws such as the quit smoking campaign allowed for people to educate others about the harms of smoking and use warnings such as the ones on the boxes to show the impact of it. Due to this less people smoke and due to less people smoking, less people have lung cancer and so less global deaths occur.

Question 6a.

Marks	0	1	2	3	4	Average
%	36	18	25	15	7	1.4

This question required students to identify two Australian Dietary Guidelines and explain how each was reflected in the Healthy Eating Pyramid.

Although the wording of the guidelines did not have to be exact, it had to be close and answers such as 'consume a variety of foods' did not receive a mark. Another common mistake was referring to decreasing intake of fats (as opposed to saturated fats) for guideline 3. Many students who were able to identify a guideline were not able to show specific knowledge of the Healthy Eating Pyramid. Statements such as 'the pyramid shows the foods that should be consumed on a daily basis' relates to many food selection models and does not show the level of detail required. Stating that 'the pyramid is made up of four layers, with fruit and vegetables in the bottom layer' shows a greater level of understanding.

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

1. Limit intake of saturated fat, sugars, salts and alcohol – this is shown in the Healthy Eating Pyramid in the top left hand corner, shown by an image of salts and sugar with an 'X' through them (guideline 3).

2. Enjoy a wide variety of nutritious food from the five food groups and drink plenty of water – the Healthy Eating Pyramid visualises a glass of water and the levels of the pyramid contain the five food groups; vegetables, fruit, grain, meat and dairy, relating to the guideline (guideline 2).

Question 6b.

Marks	0	1	2	Average
%	43	39	18	0.8

Students needed to provide specific detail and avoid making statements that could apply to a range of interventions. For example, for National Nutrition Week, stating that it 'promotes healthy eating for one week of the year' does not show a good level of understanding. Stating that 'National Nutrition Week has a yearly theme such as encouraging five serves of vegetables per day and provides healthy eating resources to primary schools' is a better response.

Note that this question asked for **one** way that Nutrition Australia promotes health eating, so both points had to relate to the same intervention.

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

Nutrition workshops and seminars: Nutrition Australia provides these to workplaces where they teach workers how to prepare nutritious and healthy foods and snacks (such as smoothies). This aims to reduce their consumption of quick, processed foods by giving them the skills and knowledge needed to make quick, but healthier alternatives.

Question 7a.

Marks	0	1	2	Average
%	31	43	26	1.0

This question was answered quite well, with most students able to provide at least one piece of information relating to describing burden of disease.

Although students could receive a mark for stating that burden of disease is measured in disability-adjusted life year (DALY), the question did not ask them to explain what DALY relates to.

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

Burden of disease is a measure of the gap between current health status and an ideal situation where everyone lives to an old age free of disease and disability. Burden of disease is measured in a unit called the Disability Adjusted Life Years (DALY), made up of Years of Life Lost (fatal component) and Years of Life Lost due to Disability (non-fatal component).

Question 7b.

Marks	0	1	2	3	Average
%	20	25	37	18	1.6

Students are reminded to read the question carefully. A number of students discussed how their selected factor could occur, instead of discussing how it contributed to their selected condition. A link was also required to an aspect of burden of disease (e.g. DALY, years of life lost (YLL), premature death, YLD, living with illness).

Factors that could be used as the basis of the response were:

- overweight/obesity
- dietary risks (high fat, low fibre, high sugar)
- alcohol consumption
- sun exposure
- high blood pressure
- lack of physical activity
- genetics
- hormones
- social exclusion
- access to health services
- early life experiences.

The following are examples of high-scoring responses.

Cardiovascular disease

Factor: high intake of salt

Description excess salt draws the fluid out of cells and therefore contributes to a great blood volume. A great blood volume means that there is more strain on the heart as it is required to pump a great amount of blood around the body. This therefore increases the risk of hypertension (cardiovascular disease) and hence contributes to more years of life spent living in ill-health (YLD) and thus a higher burden of disease.

Cancer

Factor: Smoking

Description Smoking causes faults in the cells as they divide, which can lead to diseases such as lung cancer. Therefore smoking causes higher rates of years of life lost (YLL) and years lived with disability (YLD) associate with lung cancer.

Question 8a.

Marks	0	1	2	Average
%	38	21	41	1.1

Students received one mark for each characteristic, besides the Human Development Index (HDI), of low-income countries they identified for a total of two marks. Students needed to provide some context in relation to each characteristic (e.g. 'low levels of education' is a better response than 'education').

Marks were not awarded for identifying characteristics related to any of the HDI indicators. Students should also have avoided using health status indicators shown in the table as the basis of their response.

Answers included:

- lower levels of literacy
- low gender equality
- higher rates of infectious diseases
- greater birth rates
- high population growth
- low levels of employment opportunities
- high dependence on foreign aid
- poor law enforcement and legal systems
- poor social security systems
- high levels of poverty
- poor water, sanitation and waste disposal
- poorly developed infrastructure (or a specific example of infrastructure, such as electricity grids)
- limited opportunities for global trade
- low levels of CO_2 emissions.

Question 8b.

Marks	0	1	2	3	4	Average
%	46	18	15	13	8	1.2

Students received up to two marks for including two pieces of information relating to what the HDI is. Answers included:

- a measure of social and economic development of a country (or a measure of the level of human development experienced)
- a single statistic between 0 and 1 where the closer to 1, the higher the level of development
- a tool developed by the United Nations to rank countries based on the level of human development experienced.

Students received an additional two marks for identifying the three dimensions and four indicators. The three dimensions were a long and healthy life, knowledge and a decent standard of living. The indicators were life expectancy at birth, expected and mean years of schooling, and gross national income per capita.

The indicators needed to be accurate to receive the mark (e.g. leaving out 'at birth' or 'per capita' made the answer incorrect).

Question 8c.

Marks	0	1	2	3	4	Average
%	11	15	35	26	14	2.2

Students needed to identify a difference in health status. This included referring to both countries and either using data correctly (as well as correct units of measurement) or including a qualifying statement (e.g. 'lower' or 'higher').

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

Life expectancy at birth: In 2019 Australia's life expectancy at birth was 83.4 years whereas Sierra Leone's life expectancy was only 54.7 years. Sierra Leone may have a lower life expectancy as their access to healthcare could be significantly lower, therefore when someone contracts a virus such as the flu at aged 50 for example, their immune system is weaker and with no medical attention will most likely lead to death, which means inadequate healthcare for older individuals with weaker immune systems will contribute to a lower life expectancy in Sierra Leone compared to Australia. Another reason may be due to poor environmental conditions in Sierra Leone such as inadequate housing. Lack of sufficient infrastructure is common in lower-income countries therefore individuals living in Sierra Leone are less likely to be protected from nature and therefore could die from extreme weathers, whereas Australia is more likely to have sufficient houses which can explain the difference between Sierra Leone's low life expectancy (54.7 years) and Australia's high (83.4).

Question 9a.

Marks	0	1	2	Average
%	40	27	32	1.0

Marks were awarded for describing environmental sustainability and referring to it continuing into the future.

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

Environmental sustainability refers to ensuring the natural environment is used in a way that preserves resources for future generations. An example of environmental sustainability is biodiversity.

Question 9b.

Marks	0	1	2	3	4	Average
%	19	7	21	21	33	2.4

This question was answered well. Many students made meaningful links between the stimulus material and two dimensions of health and wellbeing. Responses needed to use two different dimensions of health and wellbeing and a different discussion in relation to each.

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

Climate change can affect health and wellbeing in many ways. When climate change causes droughts, farmers crops are unable to grow. So they are unable to provide fruit, veggies, wheat etc to sell and earn an income, making their self esteem lowered as they can't do their job or provide for a family. Therefore negatively impacting mental health and wellbeing. Climate change can cause floods, meaning people may lose their houses, where they live, meaning they don't have a home. This can make people feel as though they don't belong, negatively impacting their spiritual health and wellbeing.

Question 10

Marks	0	1	2	3	4	5	6	Average
%	30	20	22	15	9	3	1	1.7

This question required students to analyse implications of the 'Be He@lthy Be Mobile' initiative. It was not asking students to evaluate the program or to analyse impacts of lack of access to mobile phone networks.

The stimulus material indicated that there was potential for positive outcomes, yet some students only discussed limitations. Although potential negative impacts could be included in the response, if responses only discussed limitations, they were not eligible for full marks.

The following is an example of a possible response.

With 96% of the world's population having access to mHealth platforms such as 'Be He@lthy Be Mobile' (BHBM) initiative a greater number of people across all income countries have the ability to increase their own health knowledge. This creates a more informed population. For example a person diagnosed with heart disease could access the BHBM initiative via their mobile phone. Tailored advice delivered directly to mobile phone users on risk factors such as diet and exercise can be provided to the individual leading to greater self confidence in their ability to manage their heart disease. Increased confidence can lead to increased self-esteem and resilience. With increased exercise the individual can increase their level of fitness and healthy body weight. Providing training to the health care professionals, the BHBM initiative ensures the building of knowledge and skills via effective communication results in a positive patient/healthcare worker partnership. Some individuals may choose not to subscribe to the BHBM initiative due to concerns their private information shared via mobile phone may be hacked by dishonest people, so their health and wellbeing may not improve.

Question 11a.

Marks	0	1	2	3	4	Average
%	63	12	16	8	2	0.8

This question was not answered well. Many students did not recall the WHO priorities. When students could recall the name of a priority, most could provide some detail in relation to describing it. Students should read the question carefully, ensuring that all aspects are covered in the response (identify and describe) and to take note of the available marks as an indication of depth and detail required.

The three priorities students could choose from were (all were reflected in the stimulus material)

- achieve/achieving universal health coverage
- address/addressing health emergencies
- promote/promoting healthier populations

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

WHO priority: Promoting healthier populations

Description: This priority is about 1 billion more people experiencing better health and wellbeing. This priority direct mainly towards SDG 3 Good health and wellbeing, attempting to reduce rates of maternal mortality and infant as well as under-5 mortality. It also aims to end epidemics and reduce the impacts of communicable and non-communicable diseases.

Question 11b.

Marks	0	1	2	3	4	Average
%	39	22	23	10	6	1.3

Students were required to discuss how lack of basic water services in healthcare facilities could affect human development. Most students could identify aspects of human development (e.g. the ability to access the resources required for a decent standard of living and having access to knowledge), but many did not then make meaningful links between lack of access to water in healthcare facilities and aspects of human development. Students also had to show that they were discussing lack of water in healthcare facilities and not just lack of water in general.

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

> A lack of basic water services in healthcare facilities means that more people are exposed to the risk of infections and susceptibility to diseases, especially those that are waterborne such as cholera and diarrhoeal. This means that more adults have to live with ongoing infections and diseases, meaning they cannot return to work. This means that people are not able to earn an income to afford basic needs such as food, shelter and clothing, preventing them from living a decent standard of living. A lack of basic water services in healthcare facilities means that more children are being displaced of their parents due to them being ill and having diseases that are prolonged. This means that children can't attend school in the absence of their parents and the money to do so. This means that children cannot be educated and their choices and capabilities are not being enhanced for their future benefit.

Question 12a.

Marks	0	1	2	Average
%	42	41	17	0.8

This question drew on students' knowledge of features of SDG 3. Most students could show some understanding of neglected tropical diseases (NTDs).

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

> Neglected tropical diseases are a collection of diseases that have not had enough resources and effort directed towards. These diseases are more prevalence in tropical regions and can be infectious and communicable.

Question 12b.

Marks	0	1	2	Average
%	15	18	67	1.5

This question was answered very well with most students able to identify two SDGs. Any SDGs (besides SDG 3) were acceptable for this response as all SDGs are interconnected. Answers included:

- no poverty
- zero hunger
- quality education
- gender equality
- clean water and sanitation
- climate action.

Question 12c.

Marks	0	1	2	3	4	Average
%	57	17	15	7	4	0.9

This question was not answered well. Most students failed to show a specific understanding of their selected SDGs. Simply referring to the name of the goal (e.g. 'when people achieve quality education') did not show the level of understanding required. Students needed to refer to specific aspects of the goal (e.g. 'achieving numeracy and literacy skills').

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

By having collaborative actions, whereby SDG's 3, 4 and 2 work together they can help achieve the 90% reduction in NTD's by 2030. By ensuring that all children complete free, equitable and quality primary and secondary schooling 'key feature of SDG 4 Quality education' children in tropical climates can be taught the importance of how to prevent their risk of contracting NTD's and how to reduce spreading it to others. This sees the education sector work in collaboration with the health sector to achieve SDG 3 Good health and wellbeing by 'reducing communicable disease' posed by NTD's. Additionally by achieving SDG 2 'Zero hunger' and ensuring all people have access to safe and nutritious food all year round, specifically the poor and those in vulnerable situations such as infants, it can mean that people develop strong immune systems which can resist and fight off NTD's. This therefore works to achieve SDG 3 Good health and wellbeing by working to 'reduce communicable diseases' such as NTDs as less people are contracting them as they have well-functioning immune systems.

Question 13a.

Marks	0	1	Average
%	71	29	0.3

This question was not answered well. Most students could not identify an Australian aid priority evident in the case study.

Acceptable answers were:

- agriculture, fisheries and water
- infrastructure, trade facilitation and international competitiveness.

Question 13b.

Marks	0	1	2	3	Average
%	35	24	29	13	1.2

Most students identified the correct type of aid (multilateral) but most did not provide meaningful information about it.

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

Multilateral aid involves international organisations such as the United Nations, collecting donations from donor countries like Australia and combining the donations to distribute aid (e.g. educate on agricultural techniques) to recipient countries like the Pacific region. Thus, enabling for large scale projects, addressing global issues like hunger.

Question 13c.

Marks	0	1	2	Average
%	39	43	18	0.8

Most students were able to provide some information about why Australia provides aid to countries across the Pacific region. A common mistake was describing why Australia provides aid in general (such as 'Being a high-income country, it is the right thing to do'), which could relate to Australia's aid program in any region of the world, and not specifically to the aid program in the Pacific region.

Suitable responses included.

- There are many people living in poverty in countries across the Pacific region.
- Many countries in our region are affected by conflict that has the potential to affect our national and security interests.
- Providing aid to our nearest neighbours can help to promote regional security.
- If poverty is reduced in the Pacific, Australia will have more trading partners, strengthening our economy.
- Providing aid in our region can build ties between the governments of many countries.
- Providing aid to nearby countries can promote health security and prevent the spread of infectious diseases.

Question 13d.

Marks	0	1	2	3	4	Average
%	44	13	17	13	12	1.4

Students were not awarded a mark for identifying the feature of effective aid programs but for explaining how it could help to make a program effective. Many students simply stated that the feature would help to make the program effective without explaining how it helps to make it effective. There is no set list of features of effective aid programs and students could draw on their understanding of features such as partnerships, transparency, affordability, access, developing personal skills and focusing on women.

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

1. One feature of an effective aid program is one that provides ownership, this including being tailored to the needs of the recipient country and not merely the donor country. Further, ownership includes educating the low or middle income country, ensuring that once the aid ceases, it can continue to have an effect. Thus, leading to self-sufficient countries and long term, sustainable human development.

2. Another feature of an effective aid program is partnership / collaboration between various groups (eg. WHO, Water Foundation etc). Such collaboration allows for shared expertise and knowledge, making it an effective program with the best possible outcomes. Further, partnerships allows for greater funding to be provided, ensuring adequate resources are available, making for good health outcomes and an effective program.

Question 14

Marks	0	1	2	3	4	5	6	7	8	9	10	Average
%	17	14	19	19	14	8	5	3	1	0.5	0.5	2.6

Student responses were scored on the interplay between how well:

- the response had been structured
- the stimulus material had been understood, connected and synthesised

- the student's own understanding had been used to formulate the response
- sociocultural and environmental factors that contribute to variations in health status between Indigenous and non-Indigenous Australians had been discussed
- the importance of Indigenous health and wellbeing as a resource individually and nationally had been discussed
- the justification of social action as an effective way to bring about change in Indigenous health and wellbeing had been discussed.

Most students who attempted this question gained some marks, with many showing a good understanding of sociocultural and environmental factors.

Common errors included linking socioeconomic and environmental factors to health and wellbeing (instead of health status), explaining how health status (instead of health and wellbeing) acts as a resource individually and nationally, linking to health and wellbeing as a resource globally (instead of nationally) and not providing a justification for the social action identified.

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

Life expectancy at birth for Indigenous Australians differs from 71.6 (males) and 75.6 (females) to non-Indigenous Australians with a much higher life expectancy of 80.2 (males) and 83.4 (females) (source 1). This variations in health status can be identified in the sociocultural factor of early life experiences. This is where Indigenous women are more likely to smoke and drink during pregnancy compared to non-Indigenous women, which has damaging affects on the baby such as low birth weight, and accounts for the large difference in life expectancy at birth as often don't make it past their fifth birthday. This can be due to a lack of health literacy where Indigenous people aren't aware of its effects. An environmental factor includes access to clean water, where Indigenous Australians have expressed their beliefs including 'to promote good hygiene and clean faces we need working taps and running water'. Indigenous Australians don't have the resources to quality water services compared to non-Indigenous Australians, which causes more mortality rates in Indigenous communities due to water borne diseases such as diarrohea being more easily transmitted.

When Indigenous Australians are experiencing better health and wellbeing they are more able to participate in the life of their community. The 'my life my lead' showed how Indigenous Australians believe 'connection with culture, language and country … are protective factors ... against the impacts of racism, discrimination and provide a foundation for stronger communities and healthier lives'. Thereby when people aren't experiencing poor health and wellbeing due to the effects of racism and discrimination, they can increase social participation through recreational and leisure pursuits. Nationally by Indigenous Australians experiencing good health and wellbeing, they are more able to work productively and reduce their levels of absenteeism from work. This not only increases their own income but leads to economic development through higher taxation revenue.

Social action can be taken through lobbying governments and decision makers, through providing information on statistics of how "Aboriginal and Torres Strait Islander people experience more than twice the burden of disease and injury of non-Indigenous Australians" (source 2). Through this data it makes the Australian Government more aware of what's occurring, and provide funding to Indigenous communities. This can provide them with education which improves health literacy, therefore Indigenous Australians can experience improved physical health and wellbeing as they can prevent themselves from "heart disease, type 2 diabetes and renal disease" (source 2).