

**Solution Pathway**

**NOTE: This task is sold on condition that it is NOT placed on any school network or social media site (such as Facebook, Wikispaces etc.) at any time.**

**NOT FOR PRIVATE TUTOR USE.**

Below are sample answers. Please consider the merit of alternative responses.

The following questions have been adapted from previous VCAA Examinations:

**Question 2**

Adapted from VCAA 2018 Question 13.

**Question 3**

Adapted from VCAA 2015 exam Question 7.

**Question 7a**

Adapted from VCAA exam 2018 Question 12a.

**Question 7b**

Adapted from VCAA exam 2018 Question 8d.

**Question 7c**

Adapted from VCAA exam 2018 Question 8c.

**Question 13c**

Adapted from VCAA 2018 exam Question 6b.

**Question 1** (2 marks)

One mark awarded for each correct description.

*Mortality refers to death, particularly at a population level whereas morbidity refers to ill health in an individual and the levels of ill health in a population or group.*

**Question 2** (2 marks)

One mark awarded for providing a relevant example and a further mark awarded for linking to improved health outcomes. Students are able to link to either health status measures or health and wellbeing dimensions.

Sample high level responses include:

* *When people have a safe shelter, they are less likely to experience high levels of stress and anxiety and be worried about their personal security, mental health and wellbeing.*
* *Safe shelter means that people are more likely to be protected from outside environmental elements such as heat waves, reducing morbidity and mortality rates.*
* *Having adequate and safe shelter can provide a sense of security and feelings of belonging, promoting spiritual health and wellbeing****.***

**Question 3** (6 marks)

**a**. One mark awarded for correctly stating a priority. Two marks awarded for the explanation.

WHO priorities high level sample responses:

* *Promoting healthier populations – 1 billion more people enjoying better health and wellbeing. This priority ‘promoting healthier populations’ is a broad one, with WHO working to contribute to people enjoying better health and wellbeing. Focus includes improving human capital, accelerating action on non-communicable diseases, mental health and high impact communicable diseases, tackling antimicrobial resistance, and addressing health effects of climate change.*
* *Achieving universal health coverage – 1 billion more people benefitting from universal health coverage. This priority focuses on ensuring people receive the health services that they need, when and where they need them, without facing financial hardship. These two fundamental components access the services needed to achieve good health (including health promotion, prevention, treatment and rehabilitation) and the financial protection that prevents ill-health from leading to poverty – and are vital in addressing health inequities.*
* *Addressing health emergencies – 1 billion people being better protected from health emergencies. The threat of health emergencies is universal. By ensuring preparedness for emergencies and the capacity for quick and effective response, the impact of health emergencies on health can be reduced. Health emergencies can include epidemics, pandemics, conflict and environmental disasters. Early detection, risk assessment, information-sharing and rapid response are essential to avoid illness, injury, death and economic losses on a large scale. Not all countries have the same health emergency risk management capabilities with low-income countries the most affected. Health emergencies weaken health systems and weak health systems increase the challenge of responding to health emergencies.*

**b.** One mark awarded for using an example of WHO’s work, one mark for links to the promotion of health and wellbeing and a further mark for the promotion of human development.

Sample high level response for promoting healthier populations:

*WHO’s work includes the Framework Convention for Tobacco Control. This framework provides support to all countries implementing a successful framework for the reduction and prevention of tobacco use and related health issues such as lung cancer. By tackling tobacco use, physical health and wellbeing will be improved through the reduced risks of lung cancer and premature mortality. This will also provide opportunities for improved human development as the framework includes strategies promoting the participation in decisions affecting one’s own life, increased access to knowledge around health and the impacts of smoking and can lead to a longer and healthier life.*

**Question 4** (10 marks)

This question is holistically marked using the marking descriptor below.

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| --- | --- | --- | --- |
| **Score** | | **Descriptor** | |
| 10  Very high | Comprehensive analysis of how all three factors have contributed to the difference in health status, including at least one detailed example for each factor clearly linking back to the data provided.  Concept of health and how improved health status can act as a national resource is clearly understood and linked back to the data provided. | | All elements of the question clearly addressed and supported by evidence and detailed examples using the data provided. |
| 8-9  High | In depth analysis of how all three factors have contributed to the difference in health status, including at least one detailed example for each factor clearly linking back to the data provided.  Concept of health and how improved health status can act as a national resource is understood and linked back to the data provided. | | Clear and well detailed explanation provided for all parts of the question. Examples used to support response from the data provided. |
| 6-7  Medium | Some evidence of analysis of how all three factors have contributed to the difference in health status, including at least one example for each factor clearly linking back to the data provided.  Concept of health and how improved health status can act as a national resource is broad and general with some links back to the data provided. | | Clear explanation provided for all parts of the question. Some discussion and use of examples from the data included. |
| 4-5  Low | The data has been understood with some evidence of standing back to form some analysis. Simple discussion of the factors and their contribution to health status, with a general discussion for all three provided. Some connection with the data evident. Concept of health and how improved health status can act as a national resource stated but may not be linked to the data. | | Brief explanation provided for all parts of the question. |
| 2-3  Very low | Brief statements provided with some knowledge. Shows limited understanding of the three factors and connection to the data. May include description of one or more factors. Broad statements about the importance of health as a national resource.  Only one factor discussed. | | All parts of the question attempted but very little relevant information provided. |
| 1 | Limited attempt to use the data provided.  Shows limited understanding of the importance of health as a resource. | | Very little information is provided for any part of the question. |
| 0 No attempt made. | |  | |

Sample high level response might include:

*Health status*

* *Those living outside major cities generally experience a lower health status than those living within major cities. This can be due to a range of factors in relation to sociocultural, environmental and biological.*
* *People living outside major cities face a range of different challenges to their health status, including geographic location, hazardous working conditions and reduced access to healthcare services.*
* *In 2015, those living outside major cities had a significantly lower median age at death of 76 years and 67 years for those living in very remote locations. This compares to 82 years for those living in major cities, highlighting the health inequality for those living outside major cities.*
* *Increasing remoteness is clearly associated with higher mortality rates.*

*Factors contributing to difference in health status*

* *Higher prevalence of smoking: 22% compared to 13% in major cities.*
* *Higher prevalence of overweight obesity: 68% compared to 61%.*
* *Higher levels of alcohol consumption: 24% compared to 16%.*

Factors that could be discussed:

*Biological*

* *Higher rates of hypertension*
* *Higher rates of obesity.*

*Sociocultural*

* *Poorer access to healthcare services*
* *Lower SES – lower levels of educational attainment, lower levels of employment, lower income*
* *Social isolation*
* *Food insecurity.*

*Environmental*

* *Lower access to healthcare services due to lack of infrastructure*
* *Occupational hazards such as farming*
* *Geographic location - road infrastructure, increased risks when driving. For example, distance needed to travel for services such as supermarkets and healthcare.*

*Health as a national resource*

* *By improving the health status of those living outside major cities, this population group will experience improved benefits such as a longer and healthier life, reducing the burden and costs on Australia’s health system.*
* *Improving health status will also support increased economic opportunities, such as employment and increased income for those living outside major cities as they are able to actively participate in work due to improved health. This will generate more taxes for the government to spend on the needs of the nation.*

**Question** **5** (7 marks)

**a.** Two marks for the analysis of the implication for a dimension of health and wellbeing relevant to rising sea levels with a further two marks for analysis of the implication for human development relevant to rising sea levels, for a total of four marks.

Sample high level responses include:

* *Being forced to leave home as a result of rising sea levels will lead to stress and anxiety, impacting emotional and mental health and wellbeing as people may no longer feel safe in a new place. They may have a reduced sense of optimism for the future as they are no longer able to live in their current home.*
* *Rising sea levels are causing population displacement. Having to leave home may leave many people homeless, reducing their ability to develop to their full potential as they may have reduced access to safe shelter and amenities.*
* *Having to leave home due to rising sea levels can impact social health and wellbeing as communities will need to be re-established and the formation of meaningful relationships will need to occur as people adapt to their new environment.*
* *Rising sea levels will result in people losing their jobs and businesses closing, resulting in more people being unemployed and average incomes coming down. This reduces the chances of people being able to have access to knowledge, good health and a decent standard of living.*

**b.** One mark awarded for the description of the social action and two marks for the justification.

Sample high level response:

* *People could show support for climate action and change by advocating for this global trend by signing a petition supporting government policy that focuses on climate action. By advocating for change and gaining community support governments are more likely to make social change.*
* *Turning off light switches and making changes to reduce energy consumption such as walking or using public transport. This action reduces carbon emissions and, whilst a small action, will work towards trying to reduce the impact of individuals and climate change.*
* *Join a protest, such as young people for climate action, to raise awareness of this issue. By raising awareness and gathering community support, policy makers and enterprise may feel pressure to make positive changes that impact the environment.*
* *Making donations to organisations working with communities impacted by climate change, such as those living within 60km of coastlines. By helping these communities resettle and set up new industry, you are making a difference to the lives of those affected.*

**Question 6** (10 marks)

**a.** Two marks awarded for the description of ‘old’ public health and two marks awarded for ‘new’ public health.

Sample high level response:

*‘Old’ public health saw government actions that focused on changing the physical environment such as safe water, sanitation and sewage disposal, improved working conditions, improved nutrition and better housing, to prevent the spread of disease. Whereas ‘new’ public health relates to the social model of health and involves focusing on the broader social, economic and environmental determinants that influence health rather than simply biological ones. ‘New’ public health was the changed approach to health promotion.*

**b.** Students must use at least one example to explain how old public health has contributed to improvements in health status, with one mark for the example and two further marks for a detailed explanation of how this has improved health status. Another three marks for ‘new’ public health, for a total of six marks. Students must reference a measure of health status to receive full marks.

Sample high level responses include:

*‘Old’ public health*

* *Old public health focused on improvements in water and sanitation. Many infectious diseases, particularly those impacting children who are young and vulnerable, were carried through unsafe water and a lack of sanitation including sewage disposal. Improvements including sewage disposal systems saw significant reduction of water-borne and infectious diseases such as cholera and diarrhoea, reducing child mortality rates and improving life expectancy.*
* *The introduction of vaccinations resulted in a significant decrease in health conditions such as TB, measles and chickenpox. The success of large-scale government vaccinations programs as a public health measure has seen polio and smallpox eradicated in Australia and has been attributed to increases in life expectancy of Australians and to significantly improving infant and child mortality rates.*

*‘New’ public health*

* *New public health has seen the introduction of many health promotion measures, such as a focus on road safety. Changes in policy related to car safety standards, seat belt laws, reduction of speed in high pedestrian zones alongside driver reviver initiatives, safe driving education and improved infrastructure have all resulted in a decrease in morbidity and mortality due to road trauma.*
* *New public health saw the shift from a focus on communicable diseases to non-communicable diseases such as CVD, cancer, obesity and type 2 diabetes, with the development of the Social Model of Health. The Social Model of Health focuses on factors beyond the physical environment and focuses on prevention of health conditions rather than medical intervention. This health promotion focus has seen changes in behaviour such as education around skin cancer prevention that has resulted in a decrease in the incidence of skin cancer and premature mortality.*

**Question 7** (12 marks)

**a.** One mark awarded for correctly stating the Australian aid priority.

High level response:

* *Agriculture, fisheries and water*

**b.** One mark awarded for correctly naming a feature of effective aid and one mark for how this feature contributes to the initiative’s effectiveness for a total of four marks.

**Note:** there are a number of features of effective aid that students may use.

Sample high level responses could include:

* *Partnerships – this program is a partnership with ADRA (an Australian NGO), funded by the Australian Government, and involves working with local farmers in Vanuatu to build their capacity in sustainable agriculture, thus increasing food security in Vanuatu. Funding through the Australian government ensures the programs financial sustainability and the program being implemented through an NGO working with local people through education and training ensures its effectiveness and ongoing sustainability.*
* *Focuses on education – this program is built on education. Local farmers, such as Bani are involved in training, learning new skills and knowledge in efficient gardening techniques which has increased the availability of locally produced foods ensuring increased food security in the long term. This attained knowledge can be passed on to future generations ensuring this is an effective program.*
* *Ownership/Involves the local community – this program involves working with the local community to meet their needs. Bani mentioned his difficulty in producing crops and the impact of poverty. Through this program, his needs and those of the local community are being met with more nutritious meals being provided through the knowledge and support learnt through this program. Bani is proud of his garden and people from the local community have admired it, which will hopefully see the program involve more communities in the future.*

**c.** Two marks awarded for each response discussing the relationship with a key feature of SDG 3, for a total of four marks.

Sample high level responses include:

* *This program focuses on the sustainable production of local nutritious foods. The program has provided increased food variety and ensured increased food security helping families to have ‘better meals.’ Increased nutrition increases physical health and improves immunity. This will assist in reducing child mortality rates, which is a key feature of SDG 3.*
* *A key feature of SDG 3 is reducing non-communicable diseases (NCDs). This program ensures the sustainability of local produce and reducing the reliance on processed foods which are high in sugar, salt and saturated fats. All are risk factors for NCDs such as CVD, obesity, type 2 diabetes. The growing of local, nutritious foods will therefore assist in reducing NCDs.*

**d.** One mark awarded for identifying a type of aid and a further two marks for describing it.

Sample high level responses:

* *Bilateral aid – bilateral aid aims to build relationships between countries, meeting the needs of the people and its country, promoting health and wellbeing, sustainable economic growth and prosperity. Bilateral aid may be given for political or strategic reasons.*
* *Emergency aid – emergency aid focuses on keeping people alive by meeting their immediate health and safety needs, reducing suffering and further reducing the impacts of those affected by the emergency through the provision of food, water, shelter and health services.*
* *Multilateral aid – this is large scale aid involving international organisations focused on global health and wellbeing and sustainable human development. This type of aid is provided to those most in need and can reach and impact the lives of many people globally.*

**Question 8** (3 marks)

**a.** One mark awarded for the description of social sustainability.

*Social sustainability is about equitably meeting and promoting the needs of all people now and in the future.*

**b.** Two marks awarded for an in-depth explanation of social sustainability.

*Social sustainability promotes gender equality, peace and security. It also ensures people have access to social resources including education. This empowers people to take control of their own lives, promotes freedom and knowledge-sharing with others and promotes social connectedness, improving social health and wellbeing. Mental health and wellbeing are promoted by social sustainability. A peaceful and secure community with equality and access to social resources reduces stress and enables people to cope with the day-to-day stress of life.*

**Question 9** (15 marks)

**a.** One mark awarded for a correct description of the term prevalence.

*Prevalence is the number or proportion of cases of a particular disease or condition present in a population at a given time.*

**b.** One mark awarded for a similarity and one mark awarded for a difference. Answers must include reference to the data for full marks.

*Between 1994 and 2015, the smoking prevalence of both Aboriginal and Torres Strait Islander peoples and non-Indigenous Australians declined. However, in 1994, approximately 55% of Aboriginal and Torres Straits Islander peoples aged 18 years and over were smoking, which then declined to approximately 45% in 2015. This is significantly greater than non-Indigenous Australians, for whom approximately 24% were smoking in 1995 compared to 2015 where the percentage has decreased to 16%.*

**c.** One mark awarded for linking smoking to burden of disease and a further mark for explaining the reason for a total of two marks.

Sample high level response:

*Tobacco smoking is the main risk factor for lung cancer in Australia and contributes significantly to YLL, killing many people prematurely, as well as YLD, as many people live with lung cancer for many years, albeit at reduced functioning.*

**d.** One mark awarded for each strength and limitation for a total of four marks. Must be a brief discussion for both rather than simply stating the strength and limitation.

|  |  |  |
| --- | --- | --- |
|  | **Strength** | **Limitation** |
| *Social model of health* | *It focuses on the underlying causes of ill health and the factors including the broader determinants of health.*  *Focuses on the health of populations rather than on individuals, including population groups, having a greater impact on improving health status.*  *It is a sustainable approach as it focuses on education which can be passed on from generation to generation.*  *It is more cost effective compared to the biomedical model of health as it focuses on prevention, compared to the more expensive costs of research and treatment.* | *Not every health issue can be prevented.*  *It does not address the needs of individuals and does not provide a cure.*  *It can be ineffective for some people as health promotion messages can be ignored.* |
| *Biomedical model of health* | *It provides treatment for symptoms, improving individual health status.*  *It enables us to improve the health status of the population by providing focused interventions which brings about an increase in health and wellbeing and reduces the costs to the health care system.*  *It can reduce the amount of time people spend experiencing ill-health through treatment, improving individual health and wellbeing.* | *Treatments and interventions are expensive and focused on an individual.*  *Focuses on symptoms, treatment and cure rather than on prevention, which may involve medical intervention rather than focus on improving health behaviours.*  *It is not a holistic approach to health, addressing the broader determinants of health, but focuses on medical intervention to respond to health needs.* |

**e.** One mark for linking smoking to low-, middle- and high-income countries, for three marks. One mark for relevant discussion related to the impact of smoking for each (low-, middle- and high-income) countries, for a question total of six marks.

Sample high level response:

*High prevalence of commercialised tobacco smoking has in the past predominately impacted high-income countries. However due to global marketing and distribution, tobacco smoking rates have increased in all countries globally. Tobacco companies are now relentlessly marketing and selling tobacco in all countries and whilst high-income countries have in the past been the largest market, due to changes in health literacy, government policies and health promotion, sales have started to decline in these countries. However, the impacts of smoking such as cancers are still a leading cause of death for most high-income countries as the result of tobacco smoking. What is occurring now in both middle- and low-income countries is the increased sales of tobacco, increasing rates of smoking and health risks associated with smoking such as lung cancer and CVD have resulted in increased lung cancer and CVD rates. Low- and middle-income countries are less likely to have an understanding about the long-term effects of smoking tobacco and with cigarettes being available for single purchase in low-income countries, makes smoking accessible. This results in the double burden of diseases for middle- and low-income countries who are both still trying to prevent communicable diseases, but now are also having increasing rates of communicable diseases attributed to tobacco impact. Middle- and low-income countries are an appealing market due to many countries not imposing a tax on cigarettes, lacking public policies around marketing, sales, packing and sponsorship and so tobacco companies have moved into these markets.*

**Question 10** (10 marks)

**a.** Two marks awarded for each data comparison between Australia and a low-income country as stated in the data, for a total of two marks.

*Based on this data, low-income countries examples are either Niger or South Sudan.*

Sample high level response:

*The health status of Australia is significantly better than that Niger. Australia’s life expectancy is 83.1 years compared to Niger’s which is 60.4 years. The infant mortality rates of Australia are significantly less with a rate of 3.1 per 1,000 live births compared to 59.2 per 1,000 live births in South Sudan. HIV prevalence is lower in Australia with 0.1 or less percent in adults aged 15-49 years compared to Niger whose prevalence is greater at 0.4 percent of adults aged 15-49 years.*

**b.** Describe two characteristics of a middle-income country. 2 marks

One mark awarded for each correct characteristic described.

Characteristics that could be discussed include:

* *Moderate income per-capita – typically growing but still not high*
* *Increasing industrialisation – increasing number of industries generating income*
* *Inequity in relation to poverty – some people very wealthy, some people living in extreme poverty*
* *Reduced dependence on agriculture*
* *Moderate gender equality and employment.*

**c.** One mark awarded for evaluation of each HDI indicator to account for the difference in HDI, for a total of three marks.  
 *Estonia and Trinidad and Tobago have a similar GNI per capita, $28,993 and $28,622 respectively, but very different HDI values. The difference in HDI is due to life expectancy at birth being about 7 years less in Trinidad and Tobago compared to Estonia. Mean years of schooling are also less, approximately 2 years shorter in Trinidad and Tobago than Estonia. This contributes to Estonia having a higher HDI value (0.871) than Trinidad and Tobago (0.784), despite having a very similar GNI.*

**d.** One mark awarded for an advantage and a further mark awarded for a limitation of the HDI, for a total of two marks.

Advantages could include:

* *The HDI recognises that human development should not be determined by economic growth alone. Includes three dimensions of human development, not just economic.*
* *Being a single statistical measure, clear and accurate evaluations and comparisons can be made between countries.*
* *Can be used to guide government policy development and direction for the improvement of human development.*

Limitations could include:

* *The HDI is not a complete measure of human development as it does not include all the considerations of human development such as inequality, poverty, gender or human rights.*
* *Not all countries around the world receive a ranking. Data from some low-income countries may be unreliable and difficult to confirm.*
* *As it is based on averages it does not reflect unequal distribution in a country. For example, those living in rural areas often experience lower levels of human development compared to the rest of the population.*

**e.** One mark awarded for correctly identifying a relevant key feature.

High level responses include:

* *End preventable deaths of newborns*
* *End the epidemics of AIDs*

**Question 11** (4 marks)

**a.** Two marks awarded for the explanation of Medicare in relation to sustainability and how it promotes health, and a further two marks awarded for the explanation of Medicare in relation to sustainability and how it promotes health, for a total of four marks.

Sample high level response:

* *Medicare is funded through taxes and this is controlled by the Australian Government, ensuring that the resources needed to promote health in Australian will be sustainable, available now and into the future. This then enables the provision of healthcare services for the promotion of health in Australia, resulting in decreased morbidity rates as health issues can be treated in a timely fashion.*
* *Medicare is available and accessible for all Australian citizens. Medicare provides a range of health services, including public hospital treatment and a scheduled fee for GP consultations, at little or no cost to the individual, ensuring people have access to the healthcare services they require to promote their health. This leads to Australians having reduced levels of stress and anxiety (mental health) as they feel secure knowing these essential services are being subsidised through their taxes and the Australian Government.*

**Question 12** (7 marks)

**a.** One mark awarded for a correct limitation and one mark awarded for a correct strength of the Australian Guide to Healthy Eating for a total of two marks.

Sample high level responses include:

*Limitations*

* *Does not encourage the use of herbs and spices as flavourings for food (an alternative for sugar and salt.)*
* *Discretionary food is still shown but does not show a small amount unlike the proportions of the five food groups in the Guide.*
* *Specific serving sizes or intake sizes are not shown, so may not reduce the overconsumption of foods.*
* *Can be difficult to interpret prepared dishes which use foods from all the proportions.*

*Strengths*

* *Easy to understand as it is a visual tool.*
* *Developed by the Australian Government so people know it is based on scientific evidence and is a valid source of nutritional information.*
* *Recommends including water.*
* *Includes all five food groups and the proportions in which these should be eaten.*

**b.** Two marks awarded for a clear description of how the Australian Guide to Healthy Eating promotes a low consumption of foods high in sugar.

Sample high level response:

*The Australian Guide to Healthy Eating shows foods with added sugar outside of the daily five groups and their proportions. Foods high in sugar are placed on the bottom right hand side and are clearly shown to be discretionary food items eaten ‘only sometimes and in small amounts’. This clearly illustrates that these do not form part of the everyday diet and if followed may decrease the consumption of sugar.*

**c.** One mark for stating a challenge and a further two marks for a detailed conclusion as to why it is a challenge to bring about dietary change in sugar consumption, for a total of three marks.

Sample high level response:

* *Time – people are increasingly becoming time poor and reliant on convenience foods. Many processed foods contain sugar including products where consumers may not expect sugar to be such as in tomato sauce. It is a challenge for people who are time poor to be able to make changes such as making time for food preparation and eating habits.*

Other challenges could include:

* *Will power*
* *Culture*
* *Personal preference*
* *Education*
* *Marketing*
* *Attitudes and belief*
* *Food security.*

**Question 13** (12 marks)

**a.** Two points included for two marks.

Sample high level responses:

* *Current state of wellbeing relates to the mind or brain.*
* *Relates to the ability to think and process information.*
* *A mentally healthy brain enables an individual to positively form opinions, make decisions and use logic.*
* *Associated with low levels of stress and anxiety.*
* *Associated with positive self-esteem as well as a sense of confidence and optimism.*

**b.** One mark for linking an example from the case study and a second mark for how this improves a dimension of health and wellbeing. One mark for linking an example from the case study and a second mark for how this improves a different dimension of health and wellbeing, for a total of four marks. Note that students are unable to discuss mental health and wellbeing.

Sample high level response:

*Given that the REAL program is “four day and three-night intensive program delivered during the Victorian school holidays aimed at Indigenous youth aged 14-16”, teens attending are likely to enhance their social health and wellbeing as they will get opportunities to form relationships with other likeminded young people.*

*The REAL program provides participants with information on “traditional games” and “health and wellbeing”. They are more likely to engage in these games as well as take on board these messages, hence increasing the chances of them being physically active and having appropriate body weight and enhanced physical health*

*Spiritual health and wellbeing – the program is focused on ‘connection to culture’ and is delivered by Indigenous facilitations. One of the topics included in the program is ‘storytelling’ which is a direct link to spiritual culture of Indigenous Australians. This promotes feelings of connectedness and belonging to their Indigenous culture thus promoting spiritual health and wellbeing.*

**c.** Two marks awarded for identifying two correct action areas relevant to the REAL program case study, two marks awarded for the correct description of each identified action area and two marks awarded for explaining how each action area is evident in the REAL program for a total of 6 marks. Note the chosen areas must be evident in the program. Students are not awarded a mark for simply naming a correct action area.

Sample high level response:

*Develop personal skills – this key action area focuses on the building of life skills and the enhancement of what people know and can do through health promotion and education to help people have greater control over their health. Young Indigenous and Torres Strait Islanders are empowered through the activities, information and support provided through the REAL program. Their personal skills are developed including ways to build confidence and self-esteem, develop cultural connections and have fun. The program includes training in skills and knowledge that can be used after the program and shared with others in the community. This program is developing the skills of the young people involved to make better, informed choices about their health and wellbeing.*

*Create supportive environments – This key action area is about creating supportive social and physical environments that make good health easier to achieve through opportunities, reminders, social support and infrastructure. The REAL program is a supportive environment as it is delivered in a culturally appropriate manner, involving a range of Indigenous organisations, promoting pride in culture and a sense of belonging. Participants must show an interest in their schooling and community, which is also supporting the promoting of positive health and wellbeing. The participants are supported by the ‘KGI crew’ ensuring supportive and inspirational environment.*

*Reorient health services – This action area focuses on shifting the focus from a biomedical approach that emphasises the diagnosing and treatment of illness and disease to one of health promotion, education and where possible prevention. This program involves the partnership of many organisations and includes the Victorian Aboriginal Health Service who will support the focus on health and wellbeing through the program and promote health messages within the community*