Health Studies
Course Code: HLT315113
2013 Assessment Report

As in previous years, this 2013 examination report provides feedback for candidates about performance on the examination along with suggestions for future candidates to improve the examination techniques employed. The examiners’ comments are not meant to be an informal expansion of the course. They do, however, comprise specific observations from individual marking examiners regarding each question and necessarily repeat and re-emphasise several previous report comments. Candidates are therefore advised to read this, and previous, reports carefully to avail themselves of the recommendations and directions given.

As in previous years it was apparent that candidates must be reminded about a number of important points. These include:

i. **Allocate time very carefully** – follow the suggestions on the paper. Candidates must clearly differentiate between the requirements of 10, 20 and 30 minute questions.

ii. **Read each question carefully** in order to write completely relevant answers rather than everything and anything about a general topic. Candidates must ensure that they address the particular criterion being assessed.

iii. **Provide accurate, up-to-date, specific information** rather than broad generalisations. Phrases such as ‘and so on’ or ‘etc.’ should not appear and do not convince the examiner that knowledge extends past what is written.

iv. **Avoid writing sexist or racist remarks** or making value judgements, which are completely inappropriate and waste valuable time that should be used for writing specific content and theory. Candidates should not use personal pronouns such as ‘I, you, we’ unless their personal opinion is specifically sought.

v. **Do not regurgitate information** prepared for different questions, the answer written must be directly relevant to the question posed and the criterion assessed.

vi. **Choose examples carefully** to make sure they are appropriate to the nature of the questions asked.

vii. **Write something relevant**, even if it is minimal, for each criterion.

Other points candidates should note include:

- A calculator and a ruler should be taken into the exam to ensure accuracy with data.
- Writing out the question from the examination paper at the start of an answer is an unnecessary waste of time.
- Understand what is being asked and do just that. ‘Detail’ means more than list, name or mention whereas ‘list’ means don’t write a couple of paragraphs.
- Using liquid paper and highlighters or ruling margins is a waste of time. Candidates should not write notes to the examiner nor write their name.
• Labelling questions clearly is vital and answers must be written in the appropriate booklet.
• A separate booklet must be used for each section.
• Each answer should start on a new page, and a line should separate each paragraph or section of a question to assist with the clarity of information.

Candidates are reminded that there is a degree of sophistication expected in a pre-tertiary subject. Poor spelling, incorrect grammar and lack of punctuation continued to be a problem this year and often made it difficult for examiners to ‘sift’ through the answer for the relevant content. Some candidates used an emotional style of writing in their answers which is not appropriate. Students who deconstruct the question and answered each element sequentially tended to rate the highest.

SECTION A

Question 1

a) (i) ACT

(ii) NSW

b) Northern Territory

c) 1 mark for data from each State (2 in total) and 1 mark for point of comparison.

d) While the crude drowning rates are similar in 2006/07 and 2011/12, the total number of drowning deaths are quite different. An overall increase in the Australian population over this period of time accounts for this discrepancy.

e) The 5 year average figure of 287 is taken from years 2006/07 through to 2010/11.

Comments

Generally this question was answered quite well however points (b), (d) and (e) regularly caused problems for students.

Point (b) required the student to take into account the drowning rate per 100,000 population when deciding in which state or territory one was most likely to drown. Many answers only focussed on the total number of drowning’s bar graph and made their decision based on this.

Point (d) required a solid understanding of rates per 100,000 and the term “Crude” may have caused some confusion among candidates.

Point (e) required a number of quick calculations to be made in a short period of time which was also challenging for many students.
Question 2

Required the student to:

• explain risk taking as positive, challenging, rewarding
• describe various personal skills used by adolescents
• use appropriate examples.

Comments

Overall this question was poorly answered. Many candidates provided seemingly pre-prepared answers about risk taking in general terms and often didn’t start to answer the question directly until deep into their response. Many candidates also spent the majority of their time addressing the first dot point (5 marks) only to spend as little as a paragraph on the second dot point (15 marks). As a result they didn’t score highly.

First dot point: Positive/challenging/rewarding

The majority of students could explain how risks can be positive, challenging and rewarding. The better answers dealt with these three elements clearly and gave an example to back up their statements. Reasons included an outcome that was to their advantage, gaining of skills and experiences, gaining life skills (positive), overcoming a fear, pushing yourself outside your comfort zone, trying a new skill/experience that they haven’t done before (challenging), looking good in front of mates, fulfilling a goal, feel good about what you have done (rewarding). Examples included speaking at assembly, going for a job interview, asking someone out on a date and rock climbing or a similar endeavour.

Second dot point: Personal skills

The personal skills mentioned in this section were wide and varied. They ranged from:

• strategies such as having a designated driver, limiting drinks, going out with a buddy, planning your night out
• personal skills such as being assertive, having confidence, being resilient, having good communication skills, having leadership skills.
• obtaining specific skills such as first aid, advanced driving, bronze medallion, abseiling qualifications or motorbike licence.

Better answers backed up these personal skills with examples of how they would be put into action. A general scenario, for example, night out at a party, getting a lift home at the end of the night, rock climbing expedition etc. was often used to do this. Several students did not illustrate how their ideas would be put into practice, just talking about the skills.

Better answers linked the skills and examples specifically to group situations.

Given this was worth 15 marks and the first dot point only 5, many students failed to put three times as much effort/ time into the second dot point and therefore didn’t score highly.
Question 3

Required the student to choose an appropriate issue then:

- discuss relevant evidence
- describe effects on internal components of health and
- describe the impact on family, community and government.

This question was answered by approximately 85% of students.

Most students could state a health issue although some took a while to get there, again writing pre-prepared answers on health issues affecting teenagers. Some answers tried to tie in several health issues rather than choose a specific one as the question stated.

First dot point: Evidence

Evidence to support the issue ranged from vague personal opinions about why candidates thought it was an issue (‘you just have to go to any night club to see this is an issue’) to the subject being mentioned in newspaper articles and being the subject of advertisements to comprehensive answers which listed a variety of recent data on the subject. Students should be reminded to use data that is current and correct.

Second dot point: Physical / Social and Mental / Emotional

Generally this was answered fairly well with most students being able to give examples for all three.

Some answers defined each dimension briefly. Many answers simply focussed on the negative effects and didn’t mention positive ones. Better answers explained the three points comprehensively with appropriate examples and explained how the dimensions were interrelated. Once again, some answers were very vague however. These answers often failed to link the dimensions to any specific examples at all. A lot of students spent a lot of time on this section and wrote a lot – to the detriment of the third dot point which was worth more.

Also, as the syllabus no longer refers to “components” of health students who were only aware of the “dimensions” of health may have been disadvantaged by the use of terminology from a previous syllabus.

Third dot point: Family / Community / Government

This was worth a lot of marks and some students found it hard to give a lot of detail for this section. Better answers included impacts similar to the following linked to a specific issue/ example:

- family: financial worries, emotional stress, relationship breakdowns, time away from work if have to act as a carer, loss of income, social effects on family, impact of physical health on rest of family (e.g. passive smoking), family having to support person suffering from health issue, travel to and from appointments.
- community: loss of productivity, setting up and maintaining support groups/ resources linked to issue, money and time spent on promoting/ preventing and supporting issue – often at expense of other issues, other people in community affected by issue (e.g. alcohol abuse), ambulance personnel having to witness scenes at traffic accidents – affecting mental health of community,
• government: money and time spent on hospital beds/ nurses/ doctors/ resources to address the specific issue, new laws and legislation passed/ put into place to help tackle the issue (specifically BAC levels and traffic laws were mentioned more than others), money spent on promotion/ prevention/ raising awareness,

Again – some answers were very vague and brief, not reflecting the 15 points that this part of the question was worth.

Question 4

This question asked students to choose an appropriate issue then:
• describe relevant examples of past or current community practices
• explain advocacy strategies
• suggest how to seek help and access support.

Comments

This question was addressed by approximately 15% of students. Many answers lacked depth and detail when compared to question 3 however.

First dot point: Currently in practice

Answers were generally quite broad with most students mentioning one or two specific programs. Many responses didn’t provide a great deal of detail however. Better answers mentioned a number of programs or initiatives and explained how they would support adolescents in regards to the issue.

Second dot point: Advocate for personal needs

This was not understood by many students and the answer was often a list of strategies that an adolescent could use to look after their own health rather than ways that adolescents may be able to promote their own health needs. Answers to this question exemplified vast differences in the understanding of advocacy and highlighted the need for a more unified knowledge base to enable statewide standardisation of teaching material.

Better answers listed actions such as writing to politicians, speaking in assembly, using social media to promote the issue, writing to local/ national newspapers, putting posters up, using the SRC at school to promote the issue, holding a forum for parents/ students to come to, starting a petition.

Third dot point: Access support

Most students listed the usual Dr / counsellor / parent / local health centre / link / pulse etc. but some failed to explain what services were offered by each and how they could support the adolescent. Most did not explain how they would go about accessing the support – only what support was available.
SECTION B – AUSTRALIA’S HEALTH

Overall, assessment for Criteria 7 proved to be less challenging to students while the depth of recall needed for Questions 6, 7, and 8 appeared to present more difficulty. All marking examiners agreed that the time allocated to Question 5 was inadequate and that 15 minutes would have been more appropriate.

Question 5

a) Generally declined from 24/1000 live births (1991) to 9/1000 live births (2010) - approx. 15/1000 live births over the stated time period. (WA, SA, NT)

b) Indigenous : 8.1 per 1000. Now 4.0 per 1000 and reference to double the rate/halving the rate (could also choose a specific condition – in nearly all causes of deaths) and the rate of deaths is higher in indigenous Australians for all causes of death.

c) Certain conditions (1948 non-indigenous/268 indigenous)

d) Life expectancy difference in females in 2016 (Predicted: 87 years/Required: 82 years - gap of 5 years) but acceptable range of 5-7 years

e) Approximately: accept 2028 – 2032. Prediction assumes that the rates of increase in life expectancy will remain constant and all external determinants of health will remain unchanged.

Comments

Many students did extremely well unravelling the data in this question, scoring quite high marks. There was still a tendency, however, to include irrelevant information, or to add a percentage sign to any number, or to forget to include the rate of measurement, e.g. per 1000 live births.

Notably, Question 5(e) was left unanswered by quite a few students, although whether this was due to its level of difficulty, or due to time constraints, it was not possible to ascertain.

Question 6

- **One** initiative or technological advance
- Impact of the initiative or advance (physical, social, emotional)
- Link to social justice (equity, diversity, supportive environments) - best application would be either equity or supportive environments
- Positive and/or negative benefits
• Possible examples - PBS, Medicare, e-Health, GP Superclinics, private health insurance; medical technology – diagnostic or surgical techniques; various drugs, MRI, scanning, screening, immunization, or phone apps.

• **Marking allocation: 15 marks** for initiative and positive/negative effect on health (from the different dimensions). **5 marks** for social justice link with example.

**Comments**

This question required students to identify a technology or innovation that has improved the health status of Australians and to discuss a relevant social justice principle. While Medicare, IVF, chemotherapy, immunisation, iPhone apps, contraception, mammograms, and various surgical procedures were popular responses, the question lent itself to the more outlandish as well e.g. electronic pants.

Some students were confused by the blurb at the beginning of the question and restricted their discussion to the EPA’s smoke monitors. The initiative/technology identified by the student tended to be the focus of numerous answers and inadequate attention was given to its effect on health.

Discussion of one social justice principle was equally divided between equity, diversity and creating a supportive environment. Most students completed this satisfactorily however there appeared to be a small percentage of students who declared they had no knowledge of the social justice principles.

Students who deconstructed the question and answered each element sequentially tended to rate the highest.

**Question 7**

• Profiling the chosen NHPA with evidence to show significance/prevalence of the issue
• Data can include: costs, years of life lost, technology required for screening and fixing, hospital beds (e.g. Obesity – recent addition to the list),
• How long NHPA has been on the list – and what the data indicates (recent problem; ongoing issue; high profile issue; low profile issue)
  Two strategies – depending on the NHPA – laws and legislations (prevention), economic incentives/disincentives, National Tobacco strategy, Screening (Prevention), Environmental changes (e.g shaded areas, recreation opportunities, no smoking areas), education programs
  • Need to have written about **2 strategies** (i.e. if only discuss one strategy — 10 marks subtract
  • Ambiguous question that didn't state whether strategies were needed from prevention, cure, and treatment so **ANY 2 strategies** accepted.

**Comments**

A single NHPA needed to be the focus of Question 7. Cancer control, cardiovascular health and obesity were the most popular choices. Overall responses were satisfactory however many students failed to provide sufficient detail, data or examples to gain a high rating. Common errors included:
• Not using the correct terminology of the NHPAs e.g. discussing cancer instead of cancer control, cardiovascular disease rather than cardiovascular health or mental illness instead of mental health.

• Discussing strategies that were not implemented by a government when government strategies were requested. Individual actions e.g. stopping smoking, having their prostate checked, or joining a gym were unacceptable answers, whereas government initiatives to encourage these actions would have been.

• Mentioning several strategies when only two were required.

• Not including relevant, current or sufficient statistical evidence.

• Regurgitating a prepared essay on an NHPA without addressing the specifics of the question.

Inaccurate comments such as “160 million in Australia suffer from CVD”; or “weight is plummeting to the point where they are overweight or obese” or “this figure is likely to double by half” failed to convince markers of a student’s sound knowledge base!

Question 8

• One group with a specific health concern (indigenous, low socioeconomic, rural/remote)

• Morbidity/mortality rates, historical backgrounds, epidemiology

• Use same group again, plus another

• Strategies e.g. Close the Gap, educational initiatives

• Marking: Answer must address two groups and suitable strategies for both groups.

Comments

Question 8 required discussion of at least two groups whose health status was affected by inequality. Although only about 18% of students chose to complete this question those who did generally appeared to be better prepared than the average Question 7 response.

People with disabilities and the homeless received some attention; though the main focus tended to be on the inequalities experienced by:

• Indigenous Australians

• Asylum seekers

• Low SES groups and

• Rural and remote community members.

The perennial issue of students making value laden and insensitive comments was particularly apparent in this question again this year even to the point of one student describing Indigenous Australians as a “lesser race”!

There was concern amongst the markers that the division of marks for this section could have been detrimental to student’s final results as 20 marks allocated to the two strategies discussed was generally harder to achieve than the 10 marks for discussing the nature and extent of one inequality. Perhaps a 15/15 mark division would have been preferable.
Some students, wisely, used the data from Question 5 to describe the nature and extent of the inequality that exists in the health of Indigenous Australians. Strategies discussed varied widely however the Royal Flying Doctor’s Service and Indigenous health campaigns such as Close the Gap were frequently mentioned.

Overall, Section B was a fair assessment, allowing the better student to shine and offering weaker students the opportunity to address each criterion. With this in mind it was therefore extremely disappointing to see the occasional submission of blank pages for assessment, and even in some cases blank booklets, when writing a few relevant sentences could have earned the student some precious marks.

**SECTION C – GLOBAL HEALTH**

- Students should be aware of the value of paragraphing their work particularly with the format this year which had points given for specific parts of a question. Where students did paragraph their work it was much easier for the reader to see their ideas and allocate points.

- Students should also start a new question on a new page and clearly LABEL all questions. This also assists with the clarity of information.

- Students should also refrain from rewriting the question – especially in data questions where they are worth 1 mark - this wastes valuable time and effort which would be better utilised elsewhere.

- Students should consider the mark value of each part of the question before planning their answer.

**Question 9**

a) Burkina Faso 184.1 per 1000 population (2)

b) Under 5’s (1)

c) 1980 (1 million) – 2003/4 (1.8 million) a gradual increase in malaria deaths followed by a decrease to the year 2010 (1.25 million) (2)

d) i) Rwanda 2000 (4) to 2008 (55). Difference in % was 41% (1)

ii) Swaziland 2000 (0) to 2007 (1). Difference in % was 1%

Leeway of 2 % accepted. (1)

e) The trend showed an increase in all countries’ use of ITN’s (1)

f) Sao Tome and Principe (2000 & 2009) – increase of ITN usage from 25%-50% (100% increase)

Uganda (2000 & 2009) – increase from 0-33% ITN usage (333% increase). Both countries have shown increased usage and while ST& P has a higher overall usage rate, Uganda’s increase is much bigger. (by 233%)
Countries that can be paired.... Country \((1^{st} + 2^{nd} = \text{total usage ITN’s})\) all in %’s

2000, 2009
Sao Tome & Principe (22+33 = 55)
Kenya (4 + 51 = 55)
Madagascar (0 + 45 = 45)
Uganda (0 + 32 = 32)
Senegal (2 + 27 = 29)
2000, 2008
Rwanda (4 + 51 = 55)
Sierra Leone (2 + 24 = 26)
2000, 2006
Gambia (15 + 33 = 48)
Togo (6 + 33 = 39)
Guinea-Bissau (2 + 36 = 38)
Malawi (3 + 22 = 25)
Cameroon (2 + 13 = 15)
Central African Republic (1 + 12 = 13)
Niger (1 + 5 = 6)
Cote d’Ivoire (1 + 2 = 3)
1999, 2008
Zambia (1 + 40 = 41)
Tanzania (2 + 24 = 26)
2003, 2008
Ghana (4 + 24 = 28)
Nigeria (1 + 4 = 5)

Comments

Overall the data in this section was fairly straight forward.

Question a) was generally well done but some students did not use the units of per 1000 population.

Many had trouble in the 1 mark question b) in correctly responding that the under 5 age group experienced the highest number of deaths due to malaria possibly as the key in the graph would have been much better if in colour or a clearer defining grey scale (students were incorrectly listing the 70+ age group as having the highest number of deaths as it was on top of the scale).

Students generally picked up on the increase and decrease in trends in c) but often did not provide accurate figures (or units again).

Madagascar and Cote d’Ivoire were often incorrectly used as the answers to d) – students were advantaged by utilising a ruler in this question, perhaps also a calculator to ensure accuracy of figures.

Question e) was answered well. Most were able to select two countries in f) that had results from the same year and use data to support the survey results.
Question 10

Most students were able to select an appropriate disease or illness with malaria, malnutrition, diarrhoea and HIV/AIDS being the most common choices. Some students also selected tuberculosis, cholera and typhoid.

Five marks were awarded for the students’ ability to state how the disease or illness may be developed. Degree of detail here was a major factor in success.

The other 15 marks were awarded for strategies to decrease the incidence ensuring that at least two primary health care (PHC) components were mentioned. Often, students failed to mention PHC or were possibly confused and used the Millennium Development Goals (MDGs) instead.

Better answers included a lot of detail as to how the discussed disease or illness could be contracted and give some detail as to what PHC is and aims to achieve it. Answers containing specific strategies to reduce incidence, with detail about implementation in real situations were awarded better marks.

Many students stated that there were current, successful vaccination or immunisation programs against both Malaria and HIV/AIDS! There are many trials and research into these vaccines but at this point in time, markers were not aware of such a vaccine being available.

Some students were confused here between the aspects of prevention, cure and treatment. As the question asks for decrease in incidence all three aspects had their place.

Large weakness in answers here was the inability to adequately introduce aspects of PHC into an answer.

To just mention condoms and sexuality education is not enough for a good answer, students should provide detail of how this can actually be achieved in real life. For instance, how can educators increase people’s knowledge about and encourage the wearing of condoms every time intercourse occurs? How does the education get to the people who need it?

Some excellent current examples of strategies being used in LDCs. Examples included Braids for AIDS, WASH, Play Pumps, Malaria no more, many ‘nets’ programs, Lifestraw, use of Plumpy Nut to mention just a few.

Better answers sometimes added details such as the impact of colonisation, debt and trade issues, corrupt or incompetent governments, and how natural and man-made disasters leaves many less developed countries vulnerable to illnesses and diseases that are largely no longer an issue in more developed countries. Because many LDCs lack the wealth necessary for major health services a more measured and economically sustainable and culturally sensitive approach is needed.

Primary health care in LDCs needed to be described as the provision of basic care such as safe water and sanitation, food and nutrition, immunisations, maternal and child health including the promotion of family planning, essential drugs, curative care, health education and community development.

Improving governance, water and sewerage infrastructure, removal of landmines and peace keeping activities, building hospitals, schools and other facilities and improving economy through training of locals in business and sustainable agriculture methods are all appropriate answers. PHC has been widely
recognised as an effective form of health care in LDCs as it works with communities in their specific areas of need through health promotion, illness prevention, treatment and care of the sick, community development, and advocacy and rehabilitation.

**Question 11**

As with the previous question there was some confusion between the MDGs and PHC.

Students who were better suited to answering this question of choice had obviously studied one country in depth and knew the progress of that country (or lack of it) in relation to two MDG’s. Better answers included data in terms of their progress towards achievement of set goals and also real life examples of the strategies a specific country has used to achieve them.

If a country had not been successful in achieving targets, more highly rated answers pinpointed reasons why the country had not been successful such as war, drought, corrupt governments and debt. Better answers also often included a brief summary of what the MDGs set out to do and how they were created.

Some excellent examples were given as to what is being done in the chosen country. Initiatives that were clearly directed at achieving the goals such as Alive and Thrive, Hamlin Fistula hospital, child growth monitoring programs, Acceleration child 4 survival, were described.

Students not rating as well in this question perhaps did not mention MDGs and their targets, could not pick a specific country to comment on, thought Africa or sub-Saharan Africa was a country and gave generalised answers with no detail.

Many students said targets were met or not met, even gave good supporting data, but failed to discuss what the country has implemented to achieve this or what can be done.

**Question 12**

This question focussed on natural disasters and the effects on the population. It also had a component of emergency aid asking for 2 examples that may be needed. Most students were able to discuss an appropriate natural disaster and were able to relate this to the population.

Surprisingly, a few students wrote about more ‘local’ natural disasters in Australia (bushfires and floods) with an Australian focus which was incorrect as the question clearly asks for the focus to be on LDCs. Students were generally able to pinpoint some components or indicators that would be affected as a result of the disaster, such as:

- Loss of hospitals, schools, building, homes, roads, electricity, safe water, crops (economy is often highly reliant on agriculture or tourism both of which are significantly affected after a natural disaster)
- Environmental/Individual impact
- Looting, violence, loss of economy, corruption, unfair distribution of aid
• Death, orphans, refugees, despair, grief, fear, infections from untreated wounds, spread of diseases such as diarrhoea, cholera due to lack of safe water and sanitation, malnutrition, rape of women

• Bodies that must be disposed of before disease spreads

Many students did not focus on ‘emergency’ aid as they often spoke about more sustainable long term developmental aid. Again, the question clearly focuses on emergency aid.

Better answers included a brief summary of what constitutes emergency aid and perhaps named organisations that would be utilised in such a scenario. Real-life, specific examples of what needs to be done in the immediate weeks following a disaster, were varied. Some gave a lot of detail into the possible immediate response and others gave brief statements such as send over some doctors, food and water. Success lay in the appropriate detail the student was able to give.

Better answers included detail that described emergency aid (also known as relief or humanitarian aid) as the immediate assistance required after a natural disaster. While government agencies such as AUSAID played a big role in the distribution of aid after natural disasters, non-government organisations such as World Vision, Oxfam and Red Cross also contribute significantly in the aid process, particularly at the ground level, to help reduce the negative impacts for those who are most vulnerable.

Examples of emergency aid could have included:

• Shelter, food, water,

• Medical supplies and personnel, mobile hospitals such as that sent by Australian Government to assist with the Philippines hurricane in November 2013

• Removal of bodies, rubbish, clear roads and re-establish communications to assist with the clean-up process

• Re-connecting people with lost family members

• Peace keepers

Peace keepers not only help reduce the chance of violence and looting which is common in disaster situations when people get desperate for food, water and basic supplies, but they also help ensure the safety of individuals e.g. protecting children against paedophiles, and others against violence such as rape. They are also involved in the removal of bodies which helps reduce the spread of disease such as diarrhoea and cholera. Peace keepers also work to remove debris to open up roads, ports and airports to improve access for those trying to assist with the aid process; set up communication stations to assist with the delivery of aid and also ensure the equitable distribution of aid to those that most need it. Peace keepers are also involved in getting people away from danger by coordinating flights and other modes of transport out of the area.

Many students failed to explain how the particular type of aid influences the health of that population and/or to address all parts of the question, e.g. no mention of the components/dimensions of health and/or indicators of health.
Many students put more effort into the 10 mark section of the question rather than focusing on answering the part worth 20 marks. It is strongly advised that students consider the allocation of marks when answering questions.

CONCLUDING COMMENTS

The Marking Examiners acknowledge this exam was relatively well-balanced with questions that enabled candidates to demonstrate their knowledge and understanding. There were some specific concerns, however, about the broad range of choices possible in some questions, time allocations, and the relationship between some questions and the criterion being examined.

Although the standard of answers varied it should be noted that formal writing skills continue to be important with higher ratings generally awarded to formally written, concise answers that directly answered the question being asked as well as the criterion being assessed. Candidates cannot afford to ‘pad out’ answers and expect to gain higher ratings. Examiners were keen to see candidates demonstrating the ability to apply their knowledge while directly answering the question asked in order to complete their studies with an award that accurately reflects the student’s ability as well as the syllabus taught.
TASMANIAN QUALIFICATIONS AUTHORITY

HLT315113  Health Studies

ASSESSMENT PANEL REPORT

### Award Distribution

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