VCE Health and Human Development

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| **VCE HEALTH AND HUMAN DEVELOPMENT**  **SCHOOL-ASSESSED COURSEWORK** | | | | | |
| **Performance descriptors** | | | | | |
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| **Unit 3**  **Outcome 2**  ***Explain changes to public health approaches, analyse improvements in population health over time and evaluate health promotion strategies and initiatives.*** | **DESCRIPTOR: typical performance in each range** | | | | |
| **Very Low** | **Low** | **Medium** | **High** | **Very high** |
| Identification of data that show improvements in health over time | Summary of data that showsimprovements in health over time | Accurate description of data that shows improvements in health over time and identifying reasons for improvements | Detailed explanation of data that shows improvements in health over time and outlining reasons for improvements | Analysis of data to show improvements in health over time and drawing conclusions about reasons for improvements |
| Limited explanation of old public health and the social model of health including action areas of the Ottawa Chater for Health Promotion, and how they could improve health outcomes | Identification of initiatives of ‘old’ public health and the social model of health, including those reflecting action areas of the Ottawa Charter for Health Promotion, | Outline of how initiatives of ‘old’ public health and the social model of health, including those reflecting action areas of the Ottawa Charter for Health Promotion, could lead to improved health outcomes | Description of how initiatives of ‘old’ public health and the social model of health, including those reflecting action areas of the Ottawa Charter for Health Promotion, could lead to improved health outcomes | Explanation of how initiatives of ‘old’ public health and the social model of health, including those reflecting action areas of the Ottawa Charter for Health Promotion, could lead to improved health outcomes |
| Very limitedidentification of the biomedical and social models of health or the relationship between them. | Identification of the biomedical and social models of health. | Outline the biomedical and social models of health, including the strengths and limitations of each | Outline the relationship between biomedical and social models of health, including the strengths and limitations of each | Description of the relationship between biomedical and social models of health, including the strengths and limitations of each |
| Limited identification of different types of health promotion programs | Identification of data and health promotion programs (including initiatives introduced to improve Aboriginal and Torres Strait Islander Peoples’ health and wellbeing) in relation to the use of action areas of the Ottawa Charter for Health Promotion and social justice identifying action areas of the Ottawa Charter for Health Promotion and stating how they can lead to improved health outcomes | Outline of a range of data and health promotion programs (including initiatives introduced to improve Aboriginal and Torres Strait Islander Peoples’ health and wellbeing) in relation to the use of action areas of the Ottawa Charter for Health Promotion and social justice and how they can lead to improved health outcomes | Detailed understanding of a range of data and health promotion programs (including initiatives introduced to improve Aboriginal and Torres Strait Islander Peoples’ health and wellbeing) in relation to the use of action areas of the Ottawa Charter for Health Promotion and social justice and how they can lead to improved health outcomes | Analysis of a range of data and health promotion programs (including initiatives introduced to improve Aboriginal and Torres Strait Islander Peoples’ health and wellbeing) in relation to the use of action areas of the Ottawa Charter for Health Promotion and social justice and how they can lead to improved health outcomes |
| Limited identification of the impact of initiatives to promote healthy eating in Australia and limited identification of the reasons why nutritional improvements are difficult to achieve in Australia | Identifying the impact of initiatives to promote healthy eating in Australia and reasons why nutritional improvements are difficult to achieve in Australia | Outlining the impact of initiatives to promote healthy eating in Australia, including their ability to improve health outcomes and outline why nutritional improvements are difficult to achieve in Australia | Describing the impact of initiatives to promote healthy eating in Australia, including their ability to improve health outcomes and explaining why nutritional improvements are difficult to achieve in Australia | Evaluation of the impact of initiatives to promote healthy eating in Australia, including their ability to improve health outcomes and draw conclusions as to why nutritional improvements are difficult to achieve in Australia |
| Limited identification of Medicare, private health insurance, the PBS and the NDIS | Outline Medicare, private health insurance, the PBS and the NDIS | Description of the role of Medicare, private health insurance, the PBS and the NDIS in promoting Australia’s health. | Explanation of the role of Medicare, private health insurance, the PBS and the NDIS in promoting Australia’s health. | Analysis of the role of Medicare, private health insurance, the PBS and the NDIS in promoting Australia’s health. |

KEY to marking scale based on the Outcome contributing 50 marks

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| Very Low 1–10 | Low 11–20 | Medium 21–30 | High 31–40 | Very High 41–50 |