Health 2019 v1.2

IA2 high-level sample response

March 2024

Examination — extended response (25%) (Elective topic 2: Road safety)

This sample has been compiled by the QCAA to assist and support teachers to match evidence in student responses to the characteristics described in the instrument-specific marking guide (ISMG).

The following sample is an unedited authentic student response produced with permission. Any identifying features have been redacted from the response. It may contain errors and/or omissions that do not affect its overall match to the characteristics indicated.

Assessment objectives

This assessment instrument is used to determine student achievement in the following objectives:

1. recognise and describe information from primary sources and secondary sources about the chosen topic in an alternate community context

2. comprehend and use the specified approaches, frameworks and resources as they relate to the chosen topic in an alternate community context

3. analyse and interpret information from primary sources and secondary sources about the chosen health-related topic and issue in a community context

4. critique information to distinguish determinants that influence health status in an alternate community context

5. organise information about a chosen issue for a particular purpose

7. evaluate and reflect on an implemented diffusion action strategy for a chosen issue using RE-AIM and justify recommendations in an alternate community health context

8. make decisions about and use mode-appropriate features, language and conventions for a particular purpose.

Note: Objective 6 is not assessed in this instrument.

Instrument-specific marking guide (ISMG)

Criterion: Recognising and comprehending

Assessment objectives

1. recognise and describe information from primary sources and secondary sources about the chosen topic in an alternat community context

2. comprehend and use the specified approaches, frameworks and resources as they relate to the chosen topic in an alternate community context

The student work has the following characteristics:	Marks

• accurate recognition and discerning description of relevant and provided contextual information from primary sources and secondary sources that includes
  – resources, barriers and enablers for the target group
  – data trends and the impact on the health status of the target group
  – determinants
• succinct comprehension and perceptive use of the relevant
  – overarching health approaches, frameworks or resources
  – social ecological model level of influence
  – diffusion process variables.
	5–6

• recognition and appropriate description of some contextual information from primary sources and secondary sources that includes
  – resources, barriers and enablers for the target group
  – data trends
  – determinants
• comprehension and appropriate use of the
  – overarching health approaches, frameworks or resources
  – social ecological model level of influence
  – diffusion process variables.
	3–4

• variable recognition and superficial description of some information about the chosen topic
• superficial comprehension and use of aspects of
  – an overarching health resource
  – a diffusion of innovations concept.
	1–2

• does not satisfy any of the descriptors above.	0

Criterion: Analysing, critiquing and organising

Assessment objectives

3. analyse and interpret information from primary sources and secondary sources about the chosen health-related topic and issue in an alternate community context

4. critique information to distinguish determinants that influence health status in an alternate community context

5. organise information about a chosen issue for a particular purpose

The student work has the following characteristics:	Marks
• insightful analysis and interpretation of relevant and provided contextual information related to implemented action from primary sources and secondary sources to draw conclusions about: – data trends – barriers and enablers – personal, social and community resources • insightful critique of relevant contextual information using the social ecological model to distinguish the significant determinants that influence health in the alternate community context • coherent and effective organisation of information to achieve a particular purpose.	7–8
• purposeful analysis and interpretation of relevant and provided contextual information related to implemented action from primary sources and secondary sources to draw conclusions about: – data trends – barriers and enablers – personal, social or community resources • purposeful critique of relevant contextual information using the social ecological model to distinguish the determinants that influence health in the alternate community context • effective organisation of information to achieve a particular purpose.	5–6
• appropriate analysis and interpretation of contextual information related to implemented action from relevant and/or provided primary sources and/or secondary sources to draw conclusions about: – data trends – barriers or enablers – personal, social or community resources • appropriate critique of contextual information to distinguish the determinants that influence health • appropriate organisation of information to achieve a particular purpose.	3–4
• superficial analysis and interpretation of aspects of information about implemented action from sources • identification of determinants that influence health • organisation of aspects of information.	1–2
• does not satisfy any of the descriptors above.	0

Criterion: Investigating and synthesising

Assessment objective

7. evaluate and reflect on an implemented diffusion action strategy for a chosen issue using RE-AIM and justify recommendations that mediate, advocate and enable innovation uptake in a community health context

The student work has the following characteristics:	Marks
• critical evaluation and insightful reflection on the innovation impact, methodology and resources using two relevant steps of RE-AIM • discerning justification of recommendations for future action that mediates, advocates or enables innovation uptake in an alternate community health context using the diffusion of innovations model.	7–8
• considered evaluation and purposeful reflection on the innovation impact, methodology and resources using RE-AIM • effective justification of recommendations for future action in an alternate community health context using the diffusion of innovations model.	5–6
• feasible evaluation and reflection on the innovation using RE-AIM • feasible justification of recommendations for future action in a community health context.	3–4
• superficial evaluation and reflection on aspects of the innovation • superficial or partial recommendations for future action.	1–2
• does not satisfy any of the descriptors above.	0

Criterion: Communicating

Assessment objective

8. make decisions about and use mode-appropriate features, language and conventions for a particular purpose

The student work has the following characteristics:	Marks

• discerning decision-making and accurate use of
  – written features to achieve a particular purpose
  – language for a community context
  – referencing and essay genre conventions.
	3

• appropriate decision-making and use of
  – written features to achieve a particular purpose
  – language for a community context
  – referencing and essay genre conventions.
	2

• variable and/or inappropriate use of
  – written features
  – language
  – referencing and/or essay genre conventions.
	1

• does not satisfy any of the descriptors above.	0

Task

The following information is an overview of the endorsed assessment instrument this sample response was prepared for.

The task asked students to recommend one road safety strategy innovation to diffuse into an identified community in response to the question: **'What is the likely impact and diffusion of the innovation selected for the [community name] region?'**

When recommending an innovation for the community, students could either select the diffusion action strategy innovation they recommended when responding to the school's Health IA1 assessment instrument or the alternate innovation presented in the stimulus.

The information presented in the stimulus contained data relating to the features of the identified region and trends about the alternate innovation, which in this context was flashing school zone signs.

Students were permitted to bring notes to the examination.

Sample response

Criterion	Marks allocated	Provisional marks
Recognising and comprehending Assessment objectives 1, 2	6	6
Analysing, critiquing and organising Assessment objectives 3, 4, 5	8	8
Investigating and synthesising Assessment objective 7	8	8
Communicating Assessment objective 8	3	3
Total	**25**	**25**

The annotations show the match to the instrument-specific marking guide (ISMG) performance-level descriptors. Any reference to the community name in the response has been redacted and replaced with [community name].

Recognising and comprehending [5–6] succinct comprehension and perceptive use of the relevant • diffusion process variable • social ecological model • overarching health approach (salutogenic) **Analysing, critiquing and organising [7–8]** insightful analysis and interpretation of relevant	The 'flashing school zone signs' innovation is likely to have a positive impact and diffuse well into the [community name] region. This innovation targets drivers who speed at low levels (≤ 13km) during school zone hours. Furthermore, the innovation makes use of social resources to incentivise drivers to slow down through the use of a rewards system. These rewards are suitable for all age groups, making the innovation relevant and compatible to all road users. The features of the [community name] region demonstrate an increase in low range speeding from 59% in 2017 to 68% in 2019 (Figure 7). This increase demonstrates that people on an individual level of influence are making the choice to speed. Additionally, the majority of people injured in traffic crashes can be seen as 15- to 19-year-olds (Figure 10), a low number compared to the number of people with a licence at that age (7.

and provided contextual information related to implemented action from primary sources and secondary sources to draw conclusions about: • data trends insightful critique of relevant contextual information using the social ecological model to distinguish the significant determinants (built environment) that influence health in the alternate community context **Recognising and comprehending [5–6]** accurate recognition and discerning description of relevant and provided contextual information from primary sources and secondary sources that includes: • data trends and the impact on the health status of the target group • determinants • resources, barriers and enablers for the target group **Analysing, critiquing and organising [7–8]** insightful analysis and interpretation of relevant and provided contextual information related to implemented action from primary sources and secondary sources to draw conclusions about: • barriers and enablers • personal, social and community resources insightful critique of relevant contextual information using the social ecological model (community and societal levels of influence) to distinguish the significant determinants (health literacy and speeding) that influence health in the alternate community context	574) (Figure 1, Figure 10). This means that those with a low level of education and health literacy are the majority of participants in road crashes. These statistics are further demonstrated within Queensland as 21.2% of fatal crashes are aged 17 to 24 years old (Department of Transport and Main Roads, 2011). Furthermore, 89% if residents identify that road safety is an area of need within [community name]. This alarming need to improve road safety is overcast with the fact of 17+ people dying on Queensland roads every day (State of Queensland, 2019). Additionally, an increase in people self-reporting that they drive past school zones in [community name] every day has increased by 7% over 2015-2019 (78% to 85%) (Figure 6). This means that the built environment is being used more outside of school zones, demonstrating a need to increase and develop safer built environment resources such as road signs with these areas. The existing personal, social and community resources within the [community name] region can be used to improve road safety. As the percentage of issued fines for speeding (23% to 37%) and issues fines for speeding within a school zone (71% to 83%) have both increased from 2015 to 2019, it can be seen that the community resource and enabler of speeding fines is no longer effective within [community name] (Figure 6). The selected innovation aims to provide further incentive to change behaviours and reduce speeding within communities through improving both the built environment and health literacy of drivers. The innovation targets the personal barrier and resource of health literacy through the use of the social resource of technology. As 95% of drivers own a phone and 93% use it daily, the innovation turns this social resource into an enabler through its rewards system (Figure 2). This resource can influence the personal barrier of speeding, resulting in an improvement on the community's road safety. The key determinants to road safety within [community name] region have been identified as low-level speeding and the critical health literacy of drivers. This is because these personal resources are acting as barriers to road safety and both make the largest influence on the community's road safety. Furthermore, these barriers make an impact on social levels of influence as it normalises low level speeding within school zones and creates a societal culture that allows risk taking and dangerous road safety behaviours. The imbedded characteristics of the 'flashing school zone signs' innovation target these features of the [community name] region and those individuals that take risks, generally of a younger age. As these significant determinants are influencing most levels of interconnected influence (individual and communal), the determinants can be identified as significant areas of need and influence of [community name]'s road safety. The innovation's trialability and observability has provided results advocating for the likely positive impact within [community name]. The trial conducted in the Carlson region is similar to the [community name] region, meaning that if a positive impact, strong dissemination and high chances of institutionalisation are seen, it is likely the same results will occur within [community name]. Additionally, as there is no current innovation like the 'flashing school zone signs' within [community name], the innovation has a relative advantage in disseminating and reaching institutionalisation. The trial shows that a high proportion (22500 out of 24678 people) reduced their sped instantly by 7km per hour. However, some community members identified that due to glare from sunlight, some

Evaluating and reflecting [7–8] critical evaluation and insightful reflection on the innovation impact, methodology and resources using two relevant steps of RE-AIM (effectiveness, implementation, maintenance) **Recognising and comprehending [5–6]** succinct comprehension and perceptive use of the relevant • diffusion process variables **Evaluating and reflecting [7–8]** discerning justification or recommendations for future action that mediates, advocates or enables innovation uptake in an alternate community health context using the diffusion of innovations model — diffusion process variable characteristics of innovation is used (compatibility) **Communicating [3]** discerning decision-making and accurate use of: • written features to achieve a particular purpose • language for a community context • referencing and essay genre conventions (all evident throughout the response) **Analysing, critiquing and organising [7–8]** coherent and effective organisation of information to achieve a particular purpose (evident throughout the response)	signs were poorly positioned. Yet, the innovation demonstrated a high ability to be maintained and implemented as low range speeding fines have continued to be issued at their lowest rate, 12 additional signs have been implemented, 2 neighbouring regions have successfully used the innovation for the last three years and the signs are cheap and easy to maintain and implement. The success of the innovation is also able to be measured as the innovation feeds observable speed data to the Department of Transport. Furthermore, the geographical features of the setting allow for likely effective impacts on low level speeding with [community name]. All of these factors additionally increase the likely update of the innovation as it is relatively advantageous, compatible and non-complex with the community as demonstrated through the Carlson region trial. The innovation should be implemented with further use of communication channels such as the council's social resources of their Instagram, Facebook and information pamphlets which all have moderately high levels of engagement by the community. This would further enable for future action as it is like to raise health literacy and awareness of the innovation, increasing its compatibility with the [community name] community. Additionally, the innovation is supported as other action plans consist of components which focus on education, awareness and changing of negative behaviours, advocating for the likely impact of critical health literacy on road safety (Queensland Department of Transport and Main Roads, n.a.). Thus, the innovation should be implemented as part of their current 'Safer Roads' road safety plan.

Pages of notes brought into the exam:

Secondary Data
- 62.33% of 4,070 drivers who do not ride bicycles knew some basic legislation and laws surrounding cyclists on roads (Queensland University of Technology, n.a.).
- 17+ people are injured seriously or killed on roads within Queensland every day (State of Queensland, 2019).
- Pathways are essential to the use of cycling and walking, and as the usage of pathways increases, social interactions between pedestrians and cyclists are also causing concerns for safety (Austroads, 2006).
- The Queensland Road Safety Action Plan 2013-2015 consists of many components that focus on educating, developing awareness and changing negative behaviours, this supports the component of advocacy for critical health literacy (Queensland Department of Transport and Main Roads, n.a.).
- Key characteristics of individuals in fatal crashes within Queensland
  - 451 (or 21.2%) were aged 17 to 24 years, 444 (or 20.8%) were aged 30 to 39 years, 381 (or17.9%) were aged 40 to 49 years and 303 (or 14.2%) were aged 50 to 59 years, where age was known,
  - 1,699 (or 79.6%) were male and 435 (or 20.4%) were female, where gender was known,
  - 1,506 (or 75.0%) held an open licence, 235 (or 11.7%) held a provisional licence, 181 (or 9.0%) were unlicensed, 46 (or 2.3%) held a learner licence, 24 (or 1.2%) were not licensed within Australia and 17 (or 0.8%) held a restricted licence, where licence type was known (Department of Transport and Main Roads, 2011).

Structure;
- Intro – what is the innovation? (target group)
- Features of the setting – secondary data
- Personal, Relational & Community resources acting as Enablers or Barriers
- Key determinants using SEM x 2
- DoIT x 2 & RE-AIM x 2
- Advocate, mediate or enable – Recommendation

Key Language
- Dissemination (diffusing)
- Communication channels
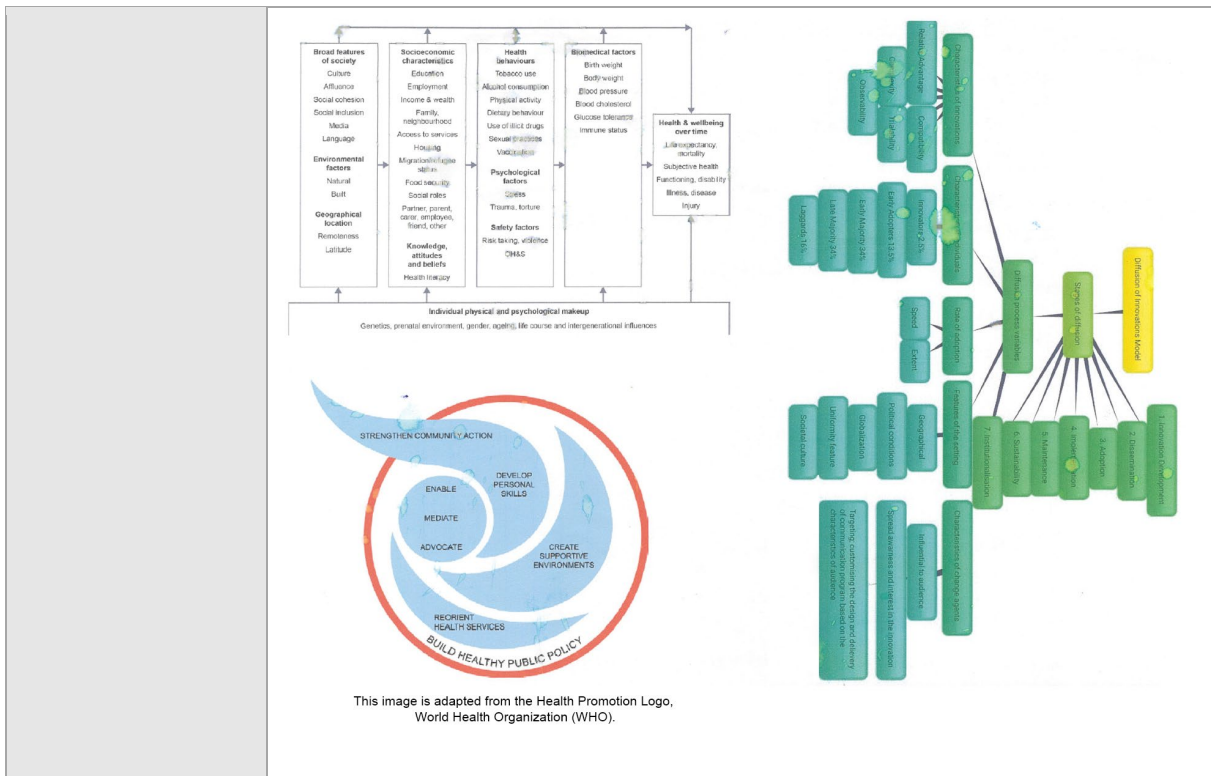- Institutionalisation

Reference List:

Austroads. (2006). *Pedestrian-Cyclist Conflict Minimisation on Shared Paths and Footpath.* Retrieved February 14th, 2021, from https://austroads.com.au/publications/road-safety/ap-r287-06

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Queensland Department of Transport and Main Roads. (n.a.). *Queensland Road Safety Action Plan 2013-2015.* Retrieved February 28th, 2021, from https://www.tmr.qld.gov.au/~/media/Safety/roadsafety/Strategy%20and%20action%20plans/roadsafetyactionplan.pdf

Queensland University of Technology. (n.a.). *Infographics.* Retrieved February 14th, 2021, from https://research.qut.edu.au/carrsq/resources/infographics/

State of Queensland (Department of Transport and Main Roads). (2019). *Queensland Road Safety Action Plan 2020-21.* Retrieved February 14th, 2021, from https://www.tmr.qld.gov.au/Safety/Road-safety/Road-safety-strategy-and-action-plans/Strategy-and-action-plans

This image is adapted from the Health Promotion Logo, World Health Organization (WHO).