Government of **Western Australia**
School Curriculum and Standards Authority

HEALTH STUDIES

ATAR course examination 2024

Marking key

Marking keys are an explicit statement about what the examining panel expect of candidates when they respond to particular examination items. They help ensure a consistent interpretation of the criteria that guide the awarding of marks.

Question	Answer
1	a
2	c
3	a
4	d
5	b
6	a and b
7	c
8	d
9	b
10	d
11	a
12	c
13	b
14	c
15	d
16	b
17	a
18	c
19	a and d
20	d

Section Two: Short answer 50% (62 Marks)

Question 21 (10 marks)

(a) Outline **two** access and **two** equity issues older people may experience with regard to health care. (4 marks)

Description	Marks
For each access/equity (2 x 2 marks)	
Outlines two issues	2
Outlines one issue	1
Total	**4**
Answers could include: Access issues • older people may not be able to drive due to various health issues, limiting their ability to access health care • older people who live in rural and remote areas are more likely to struggle with accessing health care professionals due to distances they may have to drive, if there is no general practitioner (GP) in their local area/town. Equity issues • older people are more likely to require frequent health care but could experience inadequate or dismissive treatment due to a lack of specialists in geriatric medicine • older people are more likely to experience chronic conditions, which may require continual appointments/medication/therapy – this can be overwhelming and could cause older people to forgo some of these.	
Accept other relevant answers.	

(b) Define the Pharmaceutical Benefits Scheme (PBS) and describe how the PBS safety net supports older people to achieve better health. (3 marks)

Description	Marks
Definition	
Defines Pharmaceutical Benefits Scheme (PBS)	1
Subtotal	**1**
Description	
Describes how the safety net supports older people	2
Outlines how the safety net supports older people	1
Subtotal	**2**
Total	**3**
Answers could include: PBS Definition (any one of) • the Pharmaceutical Benefits Scheme is a government program that subsidises medicines for Australian citizens • the Pharmaceutical Benefits Scheme is a government scheme that provides timely, reliable and affordable access to necessary medicines for Australians. PBS Safety Net The PBS safety net caps the amount of money a person spends on their medications in a calendar year. The safety net protects older people from expensive medical bills and financial burden, therefore ensuring they can continue to readily access their required medications to support their health and wellbeing.	
Accept other relevant answers.	

Question 21 (continued)

(c)   Propose **three** actions, using the self-management skill of assertiveness, older people
        could take to achieve better support in the health care system.   (3 marks)

Description	Marks
Proposal of action (3 x 1 mark)	
Proposes action using assertiveness	1
Total	**3**
Answers could include: • older people could use 'I' statements when discussing health concerns with health care workers • older people could attend a general practitioner (GP) or doctors appointment with notes and questions they have prepared earlier, to ask their intended questions • older people could bring a support person such as a family member or friend with them to appointments to assist in remembering questions or health information for the older person • older people could ask their GP or doctor to write down/provide pamphlets with easily readable information that they can take home to ensure they understand their medical plans or upcoming procedures.	
Accept other relevant answers.	

Question 22 **(9 marks)**

(a) Explain how the norms of specific populations may conflict with the majority norms of Australians and contribute to these new outbreaks. (3 marks)

Description	Marks
Explains how the norms of specific populations may conflict with the majority norms of Australians and contribute to increased outbreaks	3
Describes how the norms of specific populations may conflict with the majority norms of Australians and contribute to increased outbreaks	2
Outlines how the norms of specific populations may conflict with the majority norms of Australians and contribute to increase outbreaks	1
Total	**3**
Answers could include: The majority of Australians understand the benefits and importance vaccinations play in supporting positive health outcomes and reducing disease outbreaks. Therefore, a positive norm is encouraged and reinforced among the majority by upkeeping vaccination rates. However, in direct conflict with this are specific population groups, for example, recently emigrated, who may hold beliefs that vaccinations are toxic/bad for the body, reinforcing the norms within their population to not vaccinate. These groups are more susceptible to infection and disease as they are not protected and therefore, contribute to the increased outbreaks.	
Accept other relevant answers.	

Question 22 (continued)

(b)   Excluding the *Ottawa Charter* action areas, explain **two** actions that could be used to reduce the occurrence of measles outbreaks.   (6 marks)

Description	Marks
For each action (2 x 3 marks)	
Explains an action to reduce the occurrence of measles outbreaks	3
Describes an action to reduce the occurrence of measles outbreaks	2
Outlines an action to reduce the occurrence of measles outbreaks	1
Total	**6**
Answers could include: Improving access to health care Improving access to health care can significantly influence the health of population groups. Reorienting services to people can play a key role in disease prevention and management. Improving access to health care for specific population groups who are not vaccinating could include mobile clinics. These clinics can provide free vaccinations, along with health resources and information on the importance of vaccinations. Medical staff in the mobile clinics could also be culturally responsive and ensure they are supportive to the needs of the specific population group. Continued frequent visits from the mobile clinic could mean early detection of any possible measles outbreaks which can result in early prevention/treatments and vaccination boosters. Improving health literacy Health literacy is the ability to access, read and understand health information. Having the ability to navigate and interpret health information correctly plays a key role in effective disease management. Specific populations should be supported to improve their health literacy by providing free/easily accessible education and information sessions about the benefits of vaccinations within these communities. This session could be led by medical staff who are prominent in the field of disease outbreaks who can increase awareness, education and try to alleviate any misbeliefs held by the population groups. Information pamphlets could be provided as a take home. An improvement in health literacy within this population group could help to reduce the occurrence of measles outbreaks.	
Accept other relevant answers.	

Question 23 **(7 marks)**

(a)   Explain the purpose of Goal 2 in the United Nations Sustainable Development Goals.

(3 marks)

Description	Marks
Explains the purpose of goal 2	3
Describes the purpose of goal 2	2
Outlines the purpose of goal 2	1
Total	3
Answers could include:	

- the purpose of Goal 2 is to ensure all people worldwide have access to enough quality, nutritious food to avoid malnutrition and other diet-related diseases
- using sustainable agricultural practices to produce food will ensure there is adequate food without damaging the environment or reducing soil quality making it unusable for farming
- empowering local food producers is of high priority to provide opportunities for financial gain and knowledge, which adds value to a community
- the increasing cost of food is causing more people to suffer from food insecurity, jeopardising development and wellbeing.

Accept other relevant answers.

(b)   Identify **one** other Sustainable Development Goal studied in this course. Explain the progress towards achieving this goal. (4 marks)

Description	Marks
Identification	
Identifies goal	1
Subtotal	1
Explanation	
Explains the progress towards achieving this goal	3
Describes the progress towards achieving this goal	2
Outlines the progress towards achieving this goal	1
Subtotal	3
Total	4

Answers could include:

Sustainable Development Goals (any one of)
- Ensure healthy lives and promote wellbeing for all at all ages (goal 3)
- Ensure inclusive and equitable quality education and promote lifelong learning opportunities for all (goal 4)
- Achieve gender equality and empower all women and girls (goal 5)
- Ensure availability and sustainable management of water and sanitation for all (goal 6)

Explanation of progress
Goal 3:
- the pandemic hindered progress towards goal 3, exacerbating health inequities and threatening progress towards universal healthcare. Tuberculosis (TB) and malaria have increased due to a significant number of children either un- or under-vaccinated, particularly in low or middle income countries
- global maternal mortality rates have decreased; however, it is still over three times higher than the target for 2030. Most of these deaths occur in low to middle income countries and are preventable causes related to pregnancy and childbirth

Question 23 (continued)

- the global infant and under-5 mortality rate fell; however, 54 countries are still not on track to meet the target of less than 25 deaths per 100 live births and some countries will need to double their current rate of progress to be on track for the target by 2023   - progress towards ending communicable diseases by 2030 is off course, with progress in some diseases and not in others. HIV has made tremendous progress, particularly in the highest burden regions; however, it is still far from the 2025 target. TB and malaria incidence rose, reversing previous declines; however, the number of people requiring treatment and care for neglected topical diseases declined   - the largest decline in childhood vaccinations was seen in approximately 30 years. 25 million children missed out on one or more doses of DTP vaccine through routine vaccinations services, this is significantly higher than in previous years   - the projected global shortage of healthcare workers has declined; however, despite the significant increase in healthcare workers globally, the regions with the highest burden of disease continue to have the lowest proportion of healthcare workers to deliver health services.   Goal 4:   - even prior to the pandemic, the world was off track to achieve education targets. If no additional measures are taken, only one in six countries will achieve universal access to quality education by 2023   - progress has been made towards all levels of school completion; however, the rates have slowed down in relation to previous progress   - participation in organised learning one year before official primary entry age has stagnated, far from achieving the target of ensuring all boys and girls have access to quality pre-primary education by 2030   - disappointing progress on improving primary school reading levels, the pandemic has had a devastating impact on learning due to school closures   - basic school infrastructure is far from achieving the goal of being universal by 2030. Around 25% of primary schools globally do not have access to basic services such as electricity, drinking water and basic sanitation facilities, with even less access, around 50%, to other educational facilities, such as computers and disability adaptive infrastructure   - little improvement has been made to teacher qualifications meeting national norms, with 14% of teachers globally being underqualified.
Accept other relevant answers.
Note: Sustainable Development Goal must be written in full. Visit https://sdgs.un.org/goals for more information on the Sustainable Development Goals.

Question 24 **(10 marks)**

Outline each of the following **five** steps from the health inquiry process and state how you would apply each in a health inquiry about illegal drug use in Australia.

Description	Marks
For each health inquiry process step (5 x 2 marks)	
Outlines each step	1
Applies each step to illegal drug use in Australia	1
Total	10
Answers could include: Development of focus questions to research a health issue Design focus questions that explore illegal drug use in Australia. They must be open ended and allow for conclusions and recommendations to be made. For example, 'What government initiatives are being implemented to tackle methamphetamine use in young Australians?' Identification and application of criteria for selecting information sources When choosing resources to inform a health inquiry on illegal drug use in Australia, a criterion must be used that helps to determine whether the information sources are credible, reliable, and valid. Such as recency, generally within five years, reputation of publication, a government source or reputable journal/website should be used, authors qualifications, whether they are qualified to comment on this topic, kind of publication, peer reviewed journal articles would be more reliable than an outdated book or commercial website etc. Identification and analysis of trends and patterns in data Including data on patterns or trends of illegal drug use in Australia should be used to inform readers of the severity of the issue, whether the trend is increasing or decreasing, whether there are certain locations where there is a higher prevalence etc. Development of evidence-based conclusions From the research conducted, summarise the information and make a valid conclusion about the state of illegal drug use in Australia. The conclusion may include recommendations to improve the current state of illegal drug use in Australia, evidence or supporting statements may be included in the conclusion. Presentation of findings in an appropriate format to suit an audience Consider who the health inquiry is aimed at and choose a format that is suitable for that audience. If it is for high school students, an eye-catching poster, brochure or social media post about illegal drug use would be most suitable to capture their attention. Whereas if it was for health professionals, a report or journal article would be suitable.	
Accept other relevant answers.	

Question 25 **(7 marks)**

(a) Explain how this event could have impacted the cultural identity of the people in the Indonesian community. (3 marks)

Description	Marks
Explains the impact of the event on cultural identity	3
Describes the impact of the event on cultural identity	2
Outlines the impact of the event on cultural identity	1
Total	**3**

Answers could include:

- the earthquake and tsunami affected hospitality and tourism in the areas, which plays a major role in providing financial support to the Indonesian communities. Locals may have lost their cultural identity through loss of power, income and employment. The wealth of the nation made it difficult to rebuild and many were never able to fully recover from the loss
- it dislocated people from their lands, and disrupted cultural identity associated with belonging to a region due to the significant loss of infrastructure. Being relocated causes immense stress and a cultural disconnect between who they are and where they now must live
- loss of cultural places of importance, such as sacred sites, churches and meeting places, causes immense stress and people may question their beliefs when a tragedy of this magnitude occurs with such a significant loss of life. Guilt plagued many who survived, questioning why they were not taken when they lost so many family members and friends.

Accept other relevant answers.

(b) Describe how **two** of the roles of the WHO would support a community during a natural disaster, such as the 2004 earthquake and tsunami in Indonesia. (4 marks)

Description	Marks
For each role (2 x 2 marks)	
Describes how the WHO supports the community	2
Outlines how the WHO supports the community	1
Total	**4**

Answers could include:

Provide leadership
- in a natural disaster such as the earthquake and tsunami in Indonesia, WHO would provide leadership on matters critical to health and engage in partnerships where joint action is needed
- the WHO would provide leadership in appropriate food supplementation, assemble mobile health teams and outreach and coordinate a call for emergency funding to support the Indonesian community
- partnerships would be necessary with local authorities to understand the complex and unique needs of the community, empowering local experts is imperative for recovery measures.

Shape the research agenda
- the WHO would shape the research agenda during an earthquake and tsunami by stimulating the generation, translation and dissemination of valuable knowledge
- research may be conducted during a natural disaster to determine the most effective strategies to respond and support the Indonesian community
- a needs assessment may be conducted to assess the needs of the community and allows for prioritisation and appropriate resource allocation.

Provide technical support
- the WHO would conduct epidemic surveillance, early warning and response and disseminate this information to civilians. By providing early warning to civilians via television/radio announcements, text message services and other telecommunication measures, it would allow people to make plans and flee the area before the natural disaster occurs.

Monitor the health situation and assess health trends
- the WHO would monitor the health issues that arise after a natural disaster, such as the earthquake and tsunami in Indonesia, and coordinate support for the community
- the WHO would examine comparative needs to look for health trends that may occur in order to allocate appropriate support measure to those in need. This may include providing clean drinking water and sanitary measures to avoid water-borne diseases, adequate shelter to prevent respiratory diseases, food and medical care for injuries sustained
- the WHO would partner with local authorities to assist in restoring primary care services such as immunisation, child and maternal healthcare and mental health support.

Accept other relevant answers.

Note: set norms and standards and articulate ethical and evidence-based policy options may be accepted if description is deemed appropriate.

Question 26 **(10 marks)**

(a) Identify **two** factors that create health inequity and describe how each factor could affect the health status of CALD people in Australia. (6 marks)

Description	Marks
For each factor (2 x 3 marks)	
Identifies a factor creating health inequity	1
Subtotal	**1**
Describes how the factor impacts health status	2
Outlines how the factor impacts health status	1
Subtotal	**2**
Total	**6**
Answers could include: Discrimination If an individual experiences discrimination through unjust or prejudicial treatment, then they are more likely to experience chronic stress and other mental health issues. If they have experienced discrimination from a medical professional, they are also likely to have developed a sense of mistrust and are therefore less inclined to seek medical treatment when they need it. This can lead to minor health conditions getting progressively worse and result in a poorer health status. Access to healthcare If a CALD person does not understand when, how or where to seek medical treatment due to a misunderstanding, then they are less likely to address their health concerns or take incorrect action which could make their condition worse. A lack of access to healthcare due to language barriers can also result in a poorer health status. Social isolation A CALD individual may experience a sense of social isolation, especially if they are a recent migrant or refugee. They may have been forced to leave their traditional homelands and may have left family and friends behind, reducing their social network. If English is not their first language, they could also experience social isolation as they may not be able to communicate effectively with others in order to establish new relationships. This can lead to mental health issues such as depression or anxiety, negatively impacting their overall health status. Racism If a CALD individual experiences racism due to their ethnicity or culture, they are more likely to have a poor health status. Racism can significantly impact an individual's sense of self-worth leading to risk of mental health concerns. An individual who has experienced racism from a medical professional is less likely to seek help when required, which can result in easily managed conditions getting worse and negatively impacting their overall health status. Health literacy A CALD individual may have low health literacy as they may not be able to clearly understand health instructions that are not provided in their first language. If medical professionals use jargon to explain health conditions, a CALD individual is likely to experience misunderstanding or confusion and may not act accordingly to treat their condition effectively.	
Accept other relevant answers.	

(b)   Describe how the use of **two** key communication and collaboration skills would reduce
        the risk of this situation occurring at future appointments.   (4 marks)

Description	Marks
For each skill (2 x 2 marks)	
Describes how the skill would reduce the risk	2
Outlines how the skill would reduce the risk	1
Total	**4**

Answers could include:

Mediation
For future appointments, Suyash's doctors could employ a third-party mediator to oversee the conversations and interactions. The mediator could assist Suyash and his doctors to reach a voluntary and mutually agreed upon treatment plan.

Negotiation
Suyash's doctors could be willing to negotiate the treatment plan with him at the next appointment by communicating more clearly about options and being more flexible and open to his suggestions. A more give-and-take approach could help Suyash feel more understood and valued.

Compromise
Suyash's doctors could compromise about his treatment plan by attempting to settle their differences of opinion by making concessions and listening respectfully to Suyash.

Managing conflict
Suyash's doctors could ensure they undertake training in managing conflict effectively before his next appointment. This would hopefully ensure Suyash didn't escalate to the point of storming out in anger.

Arbitration
If Suyash continued to disagree with the doctor's treatment plan or felt that he was being treated unfairly or discriminated against, he could engage the services of an arbitrator. This would involve a third party person to hear from both the doctor and Suyash and make a final decision to resolve any disputes.

Leadership
Suyash's doctor could engage a more senior leader to seek advice about how to improve his relationship with Suyash at future appointments. They could ask a leader to model more appropriate ways to communicate and how to handle an angry patient.

Facilitation
The hospital administration could facilitate workshops to help their doctors improve their communication and collaboration skills. This would hopefully result in a more positive relationship between Suyash and his doctor.

Accept other relevant answers.

Question 27 **(9 marks)**

(a)   Describe how **three** levels of the socio-ecological model could be used to understand why the rate of risky alcohol consumption is still high in young people.   (6 marks)

Description	Marks
For each level (3 x 2 marks)	
Describes how the level is used to assess why the rate of risky alcohol consumption is still high in young people	2
Outlines how the level is used to assess why the rate of risky alcohol consumption is still high in young people	1
Total	**6**
Answers could include: Individual Young people may be lacking in the necessary alcohol and other drug health education in regard to the prevention of risky alcohol consumption. This may be due to poor health education lessons or this content not being taught within their specific school. Interpersonal Young people are heavily influenced by family and close friends. If risky alcohol consumption is common practice in their family, it may mean young people are unaware of the negative health consequences and therefore, consider it acceptable behaviour that they then adopt. Organisational Organisations such as workplaces for young people, may fail to have structures, policy and support in place to promote safe alcohol consumption practices. This could result in risky drinking being encouraged at work social events and young people being more inclined to consume alcohol at a risky level. Community If a young person's community in which they reside is dominated by stereotypes and norms in regard to risky alcohol consumption practices, they are unlikely to be aware of the negative consequences. This could lead to an increased likelihood that they will drink alcohol at a risky level, as it is norm within their community. Society Stereotypes and norms surrounding alcohol use are highly influential on young people's behaviours, especially towards alcohol consumption. In Australian society, it is a widely accepted social norm to binge drink, especially when celebrating. Young people aged 16-24 in Australia typically celebrate frequently and therefore are more likely to participate in risky alcohol consumption.	
Accept other relevant answers.	

(b)   Outline how the **three** levels of the socio-ecological model you described in part (a) could be used to reduce the rate of risky alcohol consumption in young people aged 16–24. (3 marks)

Description	Marks
For each level (3 x 1 mark)	
Outlines how the level could be used to reduce the rate of risky alcohol consumption in young people	1
Total	**3**
Answers could include: Individual Comprehensive alcohol and other drug health programs implemented for primary through to secondary school students to reduce the incidence of risky alcohol consumption in young people. Interpersonal A young person's family openly discussing age-appropriate, safe alcohol practices, creating a safe environment for their teen to ask questions and look for parental support, to help reduce the incidence of risky alcohol consumption in young people. Organisational Youth friendly general practitioners (GPs) and alcohol and other drug organisations visiting schools or young people's workplaces to provide information and resources to young people regarding strength-based harm minimisation strategies about alcohol consumption. Community Local billboards around bus/train stations targeting young people and highlighting the risks associated with excessive alcohol consumption. Seeing these images constantly reminds young people how important it is to look after their health by abstaining from risky alcohol consumption. Society Mandatory alcohol and other drugs curriculum taught in public and private schools across Australia.	
Accept other relevant answers.	

Section Three: Extended answer   **30% (30 Marks)**

Question 28   **(15 marks)**

(a)   Summarise **three** characteristics and **two** needs of this population group.   (5 marks)

Description	Marks
For each characteristic (3 x 1 mark)	
Summarises a characteristic of veterans	1
Subtotal	3
For each need (2 x 1 mark)	
Summarises a need of veterans	1
Subtotal	2
Total	5
Answers could include: Characteristics • veterans are more likely to experience higher rates of mental illness than the general population. This is due to the nature of combat • veterans are more prone to problematic alcohol and drug use as a coping strategy for their mental health • veterans are more likely to struggle with social participation and connectedness when returning to general life after their military service. Needs (any two of) • veterans may need on-going person-centred mental health services to support their health • veterans may need access to affordable, secure and appropriate housing to help support social connectedness and reduce the incidence of homelessness • veterans and their families may need access to family support services to help integrate families back together after extended periods of time apart.	
Accept other relevant answers.	

(b)   Complete the steps of the PABCAR public health decision-making model, in order, by describing how each step is to be actioned during the planning phase for an intervention aimed at veterans. (10 marks)

Description	Marks
For each step (5 x 2 marks)	
Describes PABCAR step	2
Outlines PABCAR step	1
Total	**10**
Answers could include: **P = Problem** The initial step of the PABCAR model looks at identifying the problem and how significant it is to the population group. The problem is veterans are more likely to experience homelessness, this is significant as they make up a small number within the overall general population. Part of the problem step is to also survey the community to find out what they feel are their main health concerns. During this step epidemiological data and research must take place to investigate the significance of the problem to support the intervention. **A = Amenable to change** Are people willing and open to change? This is a key step in the PABCAR model as it dictates whether or not the intervention will go ahead. Veterans must be willing to participate and be open to change; if they are not willing to change, stop immediately. During this step it is important to investigate other similar communities and past interventions to see if they have been previously successful. Resources required for the intervention need to be sought during this step. **B and C = Benefits and Costs** Are the intervention benefits greater than the costs? Benefits for the veterans must outweigh the costs for them to participate. Veterans who participate in this intervention are likely to benefit from access to safe and secure housing which benefits their overall health and wellbeing. Costs to veterans to participate could be tangible and intangible, for example, time and effort to participate and whether there is any potential out-of-pocket monetary costs. **A = Acceptability** Is there acceptance for change? In this step health promotion workers need to assess the likely reaction of the community to intervention. If veterans are open and willing to participate, then move ahead to implementation. If greater acceptance is required health promotion workers can frame arguments to gain support from the community. Advocacy may be required. It is important to also assess if there are any groups opposed to this intervention. **R = Recommend actions and monitoring** In the final step of PABCAR, the implementation of strategies begins. Continual monitoring of strategies and intervention to best assist veterans into the future must occur. Once the intervention is complete, health promotion workers must evaluate the outcomes, including what was done well and what can be improved for next time. Successes can be celebrated.	
Accept other relevant answers.	

Question 29 **(15 marks)**

(a) Define 'health promotion advocacy' and list **two** examples of when it is best used.

(3 marks)

Description	Marks
Definition	
Defines health promotion advocacy	1
Subtotal	**1**
Example (2 x 1 mark)	
Lists example of when health promotion advocacy is best used	1
Subtotal	**2**
Total	**3**
Answers could include: Definition (any one of) • health promotion advocacy involves activities and efforts aimed at promoting and supporting policies, practices, and initiatives that contribute to improved health and wellbeing in communities or populations • advocacy in health promotion focuses on influencing decision-makers to implement measures that address health inequities • advocacy in health promotion aims to influence the public to enact behavioural change and raise awareness of health issues. Examples of when best used (any two of) • to increase funding for health promotion strategies • when attempting to change or improve a policy • to speak on behalf of a community without capacity to do so for themselves • to increase public awareness about a significant health issue • to empower disadvantaged groups or individuals • to develop personal skills to help prevent illness or injury.	
Accept other relevant answers.	

(b) Describe how **three** advocacy strategies could be implemented to address the issue of endometriosis. (6 marks)

Description	Marks
For each advocacy strategy (3 x 2 marks)	
Describes how the advocacy strategy could be implemented	2
Outlines how the advocacy strategy could be implemented	1
Total	**6**
Answers could include: Lobbying for increased federal or private funding to increase research into endometriosis could be effective in increasing the knowledge about how to diagnose or more effectively treat this condition. This could include meeting with a local politician to discuss funding for a research initiative. Raising awareness via a public awareness campaign to support the development of personal skills with regard to recognising signs and symptoms of endometriosis and knowing when and where to seek help.	

Developing partnerships allows for a collaborative approach where individuals and groups can share expertise and ideas about how to raise awareness about endometriosis and work together to achieve common goals. This could include creating a board for an organisation dedicated to addressing endometriosis rates.

Building capacity aims to empower individuals and organisations with the knowledge, skills and resources to raise awareness and drive effective change to help reduce endometriosis rates. This can be achieved via free online webinars about endometriosis from people with lived experience.

Using champions aims to raise awareness and increase knowledge about endometriosis. This could be achieved by using a well-known personality, ideally one who is passionate about increasing knowledge about endometriosis, to share information with the public via appearances or being 'the face' of a campaign.

Accept other relevant answers.

(c) Explain how **two** guiding principles of the National Strategic Framework for Chronic Conditions should be implemented to manage Chloe's condition effectively. (6 marks)

Description	Marks
For each principle (2 x 3 marks)	
Explains how a principle should be implemented	3
Describes how a principle should be implemented	2
Outlines how a principle should be implemented	1
Total	6

Answers could include:

Equity aims to see all Australians receive safe, high-quality health care irrespective of background or personal circumstance. Chloe's doctors and healthcare workers need to ensure they are sensitive and avoid making assumptions or judgments about Chloe's cultural background or beliefs, even if they differ from their own.

Collaboration and partnerships identify linkages and act upon opportunities to cooperate and partner responsibly to achieve greater impacts than can occur in isolation. Chloe needs to be actively involved in her management plan and consulted regularly throughout. Chloe's doctors should also collaborate with other key healthcare workers, such as her pharmacist or psychologist to ensure Chloe has a deep understanding of how to effectively manage her endometriosis.

Access ensures high standard, appropriate support and services are available, accessible, equitable and affordable for all Australians. Chloe should be made aware of what services are available to her for support and treatment, particularly which ones are free or low-cost. Ideally, Chloe should also have access to a specialist in endometriosis to ensure she has full access to all health information and support available.

Evidence-based information ensures rigorous, relevant and current evidence informs best practice and strengthens the knowledge base to effectively prevent and manage chronic conditions. Chloe's doctors and healthcare workers need to ensure they are using the most current, evidence-based practice and tertiary prevention strategies to help her manage her endometriosis and prevent the occurrence of complications.

Question 29 (continued)

Person-centred approaches aim for the health system to be shaped to recognise and value the needs of individuals, their carers and their families, to provide holistic care and support. Chloe's doctors and healthcare workers should ensure they attempt to include her family or support network in her healthcare. They should also ensure they are respectful of any cultural influences on her decision making that could include input from family members such as her spouse or an older family member.

Sustainability considerations need to be made for strategic planning and responsible management of resources to deliver long-term improved health outcomes. Any plans that Chloe's doctors put into place should be made to exist long-term. Managing a chronic condition such as endometriosis needs to be well-thought out and allocation of resources considered carefully, as it is an ongoing condition with a high risk of complications if not managed effectively.

Accountability and transparency surrounding decisions and responsibilities need to be clear and accountable to achieve best value with public resources. It is important that Chloe's healthcare providers are open and honest about all aspects of her treatment. This should include written as well as verbal information dissemination.

Shared responsibility aims to ensure all parties understand, accept and fulfil their roles and responsibilities to ensure enhanced health outcomes for all Australians. In the case of Chloe, all healthcare workers should meet regularly to discuss the management of her condition as appropriate and follow the action plan set out by her main doctor.

Accept other relevant answers.

Question 30 **(15 marks)**

Explain how the **five** actions of the Rio Declaration are used to address the social determinants of health and reduce health inequities within communities around the world.

Description	Marks
For each action area (5 x 3 marks)	
Explains how the action is used to address social determinants and reduce health inequities	3
Describes how the action is used to address social determinants and reduce health inequities	2
Outlines how the action is used to address social determinants and reduce health inequities	1
Total	**15**

Answers could include:

To adopt better governance for health and development
This action suggests that governments adopt policy design and delivery that considers vulnerable populations. Policy design must be informed by research, be transparent and inclusive and involve all levels of government in collaboration with the private sector to address the social determinants and reduce health inequities. Governments are required to provide universal access to health and social services for all.

To promote participation in policy-making and implementation
To achieve this, governments must optimise participation of their vulnerable community groups in policy-making which directly impacts them to reduce health inequity. Empowering these communities and the public to be involved is crucial in policy-making and implementation to promote health equity and reduce the social determinants. Both developed and developing counties must collaborate and implement policies and measures to address the social determinants at an international level.

To further reorient the health sector towards reducing health inequities
This action requires governments to provide equitable access to health care, health promotion and disease prevention services to address the social determinants. It also requires fostering changes within the health sector through collaboration and building capacity and tools to reduce health inequities. Governments should exchange successful practices, tools and approaches on how to reorient the health sector towards reducing social determinants.

To strengthen global governance and collaboration
This can be achieved by building capacity of national governments, non-government organisations (NGOs) and other international organisations by providing resources, training and technical expertise to address the social determinants. The United Nations plays an important role in this by articulating norms and standards by identifying and sharing best practices on initiatives advancing health equity. By providing support to the World Health Organisation (WHO) in its leadership of global health governance, policies and plans to address the social determinants are supported.

To monitor progress and increase accountability
This involves monitoring trends in health inequities and helps to inform future policy-making. The implementation and evaluation of evidence-based measures of social well-being should be used to promote research and share evidence and trends between governments. Increased access to monitoring and research allows for all to achieve meaningful progress with reducing health inequities. Governments should report on their progress and achievements to other organisations to ensure they are accountable for their actions.

Accept other relevant answers.

Question 31 **(15 marks)**

(a) Compare the **five** measures between the Horn of Africa and Australia. (5 marks)

Description	Marks
For each measure (5 x 1 mark)	
Compares a measure from the table	1
Total	**5**
Answers could include: • food insecurity is dramatically more severe in the Horn of Africa countries effecting at least 36 million people (26%) compared to Australia at less than 35 000 people (4–13%) • more people (43 000) have died in the Horn of Africa countries due to drought than in Australia, where there are no official recorded deaths • the Australian government has provided significantly more monetary assistance, $5 billion Future Drought Fund, to support their citizens affected by drought compared to the Horn of Africa countries receiving a $120 million insurance scheme, provided by World Bank • over the past 50 years there has been a similar reduction of gross farm product due to climate changes in the Horn of Africa countries compared to Australia, with a slightly higher reduction, at 36% compared to 27.5%, in the Horn of Africa • there are significantly more children malnourished in the Horn of Africa (22%) compared to Australia (2%).	
Accept other relevant answers.	

(b) Identify **two** environmental determinants of health. For each, discuss the impact drought would have on Australia and the Horn of Africa countries. (10 marks)

Description	Marks
For each environmental determinant of health (2 x 5 marks)	
Identifies environmental determinant of health	1
Subtotal	**1**
Discusses the impact of drought on Australia and the Horn of Africa countries	4
Explains the impact of drought on Australia and the Horn of Africa countries	3
Describes the impact of drought on Australia and the Horn of Africa countries	2
Outlines a statement about the impact of drought on Australia or the Horn of Africa countries	1
Subtotal	**4**
Total	**10**
Answers could include: Environmental determinants of health: • geographical location • features of the natural and built environment	

Impact of drought: Geographical location
- the geographical location of the Horn of Africa countries makes them susceptible to drought, due to the close proximity to the equator and Tropic of Cancer
- Australia's geographical location is under the subtropical high-pressure belt
- both locations are susceptible to drought due to the hot, dry conditions these locations experience
- both locations have arid and semi-arid conditions, making farming in these areas challenging
- climate changes and rising temperatures in both the Horn of Africa countries and Australia create high risk conditions for drought, as water evaporates more quickly, drying out soil and increasing the severity of drought
- relentless drought in the Horn of Africa countries threatens civilians with starvation and famine due to high food prices and an inability to grow crops, raise livestock and buy food
- in Australia, drought is less likely to cause starvation and famine due to the stronger economy of a more developed nation
- Australia is able to invest in technologies and adopt modern farming practices that conserve water, such as recycling water and desalination plants, which is less accessible in the Horn of Africa developing countries due to high costs
- the economy in the Horn of Africa countries is underdeveloped, therefore drought can have a more devastating effect as there is less money available to support civilians during times of crisis
- Australia has a strong economy and the Australian government provide drought relief payments to farming and farming-dependent households to support and reduce or minimise the impact of drought.

Impact of drought: Features of the natural and built environment
- the climate in both the Horn of Africa countries and Australia poses a risk for extreme weather such as drought. Climate changes see an increase in temperature, causing reduced rainfall due to evaporation, which dries out soil and vegetation
- drought has a significant impact on food and water quality in both the Horn of Africa countries and Australia, less food is available due to agriculture relying on a consistent water source to thrive
- as Australia is a developed nation, drought is less likely to lead to starvation and famine, as there is more food available for civilians. Australia also has greater access to clean drinking water
- water is necessary for the development and maintenance of greenspaces, therefore drought has a negative impact of the ability to maintain local bushland, parks, outdoor recreational facilities and school playgrounds in both the Horn of Africa countries and Australia
- the Australian economy allows for more funding to be allocated to developing and maintaining greenspaces using irrigation, making them accessible for people to perform leisure activities, increasing opportunities for exercise, physical recreation, and sport. This has a positive impact on peoples' physical and mental health
- drought has a significant financial impact on agriculture and the ability to produce crops and rear livestock. The agricultural sector accounts for more than half of the Horn of Africa population's employment. The impact on their income results in less housing options and overcrowding occurs, leading to poor physical and mental health outcomes
- in Australia, although there is a significant financial impact on agriculture due to drought, far less of the population rely on agriculture for their primary source of income, resulting in less Australians ending up in overcrowded housing as a result of drought.

Accept other relevant answers.

Question 31(a) Dot point 1 information from: The World Bank Group. (2024, January 4). *Enhancing Food and Nutrition Security in the Sahel and Horn of Africa*. Retrieved June, 2024, from https://www.worldbank.org/en/results/2024/01/04/enhancing-food-and-nutrition-security-in-the-sahel-and-horn-of-afe-africa#:~:text=At%20least%2036%20million%20people,worst%20drought%20in%2040%20years
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Dot point 2 information from: Australian Institute of Family Studies. (2020, September). *Understanding Food Insecurity in Australia*. Retrieved June, 2024, from https://aifs.gov.au/resources/policy-and-practice-papers/understanding-food-insecurity-australia
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Dot point 3 & 4 information from: Horn of Africa Drought (2020–present). (2024, June 3). In *Wikipedia*. Retrieved June, 2024, from https://en.wikipedia.org/w/index.php?title=Horn_of_Africa_drought_(2020%E2%80%93present)&oldid=1227042306

Dot point 4 information from: National Drought and North Queensland Flood Response and Recovery Agency. (n.d.). *Review of Australian Government Drought Response*. Retrieved June, 2024, from https://nema.gov.au/sites/default/files/attachments/review-australian-government-drought-response_0.pdf

Dot points 5–6 data from: Global Nutrition Report. (n.d.). *Australia: The Burden of Malnutrition at a Glance*. Retrieved June, 2024, from https://globalnutritionreport.org/resources/nutrition-profiles/oceania/australia-and-new-zealand/australia/