



# **HEALTH STUDIES**

## **ATAR course examination 2016**

### **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.

## Section One: Multiple-choice

20% (20 Marks)

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

## Section Two: Short answer

50% (50 Marks)

## Question 21

(11 marks)

- (a) What is the purpose of the Australian Government's aid program? (2 marks)

Description	Marks
One mark each for any of the following <ul style="list-style-type: none"> <li>• To promote Australia's national interests</li> <li>• To contribute to sustainable economic growth in nations receiving aid</li> <li>• To contribute to a reduction in poverty in nations receiving aid</li> <li>• To promote prosperity and enhance stability in countries receiving aid e.g. supporting private sector development and stronger economies</li> </ul> <b>NB:</b> No marks for answer about responding to natural disasters or other specific events	1–2
<b>Total</b>	<b>2</b>

- (b) Identify **three** social determinants and outline how each one contributes to health inequities. (6 marks)

Description	Marks
One mark for each determinant identified	1–3
One mark for each contribution	1–3
Answers could include: <b>The social gradient</b> Life expectancy is shorter and disease more prevalent for people who experience social and economic disadvantage and are positioned low on the social gradient. This contributes to health inequities as the longer people live in stressful economic or social circumstances, the less likely they are able to escape the impact of psychological and physiological impacts which are detrimental to their health, and the more likely they are to experience ill-health. <b>Stress</b> Stress leads to feelings of anxiousness, lack of control and low self-esteem. Physiological effects of stress can damage the cardiovascular and immune systems. This contributes to health inequities as the continued impacts of stress over time are harmful to health as people experiencing stress are vulnerable to a wide range of conditions including infections, (low/ weakened immune system), diabetes and depression. <b>Early life</b> The foundations for good health are laid down before birth and in the early years. A good start to life has been shown to reduce risk of poor physical and mental health in adulthood e.g. there are many benefits to breastfeeding. This contributes to health inequities as poor ante-natal care can lead to less than optimal foetal development which is a risk for health in later life. <b>Social exclusion</b> Social exclusion prevents people from participating in normal activities such as education and training, and from participating as an active, functional community member which can be psychologically damaging. This contributes to health inequities as people who are excluded from society are vulnerable to a range of health problems, such as cardiovascular disease. Social exclusion also increases the risk of divorce, separation, disability, illness, depression and addiction which all have adverse consequences for health.	

<p><b>Work</b> Work enables social interaction, however, stress in the workplace can have adverse impacts on health. Also, having little control over ones work is related to increased risk of low back pain, sickness and cardiovascular disease and depression/anxiety. This contributes to health inequities, as ongoing psychological impacts can be harmful to health. In particular where individuals have limited opportunities to use skills or exercise decision-making, their physical and mental health can suffer in the short and longer term.</p> <p><b>Unemployment</b> Not having a job or a stable, sufficient income puts health at risk as it is linked to psychological and financial consequences such as anxiety and feelings of insecurity. This contributes to health inequities as unemployed people are more susceptible to ongoing illness and levels of depression and anxiety, and have limited resources to pay for necessary health care.</p> <p><b>Social support</b> Having good social networks at home and in the community and access to emotional and practical support can be protective for health. Societies with poor levels of social support contribute to health inequities as there is likely to be increased risk of crime and depression, which can lead to poor mental health outcomes.</p> <p><b>Addiction</b> Addiction is not a helpful means to cope with stress or to escape from reality, and is damaging to health. It contributes to health inequities as it leads to increased risk of injuries, death and overall contact with the health care system. It is also costly - draining financial resources, and is often accompanied by poor social relationships, low incomes, unemployment or homelessness.</p> <p><b>Food</b> Adequate food supply and a good diet is required for health and wellbeing. This contributes to health inequities as poor food security can cause malnutrition, nutrient deficiencies and illness. Also, too much of the wrong type of food leads to overweight and obesity.</p> <p><b>Transport</b> Active transport options support increased exercise, reduce fatal crashes, increase social contact and reduce air pollution. Poor transport options contribute to health inequities as they take away options for exercise, with mechanisation supporting sedentary behaviour. In some nations, poor road infrastructure contributes to greater risk of traffic crashes resulting in injury and death. Poor transport options also impact on an individual's ability to access health services and could limit work opportunities.</p> <p><b>Culture</b> Culture, customs and traditions influence perceptions of health and illness, and the norms and behaviours of communities. Culture can contribute to health inequities as cultural values and norms may be in conflict with majority norms and be a barrier to accessing health care services.</p>	
<b>Total</b>	<b>6</b>

For more information go to:

[http://www.euro.who.int/\\_data/assets/pdf\\_file/0005/98438/e81384.pdf](http://www.euro.who.int/_data/assets/pdf_file/0005/98438/e81384.pdf)

- (c) Outline **three** global and/or local barriers to addressing social determinants in an effort to improve the health of disadvantaged populations. (3 marks)

Description	Marks
One mark for outline of each barrier (no variation from those listed)	1–3
<p>Answers could include:</p> <p>Poverty</p> <ul style="list-style-type: none"> <li>Poverty is a major cause of disadvantage and poor health. It can prevent people from accessing health care services. Common consequences of poverty include malnutrition, homelessness and poor housing.</li> </ul> <p>Disease outbreaks</p> <ul style="list-style-type: none"> <li>Disadvantaged groups suffer a disproportionate burden of disease. Disease outbreaks increase demand for health care services. People who are ill from disease are vulnerable to infection and may be at greater risk of multiple illnesses.</li> </ul> <p>Famine</p> <ul style="list-style-type: none"> <li>Famine is a cause of under nutrition. Long-term chronic undernourishment can result in a range of health effects. Maternal exposure to famine increases the risk of perinatal problems such as mortality, low birth weights and gestational problems.</li> </ul> <p>Drought</p> <ul style="list-style-type: none"> <li>Drought has major implications for health due to the limited access to water for drinking and irrigation of food supply.</li> </ul> <p>Availability of clean drinking water</p> <ul style="list-style-type: none"> <li>Clean drinking water is a basic necessity for good health. Poor water quality increases the risk of disease outbreaks, as water cannot be used for drinking, bathing, industry or agriculture.</li> </ul>	
<b>Total</b>	<b>3</b>

## Question 22

(9 marks)

(a) Outline **three** benefits of using health promotion advocacy.

(3 marks)

Description	Marks
One mark for each benefit	1–3
Answers could include: <ul style="list-style-type: none"> <li>To bring about positive changes to legislation, policies and practices which have a direct influence on health.</li> <li>To promote wellness and resilience in communities.</li> <li>To raise awareness of the issue (draw attention) and the broader social and environmental factors (such as housing, education, employment, cultural identity, transport, etc.) on health.</li> <li>To support communities to take positive action to improve their health.</li> <li>To empower public health professionals to become more actively involved in decision-making and broader health policy and initiatives.</li> <li>Can be a cost effective way to address a health issue</li> </ul>	
<b>Total</b>	<b>3</b>

(b) Describe **three** health promotion strategies that students could use to advocate for the supply of healthier foods. As part of the description for each strategy, provide an example to show how it can be used to successfully bring about change. (6 marks)

Description	Marks
For each of three health promotion strategies (no variation from those listed)	2
Two marks for a well-developed description of strategy and relevant example	
One mark for an accurate/brief description and/or brief example <b>NB:</b> No marks for identifying strategy without accompanying description	1
Answers could include: <p><b>Lobbying</b> The act of attempting to influence decisions made by government officials, legislators, business or regulatory agencies to create or change legislation. Examples:</p> <ul style="list-style-type: none"> <li>Meet with the school board to speak about the issues this will create.</li> <li>Meet with the school principal to speak about the issue.</li> <li>Write letters to newspapers, local newsletters to raise awareness of the issue.</li> <li>Write letters to the Department of Education/CEO/ASWA to inform them of the issue.</li> <li>Meet with or write letters to the school canteen managers.</li> <li>Raising issue through the school newsletter so parents are aware of the concerns.</li> </ul> <p><b>Raising awareness</b> Increasing/ improving people's knowledge or understanding of an issue or situation. Examples:</p> <ul style="list-style-type: none"> <li>Increase awareness of the issue by displaying posters around the school, putting information on the school website, school newsletters etc.</li> <li>Student representatives present information regarding effects of unhealthy eating/ benefits of healthy eating at assembly/ to individual classes.</li> <li>Identify and publicly highlight canteen menu items that are healthy and</li> </ul>	

<p>unhealthy to demonstrate the disparity.</p> <ul style="list-style-type: none"> <li>Promote the issue through the school newsletter so others also become aware of the situation.</li> </ul>	
<p><b>Creating debate</b> Generating a formal discussion between two parties with differing viewpoints on a particular issue. Examples:</p> <ul style="list-style-type: none"> <li>Organise a meeting with representatives of student group wanting changes and representatives from the canteen.</li> <li>Generate debate between students to discuss possible solutions.</li> </ul> <p><b>Developing partnerships</b> Building relationships between various organisations or groups/ stakeholders working collaboratively towards achieving specific goals or outcomes. Examples:</p> <ul style="list-style-type: none"> <li>Contact Western Australian School Canteen Association to work with school decision makers to implement canteen menu changes.</li> <li>Managers of school canteen to develop relationship with new food suppliers to change food items on menu.</li> <li>Managers of canteen work together with student representatives to communicate proposed changes.</li> <li>School decision makers to liaise with school canteen managers to approve items for canteen menu.</li> </ul> <p><b>Building capacity</b> Developing or building the knowledge, skills, resources or processes that individuals / organisations possess in order to make changes or adapt. Examples:</p> <ul style="list-style-type: none"> <li>Educate students on healthy eating so they are better equipped to make healthy food choices from the canteen.</li> <li>Ensure canteen staff have access to kitchen equipment enabling them to produce healthy food options.</li> <li>Keep canteen staff educated/ trained with latest healthy cooking methods and develop a healthy eating menu.</li> </ul> <p><b>Mobilising groups</b> Getting a group or community involved in an activity and gaining their support to increase ability to influence decision-making. Examples:</p> <ul style="list-style-type: none"> <li>Use social networks to form groups/ gain support from more people e.g. Facebook, Twitter.</li> <li>Create an action group through the school council and run a student led healthy eating food stall to demonstrate student support for the issue.</li> <li>Encourage the student community to only purchase healthy options from the canteen.</li> <li>Encourage the school community to request healthier food options at the canteen.</li> </ul> <p><b>Framing issues</b> Presenting an issue in a particular way that is most likely to generate agreement / support from others i.e. school decision makers, community members, politicians, media Examples:</p> <ul style="list-style-type: none"> <li>Approach school board/ decision makers with statistics on how unhealthy eating is contributing to poor health in young people.</li> </ul>	1-6

<ul style="list-style-type: none"> <li>• Use social media to share stories and create greater awareness of the benefits of healthy eating.</li> <li>• Advertise the benefits throughout the school and in school newsletters.</li> </ul>	
<p><b>Using champions</b> Utilising high profile / influential personalities and celebrities to promote awareness of a particular issue and to promote change. Examples:</p> <ul style="list-style-type: none"> <li>• Approach celebrities to be ‘the face’ of the issue, appearing on promotional materials such as social media sites, posters/ advertisements and school documentation sent to parents/ guardians.</li> <li>• Use high profile personalities who value healthy eating and the associated benefits to be guest speakers at school assemblies/ in health classes i.e. media personalities, sports professionals.</li> <li>• Approaching a well-respected teacher to drive the issue and present the student view to relevant decision makers.</li> </ul> <p><b>Influencing policy</b> Acting with the aim of generating policy change. This may involve serving on relevant boards, committees etc. to gain reputation and lift profile within the community to increase likelihood of influencing policy change. Examples:</p> <ul style="list-style-type: none"> <li>• Join student committees and boards to create strategies for influencing policy change for food available at the canteen.</li> <li>• Present school decision makers with valid research to argue for relevant changes to policy and legislation.</li> <li>• Join as a student representative on the School Health Committee.</li> </ul>	
<b>Total</b>	<b>6</b>



## Question 23

(6 marks)

- (a) Outline **three** cultural factors that are likely to influence the health of Syrian people who have sought refuge in Australia. (3 marks)

Description	Marks
One mark for each cultural factor	1–3
Answers could include but are not limited to: <ul style="list-style-type: none"> <li>• Influence of the prevailing cultural beliefs and values such as honour, which could result in refugees ignoring potential health concerns where there is stigma, such as drug addiction or mental illness which could cause shame for the family</li> <li>• Influence of the role of the family and/or friends and how they view illness or disease and treatment. For example, traditional gender roles with respect to pregnancy</li> <li>• Influence of the way the culture perceives death/ dying</li> <li>• Acceptance (or non-acceptance) of preventive health measures such as screening and vaccination could be influenced by differing attitudes to health care</li> <li>• Influence of how the culture interacts with health care professionals, such as whether they are open and willing to discuss symptoms/ illness</li> <li>• Perceptions of the Australian health care system (Western medicine) and whether it can adequately support the needs of refugees, e.g. availability of interpreters or other barriers which could deter access</li> <li>• Reluctance of people to seek access health care due to language barriers</li> </ul>	
<b>Total</b>	<b>3</b>

- (b) Identify **three** ways being socially isolated from family and friends can affect the health of Syrian refugees who have settled in Australia. (3 marks)

Description	Marks
One mark for any of the following	1–3
Answers could include but are not limited to: <ul style="list-style-type: none"> <li>• Newly arrived refugees may not have sufficient social support/ networks which could increase likelihood of depression</li> <li>• Adjustment to new culture and community</li> <li>• Greater susceptibility to chronic illness such as heart disease</li> <li>• Greater susceptibility to bouts of sickness such as colds and flu, or greater recovery time</li> <li>• Greater susceptibility to stress which could cause health problems; worsen existing problems</li> <li>• Decreased levels of happiness, or overall satisfaction with life</li> <li>• Feelings of lethargy, fatigue, poor energy</li> <li>• May result in harmful substance use/addiction</li> </ul>	
<b>Total</b>	<b>3</b>

## Question 24

(6 marks)

- (a) Provide **three** reasons why policies and regulations are important priorities for governments. (3 marks)

Description	Marks
One mark for each reason	1–3
<p>Answers could include but are not limited to:</p> <ul style="list-style-type: none"> <li>• Governments should be accountable and responsible for the health of their citizens and therefore put measures in place to protect people's health</li> <li>• Policies and regulations apply to everyone</li> <li>• Policies and regulations can have positive health outcomes for example, applying taxes to junk food and regulating advertising codes</li> <li>• Policies and regulations can remove obstacles for healthy behaviour, thereby making the healthier choice the easier choice/restrict unhealthy behaviour</li> <li>• Policies and regulations can reduce/ remove health inequities</li> <li>• Policies and regulations can influence social, cultural and proscriptive norms that support good health</li> <li>• Policies and regulations can provide a funding source for governments that can be channelled into health promotion</li> </ul>	
<b>Total</b>	<b>3</b>

- (b) Provide an example of a government policy that either restricts or promotes healthy behaviour, and explain how it contributes to a healthier community. (3 marks)

Description	Marks
One mark for example	1
Two marks for a well-developed explanation One mark for less well-developed explanation	1–2
<p>Answer could include but is not limited to:</p> <p>Example</p> <ul style="list-style-type: none"> <li>• Plain paper packaging of tobacco standardises what goes on packaging and enforces the use of graphic displays. Brands and other images that were once determined by the tobacco industry are now illegal.</li> </ul> <p>Explanation</p> <ul style="list-style-type: none"> <li>• Plain paper packaging is designed to remove the appeal of tobacco products, which are often targeted at young vulnerable people, thus reducing the uptake of smoking. The use of graphic images is aimed at putting young people off smoking (who may be considering taking up the habit) and encouraging current smokers to consider quitting.</li> <li>• Tobacco is a leading cause of death and disability. A reduction in rates of smoking is healthier for everybody.</li> </ul>	
<b>Total</b>	<b>3</b>

## Question 25

(9 marks)

- (a) Provide definitions of the following health indicators: life expectancy; mortality; morbidity. (3 marks)

Description	Marks
One mark for each definition	1–3
Life expectancy <ul style="list-style-type: none"> <li>The number of years an individual is expected to live as determined by current statistics</li> </ul> Mortality <ul style="list-style-type: none"> <li>The number of deaths in a given population for a given time</li> </ul> Morbidity <ul style="list-style-type: none"> <li>How often a disease occurs in a specific population or area</li> </ul>	
<b>Total</b>	<b>3</b>

- (b) Outline **three** reasons why health indicators are a useful measure of health outcomes. (3 marks)

Description	Marks
One mark for each reason	1–3
Answers could include, health indicators can be used to; <ul style="list-style-type: none"> <li>identify priority health issues</li> <li>better understand/ analyse the causes of ill health in populations</li> <li>allocate resources to address priority health issues</li> <li>measure the prevalence of health issues over time and establish trends and patterns in data</li> <li>provide a consistent means of reporting health-related data</li> <li>recommend actions/interventions that will improve health</li> <li>allows for comparison to be made between populations</li> <li>can identify which prevention measures are working well</li> <li>can identify which determinants of health a population is most affected by</li> </ul>	
<b>Total</b>	<b>3</b>

- (c) Identify **three** criteria that can be applied to ensure sources of health information are reliable. (3 marks)

Description	Marks
One mark for each criteria	1–3
Answers could include, but are not limited to; <ul style="list-style-type: none"> <li>Check where the research is published. Research published in peer review journals are generally subject to more rigorous scrutiny. Information contained in magazines, newspapers and on TV or other media sources is not subject to the same amount of scrutiny.</li> <li>Check the date of information to ensure it is current.</li> <li>Check the credentials of the author/s to know who they are and whether they are well regarded or whether they could be biased (for example they could be sponsored by industry or have a conflict of interest).</li> <li>Check whether the findings of the research are backed up by other studies/ consistent with other research.</li> <li>For internet sites check the domain name. .gov or .edu sites are generally more reliable than .org or .com sites.</li> <li>Check credentials of authors/sources posted on social media e.g. go back to point of origin if material is forwarded.</li> </ul>	
<b>Total</b>	<b>3</b>

## Question 26

(9 marks)

- (a) Which areas of the Ottawa Charter are being addressed in the above case study? (3 marks)

Description	Marks
One mark for each of the following;(no variation to key acceptable)	1–3
<ul style="list-style-type: none"> <li>Developing personal skills (physical activity classes to build resilience/ manage stress)</li> <li>Creating supportive environments (provision of a centre where young people can go/ interact with others)</li> <li>Reorienting health services (local doctor attending to address mental health issues)</li> </ul>	
<b>Total</b>	<b>3</b>

- (b) Define enabling, mediating and advocating strategies within the Ottawa Charter. Using examples, describe how each strategy can support young people and communities to improve mental health outcomes. (6 marks)

Description	Marks
One mark for definition	1–3
One mark for description	1–3
<p>Answers could include;</p> <p><b>Enabling</b> refers to supporting others to help them develop skills and capacity to take more power/ control over the factors which determine their health.</p> <p><b>Example</b> With respect to mental health, young people could be encouraged to participate in programs which improve their coping mechanisms/ ability to cope in difficult/ stressful times.</p> <p><b>Mediating</b> refers to coming to agreement and negotiating a common goal.</p> <p><b>Example</b> With respect to mental health, mediating between groups/ agencies to ensure cooperation where common interests exist. For example encouraging partnerships between groups/ agencies which deliver services for young people such as schools and community centres.</p> <p><b>Advocating</b> refers to an approach where individuals, communities and organisations/ agencies work together to promote change.</p> <p><b>Example</b> With respect to mental health, key community groups could work together to influence change. For example, schools, community groups and the council could lobby the State government for additional funding for mental health services in the local community.</p>	
<b>Total</b>	<b>6</b>

## Section Three: Extended answer

30% (30 Marks)

## Question 27

(15 marks)

- (a) Define health literacy and provide **four** reasons why it is an important skill. (5 marks)

Description	Marks
The ability to locate/access, understand, evaluate and communicate information in order to promote, maintain and improve health.	1
One mark for any of the following:  Being health literate is important because: <ul style="list-style-type: none"> <li>• It enables people to successfully identify the services they require</li> <li>• It enables people to successfully access the services they require</li> <li>• It enables people to practice self-care for chronic conditions, and/or know when to seek help if conditions become unmanageable</li> <li>• It enables people to understand and critically analyse health information from a range of sources</li> <li>• People can take medication correctly, as directed and/or effectively manage health conditions according to instructions from a health care practitioner</li> <li>• People know which questions to ask and how to effectively interact with health care professionals to have their questions answered/ needs met</li> <li>• It helps people to engage in prevention activities e.g. screening and other primary preventative actions</li> </ul>	1–4
<b>Total</b>	<b>5</b>

- (b) Explain why the **five** actions outlined in the Rio Declaration on Social Determinants have been identified as critical to addressing health inequities. (10 marks)

Description	Marks
One mark for each action with limited explanation. Two marks for each action with well-developed explanation. <b>NB:</b> No marks for identifying action without accompanying explanation	
<b>Adopt better governance for health and development</b> Governance to address social determinants involves transparent and inclusive decision-making processes that consider and give voice to all groups and sectors. Effective policies should be developed that include clear and measurable outcomes, build accountability, and are fair in both their development and results.	1–2
<b>Promote participation in policy-making and implementation</b> Participation of communities in policy-making and their implementation is critical, particularly where policies address social determinants of health and/or health inequities.	1–2
<b>Further reorient the health sector towards reducing health inequities</b> Accessibility, availability, acceptability, affordability and quality of health care and public health services are essential for health, and is one of the fundamental rights of every human being. Health care systems should strongly act to reduce health inequities.	1–2
<b>Strengthen global governance and collaboration</b> International cooperation and solidarity is critical to ensure equity for all people. Organizations such as the United Nations have an important role in articulating norms and guidelines and identifying good practices to address social determinants, and to facilitate access to financial resources.	1–2

These organizations can also play an influential role in reviewing and modifying policies and practices that have negative impacts on health and well-being.	
<b>Monitor progress and increase accountability</b> Monitoring trends in health inequities and the effect of actions to address them is critical to achieving meaningful outcomes and improving health status. Information systems should establish relationships between health outcomes and their causes and use accountability mechanisms to guide policy-making.	1–2
<b>Total</b>	<b>10</b>

For more information refer to:

[http://www.who.int/sdhconference/declaration/Rio\\_political\\_declaration.pdf](http://www.who.int/sdhconference/declaration/Rio_political_declaration.pdf)

**Question 28****(15 marks)**

Choose a health care reform you have studied in this course.

- (a) Describe the reform and its purpose. (3 marks)

Student must choose one of the following reforms:

- Private health insurance rebate
- Provision of public screening programs
- Provision of vaccination programs
- Pharmaceutical Benefits Scheme.

The answer provided is for the Pharmaceutical Benefits Scheme (PBS).

Description	Marks
The PBS is a scheme set up by the Australian government, which lists medicines subsidised by the government.	1
The purpose of the PBS is to provide affordable access to necessary medications for eligible Australians. It supports lower income earners/concession card holders to access medications at a subsidised price.	1–2
<b>Total</b>	<b>3</b>

- (b) Outline who is eligible to participate in the reform. (2 marks)

Description	Marks
One mark each for any two of the following <ul style="list-style-type: none"> <li>• Australian residents who hold a current Medicare card</li> <li>• International visitors who are from countries who hold a reciprocal agreement with the Australian government</li> <li>• Pensioners</li> <li>• Commonwealth Seniors Card holders</li> <li>• Health Care Card holders</li> <li>• Department of Veterans Affairs Card holders</li> </ul>	1–2
<b>Total</b>	<b>2</b>

- (c) Describe the advantages and disadvantages of the reform for consumers. (10 marks)

Description	Marks
Two marks for each advantage and disadvantage to a maximum of 10 marks. Candidates may refer to either 3 advantages and 2 disadvantages or 2 advantages and 3 disadvantages	
Two marks for a well-developed and structured description. One mark for a less well-developed and structural description.	
<b>Advantages</b> could include but is not limited to; <ul style="list-style-type: none"> <li>• Provides free or subsidised medicines for vulnerable groups in the community who may not be able to afford them</li> <li>• Removes barrier of cost to accessing medicines</li> <li>• Access to necessary medicines can reduce incidence of hospitalisation and associated costs, therefore placing less burden on health care resources</li> <li>• Governments can bargain more effectively on behalf of consumers to ensure that newly patented medications are made available at more favourable prices</li> <li>• Data from PBS medications provides data for governments with respect to types of medications, quantity, dose and strength being dispensed</li> </ul>	1–10
<b>Disadvantages</b> could include but is not limited to; <ul style="list-style-type: none"> <li>• Ageing populations may place pressure on governments to provide more medications as part of the scheme, thereby increasing government expenditure and creating dependency model</li> <li>• Not all medications are available on the PBS - not a totally equitable situation for consumers requiring medication/s which do not sit within the scheme</li> <li>• Chronic conditions often require medication over a long period of time which is costly for governments</li> <li>• Growth in the scheme (i.e. provision of more medications) and dependence on subsidised/ free products places pressure on limited government health resources</li> <li>• It can be difficult to delist medicines, as consumers may rely on these to manage chronic conditions. Delisting to provide for growth in the scheme, is not always a popular option</li> </ul>	
<b>Total</b>	<b>10</b>



## Question 29

(15 marks)

- (a) Step 3 of the PABCAR model of public health is to assess the benefits and costs of implementing an intervention. In order, what are the other steps in the model? (4 marks)

Description	Marks
One mark for each of the following <b>which must be in this order</b> :	1–4
<ul style="list-style-type: none"> <li>• Identification of the <u>problem</u></li> <li>• <u>Amenability</u> to change</li> <li>• <u>Acceptability</u> of proposed measures</li> <li>• <u>Recommended</u> actions and monitoring</li> </ul>	
<b>Total</b>	<b>4</b>

- (b) Discuss the benefits and costs of introducing a tax on sugary drinks. (6 marks)

Description	Marks
One mark for each benefit and one mark for each cost	1–6
Candidates may refer to either, 4 benefits and 2 costs, 3 benefits and 3 costs or 2 benefits and 4 costs.	
<p>Answers could include but are not limited to:</p> <p><b>Benefits</b></p> <ul style="list-style-type: none"> <li>• A tax could reduce demand/ consumption of sugary drinks, which contribute to health problems such as obesity and Type 2 diabetes and tooth decay are costly to the community.</li> <li>• Lowering the incidence of preventable disease will amount to future savings in health care costs.</li> <li>• Revenue from a sugary drink tax could be invested in public health programs (such as is the case for tobacco taxes).</li> <li>• Overall there could be better health outcomes for the community and a reduction in disease burden from obesity/diabetes related to sugary drink consumption.</li> <li>• A sugary drinks tax could put pressure on manufacturers to develop healthier drink options.</li> <li>• Typically, high sugary drink consumption is associated with lower SES groups. A tax could reduce disease risk in these populations who already suffer poorer health than other higher SES groups.</li> <li>• Healthy drinks in comparison maybe cheaper, encouraging people to consume these instead of sugary drinks.</li> </ul> <p><b>Costs</b></p> <ul style="list-style-type: none"> <li>• There are social consequences attached to taxation such as the erosion of consumer's rights to free choice for activities that do not bring harm to others.</li> <li>• Implementing a sugar tax could have an impact on jobs in some industries if it meant there was reduced consumption of sugary drinks.</li> <li>• Any tax initiative may be seen to be unfair/unethical for low-income groups.</li> <li>• Cost associated with implementing a tax and promoting it to the community.</li> </ul>	
<b>Total</b>	<b>6</b>

- (c) Discuss in detail **one** other action to reduce health inequities and explain how it can be applied to achieve better health outcomes for disadvantaged groups. (5 marks)

Description	Marks
Marks allocated for identifying the following actions. <b>No other actions acceptable</b> <ul style="list-style-type: none"> <li>• Improving access to health care</li> <li>• Improving health literacy</li> <li>• Ottawa Charter actions areas - <i>note: any of the action areas can be used (Building healthy public policy, strengthening community action, creating supportive environments, developing personal skills, reorienting health services).</i></li> </ul>	
A well-developed discussion which demonstrates sophisticated understanding of the concept and clearly explains how the action can be used to achieve better health outcomes. Could include examples to illustrate understanding.	4-5
A satisfactory discussion which demonstrates good understanding of the concept. May not include examples.	3
A limited discussion with limited understanding of concept. Response may be brief and/ or simplistic.	1-2
Sample answer provided for <b>improving access to health care</b> . Answer could include but is not limited to:  Improving access to health care involves ensuring all individuals; regardless of factors such as age, gender, socioeconomic status, ethnicity, geographic location, work, unemployment etc. know where to access health care and have the means to access health care when it is required in order to reduce health inequities. This leads to improved health outcomes for these individuals.  Examples: People living in rural or remote areas have less access to many health services, by providing travelling clinics for rural areas this could improve access to health care and reduce health inequities. Older people often have limited transport options and therefore restricting their access to health care. Greater availability of health professionals to do home visits could help to reduce health inequities amongst this group and target the specific needs of individuals within this population. Disparity in health between indigenous and non-indigenous population is large. Allowing greater access to particular health services for the indigenous population provides a means to reduce health inequities in the indigenous population and improve health outcomes. People with a lower socioeconomic status may not be able to access necessary health care, unlike people with a higher socioeconomic status, due to financial difficulty. Providing free or subsidised health care to this group can help to improve health.	
<b>Total</b>	<b>5</b>

## Question 30

(15 marks)

Achieving good health outcomes for people living in rural and remote Australia is an enormous challenge. It is not just about improving access to health services. Addressing the determinants of health is also critical.

With the exception of improving access to health care, identify **five** socioeconomic determinants of health experienced by Australians living in rural and remote locations and explain how each one contributes to health inequities.

Description	Marks
Three marks for well-developed explanation, could include supporting examples ( <b>Note:</b> no marks for identifying social determinant without explanation of how it contributes to health inequities)	3
Two marks for satisfactory explanation, could be general however is accurate	2
One mark for limited, basic and/or brief explanation <b>No marks for identifying determinant</b>	1
<p>Answers could include (<b>determinants must come from this list</b>);</p> <p><b>Education</b> Explanation</p> <ul style="list-style-type: none"> <li>• Access to education improves health literacy and an individual's ability to locate and access required and suitable health care. Those who are less educated are disadvantaged as they do not have the same access to health care or the ability to make informed choices about health care and this leads to health inequities</li> </ul> <p><b>Employment</b> Explanation</p> <ul style="list-style-type: none"> <li>• Some jobs may lead to increased prevalence of particular health conditions therefore leading to health inequities e.g. a labourer may have increased risk of developing musculoskeletal conditions.</li> <li>• Particular areas of employment may cause increased stress and psychological issues</li> <li>• Being employed can have benefits to health due to increased self-esteem, mental stimulation etc.</li> <li>• Opportunities for employment can be limited in rural/remote Australia making it difficult to find or remain in employment</li> </ul> <p><b>Income</b> Explanation</p> <ul style="list-style-type: none"> <li>• Income impacts upon the health services an individual can afford and access. Less income restricts health care options and can result in health inequities due to large waiting lists etc.</li> </ul> <p><b>Family</b> Explanation</p> <ul style="list-style-type: none"> <li>• Individuals may be more susceptible to particular health conditions due to hereditary links</li> <li>• A family's beliefs, attitudes and values in regards to health care can impact upon an individual's health behaviours and this in turn can lead to health inequities</li> </ul> <p><b>Housing/neighbourhood</b> Explanation</p> <ul style="list-style-type: none"> <li>• Individuals who do not have access to adequate housing are more susceptible to developing poor health. This results in health inequities</li> </ul>	

<ul style="list-style-type: none"> <li>• Neighbourhood can have a direct impact on health inequities due to an individual's health being affected by the health services available/unavailable to them. Also there may be trends in health behaviours linked to a person's living conditions</li> </ul> <p><b>Migration/Refugee status</b> Explanation</p> <ul style="list-style-type: none"> <li>• There may be barriers e.g. language, cultural beliefs, values etc. which impact upon migrant/refugee groups being able to access necessary health care services, if these health needs are not met health inequities develop</li> <li>• Migrant groups may be unaware of health services available within their community and therefore not be able to access them</li> </ul> <p><b>Food security</b> Explanation</p> <ul style="list-style-type: none"> <li>• Lack of access to sufficient nutritional foods can have many implications for an individual's health. Development of a range of diet-related medical conditions has a large impact on health and results in inequities</li> </ul>	
<b>Total</b>	<b>15</b>

For more information see

[http://www.euro.who.int/\\_data/assets/pdf\\_file/0005/98438/e81384.pdf](http://www.euro.who.int/_data/assets/pdf_file/0005/98438/e81384.pdf)

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