



# **HEALTH STUDIES**

## **ATAR course examination 2020**

### **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	A
2	D
3	A
4	C
5	B
6	D
7	A
8	C
9	A
10	D
11	B
12	C
13	A
14	B
15	D
16	C
17	B
18	B
19	C
20	D

## Section Two: Short answer

50% (60 Marks)

## Question 21

(9 marks)

- (a) Define the **three** principles of social justice as taught in the curriculum. (3 marks)

Description	Marks
Three social justice principles (x 1 mark each)	
Definition of one social justice principle	1
<b>Total</b>	<b>3</b>
Answers could include:	
<ul style="list-style-type: none"><li>• Equity and access: Ensuring resources and services are allocated in accordance with the needs of specific populations with the desired goal of equality of health outcomes. This allows for a more balanced level of access for all and equitable allocation of funding and essential services.</li><li>• Diversity: Respecting the differences that exist between individuals and groups, especially when it comes to addressing health care and good health outcomes. This also involves acknowledging that specific populations require diverse resources and health care.</li><li>• Supportive environments: Environments where people live, work and play that protect people from threats to their health. These environments can be supportive in encouraging practices to achieve optimum levels of health.</li></ul>	

## Question 21 (continued)

- (b) Explain how the *Close the Gap: Indigenous Health Campaign* strategy seeks to achieve the **three** principles of social justice defined in part (a). (6 marks)

Description	Marks
Three social justice principles (x 2 marks each)	
Accurate and relevant explanation of how the <i>Close the Gap: Indigenous Health Campaign</i> strategy seeks to achieve the social justice principle	2
Limited explanation of how the <i>Close the Gap: Indigenous Health Campaign</i> strategy seeks to achieve the social justice principle	1
<b>Subtotal</b>	<b>2</b>
<b>Total</b>	<b>6</b>
<p>Answers could include:</p> <p>Note: No marks for only identifying the social justice principle.</p> <ul style="list-style-type: none"> <li> <p><b>Equity and access</b></p> <p>The 'Close the Gap' strategy aims to address equity and access by ensuring access to healthcare is improved in rural and remote communities with high Aboriginal and Torres Strait Islander (ATSI) populations. This allows for increased access to primary and secondary prevention methods for ATSI people, which can improve overall health status and prevent minor medical problems from progressing. Easy access to healthcare should result in a higher life expectancy for ATSI people.</p> <p>Provision of free or reduced-cost healthcare resources and services for ATSI people as they have been identified as a priority group due to having poorer health outcomes than other Australians. Additional funding allows for equity in terms of accessing healthcare and therefore helps to achieve improved health outcomes.</p> </li> <li> <p><b>Diversity</b></p> <p>By acknowledging and respecting the diverse number of language groups that exist with the ATSI population, the <i>Close the Gap</i> strategies can be achieved.</p> <p>Providing health information in a variety of languages shows ATSI people that they are respected and valued and this makes them more likely to seek health care and improve their health literacy.</p> </li> <li> <p><b>Supportive environments</b></p> <p>Ensuring health care facilities are staffed by ATSI people where appropriate and possible or delivering non-ATSI cultural sensitivity training so that ATSI feel more comfortable accessing services.</p> <p>Placing the ATSI flags along with the Australian flag at major healthcare facilities and having signs in local ATSI languages as well as English will allow for a more supportive and welcoming environment which will hopefully increase access to healthcare.</p> </li> </ul> <p>Accept other relevant answers.</p>	

## Question 22

(12 marks)

- (a) Outline the private health insurance rebate and explain how encouraging the uptake of private health insurance can reduce health inequities. (3 marks)

Description	Marks
Correct outline of the private health insurance rebate	1
A correct explanation which demonstrates how the uptake of private health insurance can reduce health inequities	2
A limited explanation which states how the uptake of private health insurance can reduce health inequities	1
<b>Total</b>	<b>3</b>
Answers could include:	
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Accept other relevant answers.	

- (b) Identify **three** factors that may influence an individual's decision to donate blood. (3 marks)

Description	Marks
Three factors (x 1 mark each)	
Accurate identification of a factor that may influence an individual's decision to donate blood	1
<b>Total</b>	<b>3</b>
Answers could include:	
<ul style="list-style-type: none"> <li>• Religious beliefs. Some religions believe that it is 'God's will' when someone gets sick. Others believe that the blood of others should not be accepted, even if it may save lives.</li> <li>• Cultural beliefs. Some cultures favour traditional medicine and mistrust western medicine</li> <li>• Health literacy – people may not be aware of how to donate and the importance of blood donations. Some people may not be able to donate blood, for example, too young, too old, incorrect weight, had a tattoo in last 4 months, pregnant, heart condition, low in iron (need to be over 50 kg) if they have lived in the UK (1980–1996; Mad Cow), at risk sexual activity, injecting drug user for a certain period.</li> <li>• Altruism (concern for others with no specific benefit for themselves).</li> <li>• Social norms – that it is an accepted practice to donate blood.</li> </ul>	
Accept other relevant answers.	

**Question 22** (continued)

- (c) Describe **one** enabling, **one** advocacy and **one** mediating strategy that could be used to increase the number of regular donors to the Australian Red Cross Lifeblood program. (6 marks)

Description	Marks
Three strategies (enabling/advocacy/mediating) (x 2 marks each)	
Accurate and relevant description of a strategy that could be used to increase the number of regular donors	2
Outlines a strategy that could be used to increase the number of regular donors	1
<b>Subtotal</b>	<b>2</b>
<b>Total</b>	<b>6</b>
<p>Answers could include:</p> <ul style="list-style-type: none"> <li>• <b>Enabling:</b> Educating the public about the need for blood donations and how to donate. This could be achieved via health education programs delivered to senior high school students and university students. Health promotion campaigns including social media and mass media could be conducted to enhance awareness among the adult population.</li> </ul> <p>Workplaces could organise for group sessions and provide employees time to attend the clinic. Buses could be organised so groups can travel together.</p> <ul style="list-style-type: none"> <li>• <b>Advocacy:</b> Raising awareness about the Red Cross Lifeblood program and the benefits of blood donation via a national event. Advocacy can also occur in workplaces. By raising awareness about this issue, more people would be likely to consider donating as their knowledge surrounding the benefits will increase.</li> <li>• <b>Mediating:</b> Ensuring that the Red Cross Lifeblood program facilities have skilled professional mediators who can discuss concerns donors may have. Skilled health care staff will also ensure the experience of donating is relatively painless and donors feel supported. First time donors are then likely to return and become regular donors.</li> </ul>	
Accept other relevant answers.	

## Question 23

(10 marks)

- (a) Identify **one** priority population group stated in the NSFCC and justify the importance of targeting this population. (4 marks)

Description	Marks
Correctly identifies priority population	1
Justification of the importance of targeting this population group	3
Description of the importance of targeting this population group	2
Limited outline of the importance of targeting this population group	1
<b>Subtotal</b>	<b>3</b>
<b>Total</b>	<b>4</b>
<p>Answers could include, but not limited to the following priority populations:</p> <ul style="list-style-type: none"> <li>• Aboriginal and Torres Strait Islander people</li> <li>• people from culturally and linguistically diverse backgrounds</li> <li>• older Australians</li> <li>• carers of people with chronic conditions</li> <li>• people experiencing socio-economic disadvantage</li> <li>• people living in remote, or rural and regional locations</li> <li>• people with disability</li> <li>• people with mental illness</li> <li>• people who are, or have been incarcerated.</li> </ul> <p>Justification must include three of the following relevant to the target population:</p> <ul style="list-style-type: none"> <li>• co-morbidity</li> <li>• high risk of developing a chronic condition</li> <li>• physical access to health care</li> <li>• financial access to health care</li> <li>• health literacy</li> <li>• cultural beliefs.</li> <li>•</li> </ul> <p>Example of a justification:</p> <p>Aboriginal and Torres Strait Islander Peoples are disproportionately affected due to a complex interaction between the physical environment, social and cultural determinants and biomedical and behavioural risk factors. Proportionally, more Aboriginal and Torres Strait Islander people live in rural and remote areas, limiting access to health care services and cultural traditions can often be contrary to western medicine. This is demonstrated by a higher prevalence of chronic conditions and a greater burden of disease, resulting in inequitable health outcomes. Due to the disparity in health outcomes, equal focus is not sufficient, greater investment and sustained efforts are required to positively advantage priority populations and overcome current inequities in health outcomes.</p> <p>Accept other relevant answers.</p>	

**Question 23** (continued)

- (b) Explain the purpose of the other **two** objectives that support the vision of the NSFCC. (6 marks)

Description	Marks
Two objectives (x 3 marks each)	
Explanation of the purpose of an objective	3
Description of the purpose of an objective	2
Outline of the purpose of an objective	1
<b>Subtotal</b>	<b>3</b>
<b>Total</b>	<b>6</b>
<p>Answers could include:</p> <p>Objective One: focus on prevention for a healthier Australia</p> <ul style="list-style-type: none"> <li>• prevention is key to improving the health of all Australians, reducing health related expenditure and ensuring a sustainable health system</li> <li>• changing lifestyles, characterised by poor diet and nutrition, physical inactivity, the harmful consumption of alcohol and tobacco use, and an ageing population, all contribute to the burden of chronic conditions which is placing increasing demands on the health system and the economy more broadly</li> <li>• prevention generates long-term health and economic benefits, delivers the greatest improvement in health outcomes and improves the health of future generations</li> <li>• health promotion and prevention activities which encourage healthy environments, communities and behaviours can: <ul style="list-style-type: none"> <li>• lessen predisposing factors for chronic conditions through improved environmental and social conditions, and reduce the development of behavioural and biomedical risk factors</li> <li>• prevent the occurrence, or delay the onset, of chronic conditions (primary prevention)</li> <li>• minimise or prevent disease progression in people with chronic conditions (secondary prevention)</li> <li>• reduce the risk of developing additional chronic conditions, complications and/or associated disabilities (tertiary prevention)</li> <li>• support improved quality of life</li> <li>• reduce demand on the health care system.</li> </ul> </li> </ul> <p>Objective Two: provide efficient, effective and appropriate care to support people with chronic conditions to optimise quality of life</p> <ul style="list-style-type: none"> <li>• All Australians are entitled to efficient, effective and appropriate quality health care</li> <li>• People with chronic conditions often require joined up and co-ordinated health care which can be complex and traverse a range of different health care providers, settings and sectors</li> <li>• Actively engaging people in their own health care (with appropriate involvement of carers and families) empowers people to take greater control in managing their health and optimising their quality of life</li> <li>• Establishing collaborative and trusting relationships across health sectors will: provide the foundation for improved communication; strengthen continuity of care; and facilitate information sharing</li> <li>• Provision of clinically appropriate, evidence-based, safe and accessible health care for people with chronic conditions can: <ul style="list-style-type: none"> <li>• slow disease progression</li> <li>• help to prevent and delay the onset of additional chronic conditions, complications, and associated disabilities</li> <li>• improve health and wellbeing</li> <li>• enhance quality of life.</li> </ul> </li> </ul>	



## Question 24

(13 marks)

- (a) Using **two** examples, explain the influence the environmental factor 'social networks' may have on health behaviours of people who have been socially isolated as a result of natural disasters. (4 marks)

Description	Marks
Two examples of the influence of 'social networks' (x 2 marks each)	
Explanation of influence of social network example	2
Outline of influence of social network example	1
<b>Subtotal</b>	<b>2</b>
<b>Total</b>	<b>4</b>
<p>Answers could include:</p> <ul style="list-style-type: none"> <li>• socially isolated people find it harder to partake in the health behaviour of accessing support as they do not have people to turn to for support</li> <li>• friendships may have been lost and this may impact their social and emotional health e.g. risk of developing mental health issues such as depression, post traumatic stress disorder (PTSD)</li> <li>• they may develop unhealthy eating habits due to have less access to fresh food due to crops being destroyed. An increase in eating alone and not cooking healthy meals as they have no one to share them with</li> <li>• they may be less physically active as they don't have anyone to be active with or less access to facilities (e.g. sporting teams dissembled due to loss of life or access to facilities destroyed)</li> <li>• they don't have people checking on them and asking how they are, unable to communicate through social media due to loss of power</li> <li>• they may not engage in full treatments as no-one is motivating them or helping them continue</li> <li>• financial burden of natural disaster causes limited funds available for preventative health measures (e.g. gym membership).</li> </ul>	
Accept other relevant answers.	

**Question 24** (continued)

- (b) Explain the impact natural disasters may have on the personal, social and cultural identity of the Australians displaced by them. (9 marks)

Description	Marks
Three identities (personal/social/cultural) x 3 marks each	
Explanation of the impact the natural disasters might have on an identity	3
Description of the impact the natural disasters might have on an identity	2
Outline of the impact the natural disasters might have on an identity	1
<b>Total</b>	<b>9</b>
<p>Answers could include:</p> <p><b>Personal identity</b>            Many people may be forced to move from their local areas and may lose homes, possessions, business' etc. which can impact their sense of self and personal identity. Current routines and structures can be changed or disappear due to the loss and damage of facilities and community. This can lead to stress, mental health problems and/or compromised immune system leaving people at greater risk of illness/disease.</p> <p><b>Social identity</b>            Loss or disruption to social relationships can impact health. Being evacuated from their homes could disrupt strong social networks with the possibility of family members relocating to different areas and not being in close proximity of each other. Many families were left uncertain if relatives and friends had survived for several days/weeks while people were being located. Lack of support from peers and community groups due to evacuation limits opportunities for important social connections. Local and social support to deal with such events becomes important for overall health. In some cases natural disasters brings communities together and enhances social identity. However, the support of the Australian public along with the millions of dollars in donations would have been very overwhelming and will assist displaced Australians to rebuild.</p> <p><b>Cultural identity</b>            An evacuation could affect hospitality and tourism in rural and remote areas, which plays a major role in providing financial support to some communities. Locals may start to lose their cultural identity through loss of power, income and employment. Further, an evacuation could disassociate people from their lands, and disrupt cultural identity associated with belonging to a region, or group of people that would normally populate a region. Loss of cultural places of importance, such as sacred sites, churches and meeting places, can cause immense stress and people may question their beliefs when a tragedy of this magnitude occurs.</p> <p>Accept other relevant answers.</p>	

## Question 25

(6 marks)

- (a) Identify **two** communication and collaboration skills Emily could use to manage the conflict among staff members. (2 marks)

Description	Marks
Two skills (communication/collaboration) (x 1 mark each)	
Any two of the following communication and collaboration skills: <ul style="list-style-type: none"> <li>managing conflict</li> <li>leadership</li> <li>mediation</li> <li>arbitration</li> <li>facilitation</li> </ul> Note: Compromise and negotiation are not acceptable answers in this scenario	1–2
<b>Total</b>	<b>2</b>

- (b) Using the **two** communication and collaboration skills identified in part (a), describe how Emily could best apply these skills to reconcile staff members. (4 marks)

Description	Marks
Two skills (communication/collaboration) (x 2 marks each)	
Description of application of the communication and collaboration skill	2
Limited description of application of the communication and collaboration skill	1
<b>Subtotal</b>	<b>2</b>
<b>Total</b>	<b>4</b>
<p>Answers could include:</p> <ul style="list-style-type: none"> <li>Managing conflict: Emily could work with the accused bully and other staff members to meet a common goal and reiterate workplace expectations and bullying policy.</li> <li>Leadership: Emily could act as a leader in her managerial role to guide and direct the staff to reconcile their differences, using an appropriate leadership style such as Autocratic in this scenario.</li> <li>Mediation: Emily could act as an impartial party to resolve the differences between staff to bring about a settlement. Staff resolve their conflict and come up with a solution through facilitated discussion, with the assistance of Emily who helps them reach a settlement.</li> <li>Arbitration: Emily could act as a third party to resolve the dispute between staff members. Emily could listen to all sides of the conflict and come up with a solution and make the decision as to how they will reach a settlement.</li> <li>Facilitation: Emily could facilitate the discussion between staff members to make the process easier and allow for an improved work environment. As the manager, Emily can act as the facilitator to start the conversation and provide a safe space for discussion, allowing the staff to come up with a solution.</li> </ul>	

## Question 26

(10 marks)

(a) Outline **two** trends presented in the data.

(2 marks)

Description	Marks
Two trends (x 1 mark each)	
Accurate outline of trend	1
<b>Total</b>	<b>2</b>
<p>Answers could include:</p> <ul style="list-style-type: none"> <li>• Full immunisation coverage for 5 year-olds in all primary health network (PHN) areas has increased between 2015 and 2019</li> <li>• Full immunisation coverage has improved for 5 year-old ATSI children in all PHN areas between 2015 and 2019</li> <li>• between 2015 and 2019 immunisation coverage for ATSI 5 year-olds increased in all jurisdictions (PHN areas)</li> <li>• immunisation coverage for 5 year-olds has improved in country Western Australia between 2015 and 2019</li> <li>• immunisation coverage for 5 year-olds has improved in Perth (or metropolitan WA) between 2015 and 2019.</li> </ul> <p>No marks for just reporting data; or for just focusing on one year – all answers must address a trend.</p> <p>Accept other relevant answers.</p>	

(b) Using **two** examples, describe how beliefs and attitudes may affect immunisation rates in Western Australia.

(4 marks)

Description	Marks
Two examples (x 2 marks each)	
Description of the example	2
Limited description of the example	1
<b>Subtotal</b>	<b>2</b>
<b>Total</b>	<b>4</b>
<p>Answers could include:</p> <ul style="list-style-type: none"> <li>• While Western Australia has good coverage rates this is still below what is needed for herd immunity. Some people may be vaccine hesitant and may believe vaccination is dangerous or is linked to other diseases – the data in the table suggests people in Perth may be more likely to be vaccine hesitant than in the country.</li> <li>• Some people may believe vaccination is dangerous – the data in the table suggests people in Perth may be more likely to be vaccine hesitant than in the country.</li> <li>• ATSI people may have a stronger belief in the importance of vaccination compared to the rest of the population.</li> <li>• Overall the data shows the majority of WA parents have positive attitudes towards childhood immunisation and most areas are close to achieving herd immunity. This has increased since 2015 indicating overall people's attitudes and beliefs have changed positively.</li> <li>• People in some areas may influence beliefs and attitudes of others. For example the data shows rates are higher in country areas compared to metropolitan areas. This may be because people in country areas are more supportive of vaccination.</li> </ul> <p>Accept other relevant answers.</p>	

- (c) A state of emergency was declared as a result of the 2019 measles outbreak in Samoa. Describe **two** health inequities that may have contributed to the epidemic. (4 marks)

Description	Marks
Two health inequities (x 2 marks each)	
Description of the inequity	2
Limited description of the inequity	1
<b>Subtotal</b>	<b>2</b>
<b>Total</b>	<b>4</b>
<p>Answers could include:</p> <ul style="list-style-type: none"> <li>• access to healthcare – the National healthcare system may not provide access for all people; there may be a limited number of healthcare centres people can attend</li> <li>• education and awareness about immunisation – people may not be aware of the importance of immunisation</li> <li>• socio-economic status – people may not be able to afford immunisation (if not funded) or people may not have the capacity to take their children to be immunised</li> <li>• health literacy – may impact knowledge, ability to access health services</li> <li>• geographic location – people may not be able to access healthcare services.</li> </ul> <p>Accept other relevant answers.</p>	

## Section Three: Extended answer

30% (30 Marks)

## Question 27

(15 marks)

(a) Outline **three** other types of need that should be considered.

(3 marks)

Description	Marks
3 types of need (x 1 mark each)	
Accurately outlines a type of need	1
<b>Total</b>	<b>3</b>
<p>Answers must include the following types of need</p> <ul style="list-style-type: none"> <li>• Expressed need: felt need becomes an expressed need when people put what they want into action. For example, more people demanding a service. It is commonly determined by analysing data such as waiting lists for services. In the case of the Mallacoota community, expressed needs could include how long people have to wait to access emergency housing.</li> <li>• Comparative need: this need is determined by comparing a similar population with similar characteristics. The community's need for recovery services could be based on the services needed in other fire-affected communities without collecting data from Mallacoota.</li> <li>• Felt need: this need equates to what the community wants. These needs can be determined by asking the Mallacoota community what they feel they need to recover from the bushfire.</li> </ul> <p>Normative need is described in question stem and therefore cannot be accepted as a response.</p> <p>Accept other relevant answers.</p>	

- (b) Describe the first **six** steps of the needs assessment process that must be completed in the Mallacoota community. (12 marks)

Description	Marks
Six steps (x 2 marks each)	
A description which demonstrates understanding of a step in the Mallacoota community	2
A limited description which demonstrates some understanding of the step in the Mallacoota community	1
<b>Subtotal</b>	<b>2</b>
<b>Total</b>	<b>12</b>

Answers could include:

- Identifying health issues: This stage involves collecting information surrounding the key health issues facing the Mallacoota community. Health issues may be impacted by social, economic, environmental and political determinants. This stage should explore which members of the community will be included in the process. The different types of need that demand action will be researched. Health issues for Mallacoota may be determined by accessing local data (for example, healthcare service use, number of people displaced, services destroyed etc.) and by talking to local people (healthcare providers, teachers, community member etc.).
- Analysis of the problem: This stage includes an in-depth analysis of the characteristics of the population, how it differs from other populations and gathering relevant data. This may include health status data, access to services, availability of services etc. Local data may be compared with State and National data to determine the extent of the problem.
- Prioritising issues: Key health issues should be considered and prioritised. Prioritisation may be based on those with the most significant impact; amenability to change; and available resources. Input from the Mallacoota community members should be considered at this stage.
- Setting goals: Once the community determines the most significant health issues, realistic, achievable and measureable goals must be set by the needs assessment team to achieve the best possible outcomes for the Mallacoota community.
- Determining strategies: This stage involves using an effective decision-making model to decide on the most effective course of action. To determine the best strategies the needs assessment team could research other communities who have been affected by bushfire and what worked effectively for them.
- Developing action plans: Once the most effective strategies have been determined, the needs assessment team will develop an action plan to put them into place. This involves producing a detailed plan of what needs to be done by who and by when. Adhering to a timeline will allow the plan to be most effective in achieving the best outcomes for the Mallacoota community.

No marks for evaluating outcomes.

No mark for just stating a step in the needs assessment process.

Accept other relevant answers.

## Question 28

(15 marks)

- (a) Provide a rationale justifying when it is best to use health promotion advocacy. (3 marks)

Description	Marks
Provides a well-developed rationale justifying the best use of health promotion advocacy	3
Provides a rationale, explaining the best use of health promotion advocacy	2
Provides a brief or limited rationale	1
<b>Total</b>	<b>3</b>
Answer must include three relevant statement for full marks: <ul style="list-style-type: none"> <li>• when there is a need to raise awareness about a particular issue/to encourage support for a cause</li> <li>• when there is a need to improve health, ensure better quality of health for a population</li> <li>• when there is a need to influence or encourage changes in policy/target policy makers to enact change</li> <li>• when there is a need to challenge norms, stereotypes and stigmas</li> <li>• when funding is needed and lobbying is required to obtain funds</li> <li>• to highlight and reduce inequity e.g. disadvantaged and/or marginalised groups/populations.</li> </ul>	
Accept other relevant answers.	

- (b) Healthy eating and an active lifestyle can help to prevent cardiovascular disease. Outline **four** advocacy strategies and describe how each could be used to advocate for good nutrition and physical activity in schools. (12 marks)

Description	Marks
Four advocacy strategies (x 1 mark each)	
Outlines an advocacy strategy correctly	1–4
<b>Subtotal</b>	<b>4</b>
Four advocacy strategies described (x 2 marks each)	
Description of how an advocacy strategy could be used	2
Limited description of how an advocacy strategy could be used	1
<b>Subtotal</b>	<b>2</b>
<b>Total</b>	<b>12</b>
Answers could include: <p>Lobbying</p> <div style="border: 1px dashed gray; padding: 5px; text-align: center;">             For copyright reasons this text cannot be reproduced in the online version of this document.           </div> <p>Examples:</p> <ul style="list-style-type: none"> <li>• meet with the school board to speak about improving nutrition and/or physical activity opportunities in the school</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 (DOE)/Catholic Education Western Australia (CEWA)/Association of Independent Schools of Western Australia (AISWA) to inform them of the issue</li> <li>• meet with or write letters to the school canteen managers/physical education (PE) departments</li> <li>• raising issue through the school newsletter so parents are aware of the concerns.</li> </ul> <p>Raising awareness Increasing/improving people's knowledge or understanding of an issue or situation.</p>	



**Examples:**

- increase awareness of the issue by displaying posters around the school, putting information on the school website, school newsletters etc.
- student representative's present information regarding effects of unhealthy eating and inactivity/benefits of healthy eating and exercise at assembly/to individual classes
- identify and publicly highlight canteen menu items that are healthy and unhealthy to demonstrate the disparity
- promote the issue through the school newsletter so others also become aware of the situation.

**Creating debate**

Generating a formal discussion between two parties with differing viewpoints on a particular issue.

**Examples:**

- organise a meeting with representatives of student group wanting changes and representatives from the canteen/PE Department
- generate debate between students to discuss possible solutions.

**Developing partnerships**

Building relationships between various organisations or groups/stakeholders working collaboratively towards achieving specific goals or outcomes.

**Examples:**

- contact Western Australian School Canteen Association to work with school decision makers to implement canteen menu changes
- managers of school canteen to develop relationship with new food
- suppliers to change food items on menu
- managers of canteen work together with student representatives to
- communicate proposed changes
- school decision makers to liaise with school canteen managers to
- approve items for canteen menu
- PE Department to organise before/after school/lunch time activities to increase exercise
- contact local sporting clubs to advertise their clubs through school newsletter.

**Building capacity**

Developing or building the knowledge, skills, resources or processes that individuals/organisations possess in order to make changes or adapt.

**Examples:**

- educate students on healthy eating and exercise so they are better equipped to make healthy food choices from the canteen
- ensure canteen staff have access to kitchen equipment enabling them to produce healthy food option
- keep canteen staff educated/trained with latest healthy cooking methods and develop a healthy eating menu
- upskill staff to run before or after school activities to encourage physical activity.

**Mobilising groups**

Getting a group or community involved in an activity and gaining their support to increase ability to influence decision-making.

**Examples:**

- use social networks to form groups/gain support from more people e.g. Facebook, Twitter
- create an action group through the school council and run a student led healthy eating food stall to demonstrate student support for the issue
- encourage the student community to only purchase healthy options from the canteen

**Question 28** (continued)

- encourage the school community to request healthier food options at the canteen
- encourage the school/student community to request physical activities be run before/after school or lunch time tournaments.

**Framing issues**

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:**

- approach school board/decision makers with statistics on how unhealthy eating and inactivity is contributing to poor health in young people
- use social media to share stories and create greater awareness of the benefits of healthy eating and exercise
- advertise the benefits throughout the school and in school newsletters.

**Using champions**

Utilising high profile/influential personalities and celebrities to promote awareness of a particular issue and to promote change.

**Examples:**

- 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
- use high profile personalities who value healthy eating/exercise and the associated benefits to be guest speakers at school assemblies/in
- health classes i.e. media personalities, sports professionals
- approaching a well-respected teacher to drive the issue and present the student view to relevant decision makers.

**Influencing policy**

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:**

- join student committees and boards to create strategies for influencing policy change for food available at the canteen and physical activity guidelines
- present school decision makers with valid research to argue for relevant changes to policy and legislation
- join as a student representative on the School Health Committee.

Accept other relevant answers.

## Question 29

(15 marks)

- (a) Outline how
- three**
- social determinants of health contribute to health inequities. (3 marks)

Description	Marks
Three social determinants (x 1 mark each)	
Outlines how each social determinant contributes to health inequities	1
<b>Total</b>	<b>3</b>
<p>One key point outlining how the social determinant contributes to health inequities.</p> <p>Answers could include:</p> <p>The social gradient Life expectancy is shorter and disease more prevalent for people who experience social and economic disadvantage and are positioned low on the social gradient. The longer people live in stressful economic or social circumstances, the more likely they are to experience ill-health.</p> <p>Stress 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.</p> <p>Early life 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.</p> <p>Social exclusion Social exclusion 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> <p>Work 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.</p> <p>Unemployment Unemployment 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>Social support 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>Addiction Addiction 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>	

**Question 29** (continued)**Food**

Food 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.

**Transport**

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. Transport also contributes to air pollution, which impacts poorer communities to a greater extent.

**Culture**

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.

No marks for just naming the social determinant.

Accept other relevant descriptors of the above determinants.

- (b) Identify and describe **four** global or local barriers to addressing social determinants of health in developing countries that suffer from malnutrition. (12 marks)

Description	Marks
4 global or local barriers (x 1 mark each)	
Identification of four global or local barriers	1
<b>Subtotal</b>	<b>4</b>
Four barriers (x 2 marks each)	
Correctly describes a global or local barrier in developing countries suffering from malnutrition	2
Outlines a global or local barrier in developing countries suffering from malnutrition	1
<b>Subtotal</b>	<b>8</b>
<b>Total</b>	<b>12</b>
<p>For each barrier, the description must relate to one of the following dot points:</p> <p><b>Poverty</b></p> <ul style="list-style-type: none"> <li>poverty is a major cause of disadvantage and poor health</li> <li>it can prevent people from accessing health care services</li> <li>common consequences of poverty include malnutrition, homelessness and poor housing.</li> </ul> <p><b>Disease outbreaks</b></p> <ul style="list-style-type: none"> <li>disadvantaged groups suffer a disproportionate burden of disease</li> <li>disease outbreaks increase demand for health care services</li> <li>people who are ill from disease are vulnerable to infection and may be at greater risk of multiple illnesses.</li> </ul> <p><b>Famine</b></p> <ul style="list-style-type: none"> <li>famine is a cause of under nutrition</li> <li>long-term chronic undernourishment can result in a range of health effects</li> <li>maternal exposure to famine increases the risk of perinatal problems such as mortality, low birth weight and gestational problems.</li> </ul> <p><b>Drought</b></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><b>Availability of clean drinking water</b></p> <ul style="list-style-type: none"> <li>clean drinking water is a basic necessity for good health</li> <li>poor water quality increases the risk of disease outbreaks, as water cannot be used for drinking, bathing, industry or agriculture.</li> </ul> <p>Accept other relevant answers.</p>	

## Question 30

(15 marks)

- (a) Infectious diseases have potential to impact the health of individuals and populations. Provide **three** examples of how an individual's health literacy around infectious diseases can positively impact the Australian population. (3 marks)

Description	Marks
Three examples (x 1 mark each)	
One mark for each example	1
<b>Total</b>	<b>3</b>
<p>Answers could include:</p> <ul style="list-style-type: none"> <li>• Make informed decisions (Awareness of which information is trustworthy; Review of websites, news items and social media posts to discern if information provided is evidence-informed and from a trusted source). Informed individuals are likely to reduce panic associated with misinformation, to educate family members</li> <li>• Skills to access health care services (and knowledge of when to access) reduces burden on the whole population and frees up health care services for those most in need. People who need health care can then access services</li> <li>• Skills to plan and maintain a healthy lifestyle (e.g. immunisation, nutrition, physical activity, sanitary health etc). Healthy individuals contribute to a healthier population</li> <li>• Knowledge and skills to self-care (including immunisation, administering medicines) if infected (or if family is infected). Reduces burden on whole population</li> <li>• Share health promoting strategies with others. Enhances population health</li> <li>• Address health issues in community and society. Enhances population health.</li> </ul>	
Accept other relevant answers.	

- (b) The World Health Organisation (WHO) plays an important role in responding to health issues. Identify **four** roles of the WHO and explain how each apply to the control of a global health issue. (12 marks)

Description	Marks
Four roles (x 1 mark each)	
Identifies a role	1
<b>Subtotal</b>	<b>4</b>
Application of the four roles (x 2 marks each)	
Explanation of how the role applies to the control of a global health issue	2
Outlines how the role applies to the control of a global health issue	1
<b>Subtotal</b>	<b>8</b>
<b>Total</b>	<b>12</b>
<p>Answers must include the correct role and could include the following application for example if the global health issue is a pandemic:</p> <p>Provide leadership As the lead health organisation the WHO has the opportunity to lead a coordinated approach to the control and ultimately prevention of a pandemic. This includes developing partnerships and engaging in joint action within and between countries and at a global level to prepare for a potential pandemic and to lead action during a pandemic.</p> <p>Shape the research agenda Provide support and direction for research focusing on the control and prevention of a pandemic. This includes the initiation of research (which may include research around vaccinations, medications and prevention strategies and around the public health response to a pandemic). The WHO also plays an important role in translating and disseminating knowledge.</p> <p>Setting norms and standards The WHO plays a role in establishing agreed global norms and standards relating to the responses to pandemics to ensure all countries adopt proven public health strategies. An important part of this is monitoring and evaluating procedures, policies and impact on norms.</p> <p>Articulate ethical and evidence-based policy options The WHO plays a role in discussing ethical responses to pandemics. For example, the issue of quarantine has been discussed as an infringement of individual human rights; however to ensure the safety of the public, in the event of a pandemic, quarantine is considered an important strategy. Policy options should be evidence-based meaning they are informed by scientific, peer reviewed studies.</p> <p>Provide technical support The WHO supports governments and organisations through the provision of expert knowledge and advice. This may also include supporting organisations to build capacity. This can be through training, scholarship programs etc. An example could be the WHO providing training for health care workers working with patients during a pandemic or training for a potential pandemic.</p> <p>Monitor the health situation and assessing health trends The WHO collects data globally. This enables monitoring trends using valid and reliable tools. This may include collecting data about the number of infections, number of deaths, proportion of recoveries, demographics of people infected etc. This data helps countries monitor what is happening during the pandemic and also helps understand the health issue.</p> <p>Accept other relevant answers.</p>	

## ACKNOWLEDGEMENTS

**Question 22(a)** Answer adapted from: iSelect. (2020). *A simple guide to the private health insurance rebate*. Retrieved August, 2020, from <https://www.iselect.com.au/health-insurance/tax/rebate/>

**Question 23(a) & (b)** Answers adapted from: Australian Health Ministers' Advisory Council. (2017). *National strategic framework for chronic conditions*. Retrieved August, 2020, from <https://www.health.gov.au/resources/publications/national-strategic-framework-for-chronic-conditions>

**Question 28(b)** Definition of lobbying: Source unknown.

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