



HEALTH STUDIES

ATAR course examination 2023

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

Section Two: Short answer

50% (64 Marks)

Question 21

(9 marks)

- (a) Outline **three** language and/or cultural influences on relationship building between health professionals and migrant patients in health settings. (3 marks)

| Description | Marks |
|---|----------|
| For each language and/or cultural influence (3 x 1 mark) | |
| Outlines a language and/or cultural influence on relationship building | 1 |
| Total | 3 |
| <p>Answers could include:</p> <ul style="list-style-type: none"> • the difference in religion or ethnicity or cultural identity, is often expressed through language, diet or dress, and can influence the relationship between health professionals and patients • cultures will have different views regarding who is responsible for health and disease and how a person can recover, this can impact the relationship • the role of health professionals and patients varies between cultures, and the role of gender may influence patient/health professional interactions • response to pain and disability varies between cultures and perceptions about health and illness, impacting on relationship building • regardless of how long a patient has been residing in Australia, they may still revert to their traditional cultural beliefs when faced with illness and this must be respected by health professionals • stereotyping can interfere with relationship building. Culture is more than just a patient's religion, or the language they speak; respect for culture is of utmost importance • due to language barriers and potential misunderstandings, a translator is often required to ensure questions are asked in culturally informed ways and to avoid assumptions that can become a barrier to relationship building • patients from different cultures may have a mistrust in western medicine and this can become a barrier to relationship building • health professionals must use cultural competence to challenge their assumptions about the cultural background of their patients. They must develop empathy and apply specific communication and interaction skills with all patients equitably. | |
| Accept other relevant answers. | |

Question 21 (continued)

- (b) Describe **three** ways in which culture may affect health decision making with respect to blood transfusions. (6 marks)

| Description | Marks |
|---|----------|
| For each (3 x 2 marks) | |
| Describes a cultural impact on blood transfusions | 2 |
| Outlines a cultural impact on blood transfusions | 1 |
| Total | 6 |
| <p>Answers could include:</p> <ul style="list-style-type: none"> • cultural differences or ethnicities may impact on a patient's wishes around blood transfusions. Family traditions and hierarchies need to be considered, as in some cultures decision making rests with the elders • language barriers may impact decisions, if information delivered by health professionals is misinterpreted or misunderstood by patients, decision making may be ill-informed • in some cultures, medical treatment can carry significant cultural, religious, and spiritual meanings that may differ between individuals, communities and societies and they need to be respected • for some cultures, such as Aboriginal and Torres Strait Islander Peoples, the communication of health-related information needs to be culturally sensitive/appropriate to ensure offense and misunderstandings are limited. No assumptions should be made about medical treatment due to culture • due to the high migration status in Australia, there are many cultures that may differ from western culture, resulting in varying perspectives on blood transfusions. All of which will influence health decision making and must be respected by health professionals • the beliefs, values, and attitudes that parents and families hold towards blood transfusions could most likely be passed down to future generations and impact their health-related decisions • in low-income countries, blood transfusions are not a norm due to a lack of access to safe and high-quality resources. This can cause reluctance to participate in the procedure due to being unfamiliar with it • there can be a lot of fear surrounding blood transfusions due to misinformation. High health literacy is needed to navigate information regarding blood products and treatments requiring blood. Patients with cultural differences may not understand why they need blood or trust the safety and quality of the procedure • in some countries blood screening is not possible for some infections, therefore there is fear and lack of trust around receiving blood due to possible transmission of infections, such as HIV, hepatitis B/C or syphilis. | |
| Accept other relevant answers. | |

Question 22

(13 marks)

- (a) Define quantitative and qualitative measures and include **one** example of each. (4 marks)

| Description | Marks |
|---|----------|
| For each measure (2 x 2 marks) | |
| Defines the measure | 1 |
| Provides an example of the measure | 1 |
| Total | 4 |
| Answers could include: <ul style="list-style-type: none"> quantitative is derived from 'quantity' referring to numbers, it measures epidemiological data and statistics Examples include incidence or prevalence of disease, morbidity, mortality, life expectancy, fertility rate qualitative is derived from 'quality' and measures the quality of the social determinants of health Examples include personal interviews, descriptions, photos, videos, surveys, or observations that present as a story depicting the quality of life for a population group. | |
| Accept other relevant answers. | |

- (b) Explain why both quantitative and qualitative measures are required when detecting health inequities. (3 marks)

| Description | Marks |
|--|----------|
| Explains why both measures are required | 3 |
| Describes why both measures are required | 2 |
| Outlines why both measures are required | 1 |
| Total | 3 |
| Answers could include: <ul style="list-style-type: none"> when used in combination, they provide a holistic picture of the health status of a population group. Qualitative measures allow validation of hypotheses and provide understanding of quantitative data that may have been collected combining qualitative and quantitative measures enables a much deeper insight into the health issues a population may be facing, allowing targeted interventions to be adopted to improve health inequities. | |
| Accept other relevant answers. | |

Question 22 (continued)

- (c) Describe **three** factors that may create health inequities for Ben and Kate on their fertility journey. (6 marks)

| Description | Marks |
|--|----------|
| For each factor (3 x 2 marks) | |
| Describes a factor that may create health inequity | 2 |
| Outlines a factor that may create health inequity | 1 |
| Total | 6 |
| <p>Answers could include:</p> <p>Poor access to health care:</p> <ul style="list-style-type: none"> • due to living in a remote location, there is limited access to fertility treatment and ongoing antenatal health care, which they may require. <p>Social isolation:</p> <ul style="list-style-type: none"> • due to their remote location, Ben and Kate may have limited social networks, resulting in feeling less supported by those around them. <p>Occupation:</p> <ul style="list-style-type: none"> • some occupations may make it more challenging to coordinate travel to Perth to receive fertility treatment e.g. fly-in fly-out jobs or farming during harvest • fertility treatment is very time specific around a woman's menstrual cycle and short notice may be given when required to travel to Perth for treatment. <p>Access to and level of education:</p> <ul style="list-style-type: none"> • the level of education Ben and Kate have will determine how health literate they are • if they have poor health literacy they may not understand the fertility treatment plans, importance of specific timings of treatment, and why the treatment is required. <p>Geographic location:</p> <ul style="list-style-type: none"> • being located in a remote location limits Ben and Kate's access to fertility treatment, making the treatment less accessible and more challenging to coordinate. | |
| Accept other relevant answers. | |

Question 23

(7 marks)

- (a) Outline **two** reasons why the NIP is provided for free to eligible Australians. (2 marks)

| Description | Marks |
|--|----------|
| For each reason (2 x 1 mark) | |
| Outlines a reason | 1 |
| Total | 2 |
| <p>Answers could include:</p> <ul style="list-style-type: none"> • vaccines stimulate the body's immune system to fight against infection resulting in less burden of disease on the Australian healthcare system • immunisations have a much lower risk of health complications than the actual disease it is protecting from, meaning that prevention is better than cure, as it results in less financial strain on the Australian economy and healthcare system • the NIP is government funded and targets specific diseases and populations based on need and risk of infection • immunisations reduce the transmission of disease to others, who may be more vulnerable • NIP is publicly funded to ensure all eligible populations can access the vaccines, without socioeconomic discrimination • the eligibility to receive immunisations is based on populations who are deemed most at risk or who suffer the highest incidence or prevalence of the disease. | |
| Accept other relevant answers. | |

Question 23 (continued)

- (b) Explain the purpose of public screening and identify **two** public screening programs available in Australia. (5 marks)

| Description | Marks |
|--|----------|
| Explains the purpose of public screening | 3 |
| Describes the purpose of public screening | 2 |
| Outlines the purpose of public screening | 1 |
| Subtotal | 3 |
| For each (2 x 1 mark) | |
| Identifies a public screening program | 1 |
| Subtotal | 2 |
| Total | 5 |
| <p>Answers could include:</p> <ul style="list-style-type: none"> public screening is an example of secondary prevention. It checks for signs and symptoms of disease in population groups to allow early detection and treatment of disease, therefore resulting in less of a burden on the healthcare system and an increase in health status for the Australian population public screening allows for early detection at the early onset of disease, which allows time for effective treatment. This saves the healthcare system money and resources, as the disease will not progress and require further, more invasive treatment methods, therefore preserving the quality of life for the patient by using screening technologies, the disease can be easily detected and then treated with a high survival rate and cure. By making these technologies easily accessible to the public, they are more likely to use them and the burden of disease will be reduced significantly the purpose of providing public screening is to ensure all target populations can access the screening without socioeconomic discrimination, as it is often free. This will allow for all priority populations and those most at risk to access timely and effective treatment if required, thus reducing the burden of disease by offering public screening programs, eligible Australians are chosen due to the high incidence and prevalence within their group, making the screening a worthwhile investment for the government. The higher the early detection rate, the less impact on the healthcare system. <p>Public screening programs in Australia include:</p> <ul style="list-style-type: none"> National Bowel Cancer Screening Program National Breast Screen Australia Program National Cervical Screening Program Newborn Bloodspot Screening Newborn Hearing Screening. | |
| Accept other relevant answers. | |

Question 24

(8 marks)

- (a) Describe how this policy aims to influence people's beliefs, attitudes and values with regard to smoke-free town centres. (2 marks)

| Description | Marks |
|--|----------|
| Describes how government policy aims to influence beliefs, attitudes and values | 2 |
| Outlines how government policy aims to influence beliefs, attitudes and values | 1 |
| Total | 2 |
| Answers could include: | |
| <ul style="list-style-type: none">• when policy is introduced by the government, people are more likely to adapt their beliefs and align their values, as the government is seen as an authority figure in society. Introducing smoke free town centres will likely see a shift in attitudes in favour of this policy, as it is benefitting people's health• when policy is introduced by the government it means people are more likely to discuss the health issue more openly. Engaging in this discussion means people's beliefs, values and attitudes could be influenced to change – where previously they opposed this, to believing this is acceptable, as it is now law. | |
| Accept other relevant answers. | |

Question 24 (continued)

- (b) Describe how this policy influences the relationship between health behaviours and the formation of the **three** types of norms studied in this course. (6 marks)

| Description | Marks |
|--|----------|
| For each norm (3 x 2 marks) | |
| Describes how the policy influences the relationship between health behaviours and norms | 2 |
| Outlines how the policy influences the relationship between health behaviours and norms | 1 |
| Total | 6 |
| <p>Answers could include:</p> <p>Proscriptive norms:</p> <ul style="list-style-type: none"> laws introduced by local/state council may entail penalties and fines. People who disregard this law are likely to receive minor fines and penalties for smoking in these areas. Financial consequences mean people will likely avoid smoking these norms discourage people from smoking due to the health risks associated with tobacco use. <p>Prescriptive norms:</p> <ul style="list-style-type: none"> these norms support positive health behaviours and encourage people in these smoke-free town centres to behave accordingly. A prescriptive norm related to smoke-free town centres is the cessation of smoking in these areas. By following the recommended policy, people are valuing their own and others health an example of prescriptive norms with relation to smoking is the non-smoking advertisements which focus on not smoking around vulnerable populations such as children and pregnant women. This policy is reinforcing the same messages by encouraging people to not smoke in more densely populated areas where vulnerable populations may also be. <p>Popular norms:</p> <ul style="list-style-type: none"> these are norms encouraged by popular belief of the majority. Most people believe that smoking causes cancer and is bad for their health. Therefore, people are more inclined to not smoke in these areas most people believe that second-hand smoking is detrimental to health, therefore are more likely to not smoke around others. As this is popular a belief by the majority, people may feel shame or embarrassment or be shamed, if they smoke in these areas. | |
| Accept other relevant answers. | |
| Note: norms must be proscriptive, prescriptive and popular norms. | |

Question 25

(12 marks)

- (a) Two areas of the Australian aid program include education and health and gender equality and empowering women and girls. Summarise how Australia provides aid in each of these areas. (6 marks)

| Description | Marks |
|--|----------|
| For each area (2 x 3 marks) | |
| Summarises how Australia provides aid in the area | 3 |
| Describes how Australia provides aid in the area | 2 |
| Outlines how Australia provides aid in the area | 1 |
| Total | 6 |
| <p>Answers could include:</p> <p>Education and health:</p> <ul style="list-style-type: none"> Australia invests in education and health to improve the living standards and healthcare systems of countries and their people experiencing extreme poverty. Australia works with countries by engaging in teacher training, curriculum reform and learning assessments, increasing opportunities for girls to learn and supporting the inclusion of children with a disability in education. Australia works with countries to progress towards universal health coverage, through equitable access to quality services, as well as, investing in improved access to clean water, sanitation and hygiene. <p>Gender equality and empowering women and girls:</p> <ul style="list-style-type: none"> the Australian aid program has a strong focus on gender equality and empowering women and girls in the Indo-Pacific region with the aim of ending violence against women and girls, advancing women in the economy and enhancing women's voice in leadership and decision making. Australia works with partner governments and regional organisations to advance their own gender equality priorities. Australia supports women's organisations and coalitions, including women entrepreneurs, women's associations and service providers. Australia also works with men and boys as advocates for gender equality and women's empowerment where appropriate. <p>Accept other relevant answers.</p> | |

Question 25 (continued)

- (b) Describe **three** global and/or local barriers that prevent countries from addressing food crises. (6 marks)

| Description | Marks |
|---|----------|
| For each barrier (3 x 2 marks) | |
| Describes a global and/or local barrier to addressing food crises | 2 |
| Outlines a global and/or local barrier to addressing food crises | 1 |
| Total | 6 |
| <p>Answers could include:</p> <p>Poverty Poverty is a major cause of disadvantage and poor health. A common consequence of poverty includes malnutrition, as people are unable to afford basic foods or in most cases in developing countries grow their own. During a food crisis the food that is available may be limited in variety/lacks nutrition content to support health.</p> <p>Disease outbreaks Disadvantaged countries suffer from a disproportionate burden of disease. Disease outbreaks can spread quickly through vulnerable populations due to poor sanitation and hygiene and impacts further on the health of those already experiencing severe malnutrition from a food crisis.</p> <p>Drought Drought has major implications for health due to the limited access to water for drinking and irrigation of food supply. Drought can further escalate a food crisis within a country leaving its population vulnerable to malnutrition, disease outbreak, and increased mortality rates. Drought can also mean crops and livestock perish.</p> <p>Availability of clean drinking water Clean drinking water is a necessity for good health. Poor water quality increases the risk of disease outbreaks, as the same water is used for drinking, bathing, industry or agriculture. Food crisis and limited water availability often go hand-in-hand in developing countries. Already malnourished bodies are highly susceptible to infection from poor quality water.</p> <p>Accept other relevant answers.</p> <p>Note: famine not accepted as it's the end result.</p> | |

Question 26

(6 marks)

Select **three** action areas from the *Ottawa Charter* and describe how each could be implemented to help address the rising rates of cardiovascular disease and diabetes in young Australians.

| Description | Marks |
|--|----------|
| For each action area (3 x 2 marks) | |
| Describes how to implement the action area | 2 |
| Outlines how to implement the action area | 1 |
| Total | 6 |
| <p>Answers could include:</p> <p>Developing personal skills:</p> <ul style="list-style-type: none"> creation of a mass media campaign similar to previous effective initiatives, such as the Live Lighter campaign. This campaign could target young people by utilising social media and other effective platforms to raise awareness about how to prevent diabetes and cardiovascular disease supporting school health education programs by providing free resources to teachers to help with the delivery of nutrition and physical activity curriculum in primary schools. As health education is mandatory in Western Australian schools, young people would develop the skills and knowledge about how to prevent cardiovascular disease and diabetes. <p>Reorienting health services:</p> <ul style="list-style-type: none"> health insurance companies aiming to take a more preventative approach to healthcare by providing families with discounted rates on things, such as sports equipment, clothing and club fees, in a similar way they cover costs for medical visits. By providing this financial support, families would be more inclined to have their young people participate in organised sports and physical activity, thus reducing their risk of cardiovascular disease and diabetes the inclusion of multiple health professionals working at one facility who specialise in young people and preventative health. This could include having a dietitian or nutritionist working in the same facility as a General Practitioner (GP), a physiotherapist and an exercise physiologist. Young people attending their GP with higher risk of developing cardiovascular disease or diabetes could be quickly and easily referred to the other relevant health professionals, aiming to treat the young person with a holistic approach. <p>Building healthy public policy:</p> <ul style="list-style-type: none"> the implementation of higher taxation on foods and drinks with a high sugar content which would result in an increase in cost of these products, and hopefully discourage young people and their caregivers from purchasing them. Overconsumption of high sugar food and drink increases the risk of both cardiovascular disease and diabetes the provision of government funding to primary and secondary schools to encourage the development of extracurricular clubs promoting physical activity. By supporting schools with funding, they would be able to provide more resources and opportunities to students before or after school, encouraging students to be more physically active and reduce their risk of cardiovascular disease and diabetes. <p>Creating supportive environments:</p> <ul style="list-style-type: none"> continued maintenance and upkeep of local parks, including running trails, outdoor exercise equipment, bike repair stations and lighting to encourage young people and their families to be physically active on a regular basis. By making local environments safe and supportive, individuals are more likely to be physically active, an important factor in reducing the risk of developing cardiovascular disease and diabetes adjusting the layout of classrooms and other areas of schools to encourage the use of standing desks and other apparatus that encourages physical movement, and discourages sedentary behaviour, thereby reducing the risk of developing cardiovascular disease and diabetes. | |

Question 26 (continued)

Strengthening community action:

- the continued support of local governments and non-government organisations of events, such as the HBF Run for a Reason, with the addition of a new component of the event targeting young people. By collaborating with groups in the community, such as the WA Student Council, young people could be consulted and involved in the process, making it more meaningful and relevant to them. This would encourage higher participation in physical activity, reducing the risk of cardiovascular disease and diabetes
- encouraging local Parent and Community (P&C) groups and student groups in schools to become more involved with school cafeteria menus and other food options provided at schools. This could include conducting an audit of what foods are currently offered and working together to make any necessary improvements by collaborating with the school, the P&C and the students. By offering students more healthier options to eat, they are likely to reduce their risk of developing diabetes and cardiovascular disease.

Accept other relevant answers.

Question 27

(9 marks)

(a) Define the following health indicators.

(3 marks)

| Description | Marks |
|--|----------|
| For each (3 x 1 mark) | |
| Defines the health indicator | 1 |
| Total | 3 |
| Answers could include: | |
| Mortality: | |
| <ul style="list-style-type: none">the rate of deaths from a disease, commonly stated in units of 100 000 population per yearthe number of deaths in a given population in a given period of time. | |
| Morbidity: | |
| <ul style="list-style-type: none">the incidence of disease, usually stated as cases per 10 000 population per yearthe rate of disease in a given population in a given period of time. | |
| Life expectancy: | |
| <ul style="list-style-type: none">measures how long, on average, a person is expected to live based on current age- and sex-specific death rates at birthis often expressed as the number of years of life, from birth, a person is expected to live. | |
| Accept other relevant answers. | |

Question 27 (continued)

- (b) Consider the data in the table below. Select **two** health indicators from part (a) on page 18, and suggest possible reasons for the significant differences between Australia and Cambodia. (6 marks)

| Description | Marks |
|--|----------|
| For each health indicator provided (2 x 3 marks) | |
| Suggests reasons for the significant differences between Australia and Cambodia | 3 |
| Describes reasons for the significant differences between Australia and Cambodia | 2 |
| Outlines a reason for a significant difference between Australia and Cambodia | 1 |
| Total | 6 |
| <p>Answers could include:</p> <p>Life expectancy There is a large difference between Australian and Cambodian men's life expectancy. This could be attributed to differences in access to healthcare. Australia, being a developed country, has excellent healthcare services and the majority of the population has very good access to these. This results in high quality healthcare being provided, resulting in a better health status and higher life expectancy. Cambodia has poorer access to healthcare due to many factors associated with being a developing country, and as such, their population has less access to critical healthcare. This results in a lower life expectancy and overall health status.</p> <p>Morbidity There is a large difference in the morbidity rate of obesity between the two countries. Australians are much more likely to experience obesity than Cambodians. This could be attributed to differences in lifestyle factors, such as diet and physical activity. Australians are more likely to lead a sedentary lifestyle due to advancements in technology and typically taking on work of a less physical nature than many Cambodians. Australians are also more likely to eat a diet high in sugar, fat and salt due to ease of access and convenience. The combination of these two factors is likely to result in the higher obesity rate and poorer health status with respect to obesity and the associated health conditions.</p> <p>Mortality There is a significant difference in infant mortality rates between the two countries. The high rate of infant mortality in Cambodia is most likely the result of infections, complications of premature birth and diarrhoeal diseases, commonly occurring in developing countries. Less access to advanced infant and maternal healthcare and lower health literacy in mothers could be responsible for this high mortality rate.</p> <p>Accept other relevant answers.</p> | |

Section Three: Extended answer

30% (30 Marks)

Question 28

(15 marks)

- (a) Outline **one** type of need that would provide useful information for prioritising issues in the Hawkesbury-Nepean area. (1 mark)

| Description | Marks |
|---|----------|
| Outlines a type of need that provides useful information for prioritising issues | 1 |
| Total | 1 |
| <p>Answers could include:</p> <p>Normative need Defined by experts and based on research that defines many people within the population. Examining research and determining effective strategies that have been used previously to help communities improve issues, can then be applied to the Hawkesbury-Nepean community.</p> <p>Expressed need Needs that have been demanded by the Hawkesbury-Nepean community due to observing the current community circumstances and demand on services.</p> <p>Felt need Perceived by individuals and the collective Hawkesbury-Nepean community, what they say or feel they need. Often determined by conducting community surveys, phone calls, public meetings and calling for submissions from those in the community.</p> <p>Comparative need Derived from examining the services provided in one area to one population and using this information as the basis to determine the sorts of services required in the Hawkesbury-Nepean community with a similar population.</p> | |

Question 28 (continued)

- (b) Describe the **seven** steps in a needs assessment process that would need to be conducted in the Hawkesbury-Nepean community. (14 marks)

| Description | Marks |
|--|-----------|
| For each step (7 x 2 marks) | |
| Describes a step in a needs assessment to be conducted | 2 |
| Outlines a step in a needs assessment to be conducted | 1 |
| Total | 14 |
| <p>Answers could include:</p> <p>Identifying health issues This stage involves collecting information surrounding the key health issues facing the Hawkesbury-Nepean 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 Hawkesbury-Nepean may be determined by accessing local data (for example, healthcare service use, number of people displaced, services deployed etc.) and by talking to local people (healthcare providers, teachers, community members etc.).</p> <p>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.</p> <p>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 Hawkesbury-Nepean community members should be considered at this stage.</p> <p>Setting goals Once the community determines the most significant health issues, realistic, achievable, and measurable goals must be set by the needs assessment team to achieve the best possible outcomes for the Hawkesbury-Nepean community.</p> <p>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 floods and what worked effectively for them.</p> <p>Developing action plans Once the most effective strategies have been determined, the needs assessment team will develop an action plan to put 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 Hawkesbury-Nepean community.</p> <p>Evaluating outcomes This stage involves reflecting on how successful the initiatives were at achieving set goals. Data is obtained comparing baseline to post initiative data. This will help to determine the success of the program. The needs assessment team will analyse the effectiveness of the initiative and take note of what can be learnt or done more effectively next time.</p> | |

Question 29

(15 marks)

Define **five** health promotion advocacy strategies, and for each describe how it could be used to address this issue.

| Description | Marks |
|---|-----------|
| For each strategy (5 x 1 mark) | |
| Defines a health promotion advocacy strategy | 1 |
| Subtotal | 5 |
| For each strategy (5 x 2 marks) | |
| Describes how the strategy can be used to address this issue | 2 |
| Outlines how the strategy can be used to address this issue | 1 |
| Subtotal | 10 |
| Total | 15 |
| <p>Answers could include:</p> <p>Lobbying Definition: attempting to influence politicians, government groups or people with decision-making power in an effort to improve a health issue. Strategy: writing letters to local politicians to make them aware of the rates of homelessness in this specific population and inform them of the realities being faced by these women. Hopefully, this will encourage policymakers and those with the power to make change to act and address the key factors that contribute to homelessness or consider strategies to help those who are already homeless.</p> <p>Raising awareness Definition: a process that seeks to inform and educate people about a topic or issue with the intention of influencing their attitudes, behaviours and beliefs towards the achievement of a defined purpose or goal. Strategy: the creation of a documentary to be aired on free-to-air television to highlight the issues and seriousness of this situation. The documentary could follow a series of homeless women around and explain to the public what caused them to become homeless, educating people about risk factors and potential causes of homelessness. This would then initiate discussion among people and hopefully lead to action as people are made aware of the key issues.</p> <p>Creating debate Definition: organising a time and opportunity for people with differing points of view to meet and discuss a health issue. Strategy: hold a meeting in an easily accessible location and encourage homeless women over age 55 to attend along with local politicians and community groups so that they can air their concerns and speak on behalf of their community. Hopefully, by creating debate and discussion, information about risk factors and causes can be shared and solutions to help improve the situation can be considered.</p> <p>Developing partnerships Definition: identifying and creating a relationship between two or more mutually invested groups with a common goal. Strategy: collaboration between groups, such as the Salvation Army and local housing services to brainstorm solutions which would decrease the rates of homeless women above age 55. They could work together to provide resources, support and facilities targeted at this specific population.</p> | |

Question 29 (continued)**Building capacity**

Definition: the process of developing and strengthening the skills, abilities, knowledge and resources that organisations and communities need to be empowered and optimise their health.

Strategy: providing free workshops or seminars targeting women to make them aware of the risks of becoming homeless and how to avoid it. This could include equipping them with financial skills or the knowledge about where to seek help about issues, such as domestic violence.

Mobilising groups

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Framing issues

Definition: presenting an issue in a way that will likely get the most agreement from involved stakeholders.

Strategy: framing this issue in a positive light could be an effective method of gaining support from those with the power to enact change. For example, if an individual were to lobby the local government for assistance in reducing the amount of homelessness in women aged 55 and over, they should focus on the benefits to the community should these women be given financial or physical aid. By focusing on the benefits, those with decision-making power are more likely to agree to help. By merely focusing on the negative impacts of homelessness, those with the decision-making power may consider the situation too challenging to address.

Using champions

Definition: the use of an influential or well-known person to help promote and raise awareness about a health issue or cause.

Strategy: by engaging the services of a well-known and influential person, in this case ideally a woman over the age of 55, further awareness about the homelessness issue could be brought to light. This champion could be the face of an awareness raising campaign increasing the opportunities to fundraise or build resources to assist in reducing homelessness for this population by reaching a greater target audience.

Influencing policy

Definition: attempting to enact change through the provision of information, statistics and data to those with the power to change policies affecting health issues.

Strategy: an individual or community group could influence policy by establishing a working relationship with local politicians and policymakers and providing them with well-researched, evidence-based data about the homelessness rates and associated issues within this population. This could include presenting to a group of local policymakers in person and sharing the most important parts of the research with an aim for them to enact policy change.

Accept other relevant answers.

Question 30

(15 marks)

- (a) Explain how the social determinant of health 'early life' contributes to the health equity of infants and young children born in Australia. (3 marks)

| Description | Marks |
|---|----------|
| Explains how the social determinant of health 'early life' contributes to the health equity of infants and young children born in Australia | 3 |
| Describes how the social determinant of health 'early life' contributes to the health equity of infants and young children born in Australia | 2 |
| Outlines how the social determinant of health 'early life' contributes to the health equity of infants and young children born in Australia | 1 |
| Total | 3 |
| <p>Answers could include:</p> <ul style="list-style-type: none"> • access to quality healthcare in Australia means the mother is more likely to have a safe and healthy pregnancy. With free access to neonatal care pre- and post-birth, mothers are able to attend regular health check-ups, get nutritional advice and mental health support. A majority of births in Australia are attended by health professionals within a health setting, ensuring safety and assistance during labour. All this supports the healthy development of the baby and infant during early life and contributes to health equity • Australia is a highly educated country due to its access to free, quality education. Parents have the appropriate levels of knowledge to support their child during their early life through physical, social/emotional and nutritional care. The level of parents' education influences their occupation and income, which further positively impacts the development of the child, with the ability to afford healthcare and other essential requirements to support early life of the child in Australia and contribute to health equity. | |
| Accept other relevant answers. | |
| Note: discussion must be about health equity – not inequity. | |

Question 30 (continued)

- (b) With the exception of early life, choose **three** other social determinants of health and discuss how they influence the health of rural and remote populations in Australia. (12 marks)

| Description | Marks |
|---|-----------|
| For each social determinant (3 x 4 marks) | |
| Discusses how the social determinant influences the health of rural and remote populations in Australia | 4 |
| Explains how the social determinant influences the health of rural and remote populations in Australia | 3 |
| Describes how the social determinant influences the health of rural and remote populations in Australia | 2 |
| States a fact about influence | 1 |
| Total | 12 |
| <p>Answers could include:</p> <p>Social gradient Rural and remote populations are more likely to be lower on the social gradient due to a smaller range of employment and career options than those who live in cities. The smaller range of employment options often goes hand-in-hand with lower incomes and a high price for goods and services, leaving families struggling in rural and remote areas. With less income, people may have to go without, including not seeking help when unwell, due to the high costs to travel to a health service. This negatively influences the health of those living in rural and remote areas.</p> <p>Addiction Rural and remote populations are more likely to engage in risky behaviours due to reasons, such as boredom from a lack of recreation options, lower education levels and low employment rates. Risky behaviours, such as the consumption of alcohol and/or other drugs are used as unhealthy coping strategies to manage symptoms and deal with the high levels of stress and isolation one may experience. Ongoing substance abuse can lead to a range of health issues, including addiction. Addiction cannot only negatively influence the health of the person, but their wider circle of family and friends.</p> <p>Transport Transportation in rural and remote Australia can negatively influence the health of those living in these areas. A lack of transport options and long distances between services can hamper one's ability to achieve a good level of health. Those with cars face the rising cost of petrol prices, which again impacts health, as money is spent on petrol to drive places and people may have to go without other required goods and services due to this. This can create stress due to prioritising/sacrificing needs.</p> <p>Stress Rural and remote Australians experience higher rates of stress than their city counterparts. Rural and remote people may be required to work in stressful and dangerous occupations, such as farming and mining. They are more heavily affected by the rising cost of living for groceries and services, due to distance from the cities, which will further escalate stress levels. Stress causes an immune response in people which negatively affects a person both physically and mentally. Ongoing stress levels can lead to high levels of anxiety and depression for this population.</p> | |

Work

Rural and remote Australians are more likely to work in occupations which are physically demanding and stressful, such as farming and mining, than those in the city. Ongoing exposure to high stress environments could impact mental health. Farming can increase the likelihood of serious injury, with long distances to travel to seek help/wait for help to arrive, people in rural and remote areas are more likely to experience ongoing health issues which can negatively influence health. Work in rural and remote areas mean people are also more exposed to harsh weather conditions all year round. For example, high rates of skin cancer from prolonged sun exposure will negatively influence their health status.

Food

In rural and remote areas price and access to a lack of fresh food options negatively influence the health of this population. A lack of food options and variety, a higher price due to transportation costs, and recent food shortages driven by weather emergencies means rural and remote people are more likely to consume non-perishable foods which are cheap and potentially full of high fats and sugars. An unhealthy diet can lead to higher rates of obesity, diabetes and other health issues within the rural and remote population. As well as physical effects food insecurity can lead to stress and other health related issues.

Unemployment

Rural and remote Australians have higher rates of unemployment than in cities and urban areas, due to a lack of education and employment options. With limited/no income people go without essential goods and services, including accessing healthcare when unwell. This leaves people in rural and remote areas with poorer health outcomes than their city counterparts. Being unemployed also contributes to higher rates of stress and boredom, which can lead to unhealthy coping strategies, such as alcohol and other drug use. This all contributes to the negative health status of rural and remote populations.

Other acceptable social determinants:

- culture
- social exclusion
- social support.

Accept other relevant answers.

Note: no mark awarded for simply identifying the social determinant.

Question 31

(15 marks)

- (a) Demonstrate, with reference to **three** patterns or trends in the infographic on page 26, how women experience gender inequality. (6 marks)

| Description | Marks |
|--|----------|
| For each pattern or trend (3 x 2 marks) | |
| Demonstrates how women experience gender inequality | 2 |
| Outlines how women experience gender inequality | 1 |
| Total | 6 |
| Answers could include: | |
| For copyright reasons this text cannot be reproduced in the online version of this document | |
| <ul style="list-style-type: none"> this demonstrates inequity as men earn more than women for working the same hours | |
| For copyright reasons this text cannot be reproduced in the online version of this document | |
| <ul style="list-style-type: none"> this demonstrates inequity as women's superannuation balance is a lot less than men's, likely due to women having a break in employment due to being primary carers for children | |
| For copyright reasons this text cannot be reproduced in the online version of this document | |
| <ul style="list-style-type: none"> this demonstrates inequity as women represent half of the world's population and therefore there could be equal representation of both genders | |
| For copyright reasons this text cannot be reproduced in the online version of this document | |
| <ul style="list-style-type: none"> this demonstrates inequity as women are more likely to take on unpaid carer roles, compared to men | |
| For copyright reasons this text cannot be reproduced in the online version of this document | |
| <ul style="list-style-type: none"> this demonstrates inequity as women are more likely to take on unpaid care work, compared to men | |
| Accept other relevant answers. | |

- (b) Explain how **three** social justice principles can address the issue of gender inequality. (9 marks)

| Description | Marks |
|---|----------|
| For each (3 x 3 marks) | |
| Explains how social justice principles can address gender inequality | 3 |
| Describes how social justice principles can address gender inequality | 2 |
| Outlines how social justice principles can address gender inequality | 1 |
| Subtotal | 3 |
| Total | 9 |
| <p>Answers could include:</p> <p>Access and equity:</p> <ul style="list-style-type: none"> equity ensures that resources and services for women are provided in accordance with their specific needs, with the desire to reach equity of health outcomes for all. Fairness in the allocation of services, legislation and policy making, and ensuring there are equitable opportunities for both genders access ensures resources and services are affordable, accessible, acceptable, available, and adaptable and they are a high priority to meet specific women's needs involving women in decision making about their health needs, ensuring equal opportunities, and providing sufficient access to services will help to achieve improved health outcomes and gender equality; by ensuring funding is provided, without discrimination, to support women's health needs. <p>Diversity:</p> <ul style="list-style-type: none"> recognising and respecting differences within society. Women account for almost half of the world's population (49.7%) yet experience inequality in many areas these include the gender pay gap, more likely to be the primary unpaid carer, higher sexual assaults, and are under represented in many leadership roles in the workplace it is essential to address these inequities and provide women with equal opportunities and with the unique support they need to experience the same level of health outcomes as men. <p>Supportive environments:</p> <ul style="list-style-type: none"> ensuring the environment in which women live and work is supportive of their specific needs. Protecting women from threats to health and encouraging healthy behaviour is essential to achieving gender equality offering flexible working arrangements for mothers returning to work, funding support services for women experiencing violence or abuse, and providing equitable opportunities for women in the workplace will help to address gender inequality financial incentives to assist with childminding can support greater independence and involvement within the community and evidently improve women's mental health outcomes. | |
| Accept other relevant answers. | |
| <p>Note:</p> <ul style="list-style-type: none"> 'access' or 'equity' on its own is acceptable however if separated, marks can only be awarded once. no marks awarded for simply naming the social justice principle. | |

ACKNOWLEDGEMENTS

- Question 25(a)** Dot point 2 adapted from: Department of Foreign Affairs and Trade. (n.d.). *Gender Equality*. Retrieved September, 2023, from <https://www.dfat.gov.au/development/topics/development-issues/gender-equality> Used under a Creative Commons Attribution 4.0 International licence.
- Question 27(a)** Life expectancy dot points from: Australian Institute of Health and Welfare. (2023). *Deaths in Australia: Life Expectancy*. Retrieved September, 2023, from <https://www.aihw.gov.au/reports/life-expectancy-deaths/deaths-in-australia/contents/life-expectancy> Used under a Creative Commons Attribution 4.0 International licence.
- Question 29** Paragraph 2 from: World Health Organization. (2021, January 28). *Virtual Meeting on Awareness Raising and Risk Communication*. Retrieved September, 2023, from <https://www.who.int/news-room/events/detail/2021/01/28/default-calendar/virtual-meeting-on-awareness-raising-and-risk-communication>
Paragraph 5 adapted from: United Nations. (n.d.). *Capacity-Building*. Retrieved September, 2023, from <https://www.un.org/en/academic-impact/capacity-building>
Paragraph 6 adapted from: World Health Organization. (2010). *Community-Based Rehabilitation: CBR Guidelines*. Retrieved September, 2023, from <https://www.ncbi.nlm.nih.gov/books/NBK310937/>
- Question 31** Dot points 1, 3, 5, 7 and 9 information from: Australian Human Rights Commission. (n.d.). *Face the Facts: Gender Equality 2018* [Infographic]. Retrieved May, 2023, from <https://humanrights.gov.au/our-work/education/face-facts-gender-equality-2018>