



# **HEALTH STUDIES**

## **ATAR course examination 2018**

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

## Section Two: Short answer

50% (50 Marks)

## Question 21

(12 marks)

- (a) Name the correct term for each definition. (5 marks)

Description	Marks
argument	1
evidence-based conclusion/s or conclusion/s	1
focus question	1
health issue or issue or public issue	1
trend (common or main)	1
<b>Total</b>	<b>5</b>

- (b) Draft
- three**
- open-ended focus questions that could be used to investigate the significance of this problem. (3 marks)

Description	Marks
One mark for each open-ended focus question	1–3
<b>Total</b>	<b>3</b>
<p>Note: The focus question <b>must be open-ended</b> and relate to the <b>significance of the issue</b> i.e. why it is an issue/problem to be concerned about.</p> <p>Answers could include but are not limited to:</p> <ul style="list-style-type: none"> <li>• What is the impact of the road crashes on families of those killed or injured?</li> <li>• What are the costs associated with a road crash?</li> <li>• Which groups of people are affected when there is a serious road crash?</li> <li>• How does the impact of road crashes contribute to health inequity?</li> </ul> <p>Non-acceptable responses could include <b>closed questions eliciting a yes or no</b> response or others such as:</p> <ul style="list-style-type: none"> <li>• Questions which focus on strategies and or recommendations to fix the problem are not acceptable</li> <li>• How many people have been killed or injured?</li> <li>• What has happened in the past to improve the road (does not speak to the significance of the issue)?</li> <li>• How much money will be needed to address the issue?</li> <li>• What has caused these crashes to occur e.g. may include specific focus such as features of the road.</li> <li>• What can be done to prevent crashes in the future?</li> </ul> <p>Accept other relevant answers.</p>	

- (c) Describe how the findings of the health inquiry could be used to advocate for change. In your answer, refer to
- two**
- advocacy strategies and provide a rationale for their effective use in this scenario. (4 marks)

Description	Marks
2 strategies x 2 marks each	
Identification and relevant description of strategy's rationale for effective use in the scenario	2
Identification and general statement of strategy's rationale for use in the scenario	1
<b>subtotal</b>	<b>2</b>
<b>Total</b>	<b>4</b>

## Question 21 (continued)

Answers could include:

**Note: no marks for strategy without suitable rationale being provided.**

**Strategy** - Lobbying

**Rationale** - Could use the findings of the health inquiry to raise awareness of the problem and influence policy makers/politicians to consider change e.g. the costs associated with each crash could be emphasised as these are likely to be very high. Whilst fixing the road may be costly, the ongoing costs associated with road crashes may be comparable and therefore savings could be made over time.

**Strategy** - Raising awareness

**Rationale** - Could use the findings of the health inquiry to increase people's knowledge or perception of the problem. For example, disseminating information about the problem through social media, news feeds etc. so the public can increase their knowledge and engage in discussion of the issues with the road. The more people that are aware of the issue the more chance there will be change, or at the very least, support for change.

**Strategy** - Creating debate

**Rationale** - Could use the findings of the health inquiry to generate a formal discussion/debate in a public forum such as parliament or the media as to the road upgrade recommendations. This allows opposing arguments to be put forward in a public forum, contributing to raised awareness of the issue, and leading to action as to what upgrade strategies will be implemented.

**Strategy** - Developing partnerships

**Rationale** - Could use the findings of the health inquiry to target organisations that already support road safety issues. Forming a partnership with these groups will make the advocacy stronger e.g. partnering with Main Roads WA to advocate to the Federal Government to implement changes.

**Strategy** - Mobilising groups

**Rationale** - Could use the findings of the health inquiry to unite large groups of people who share similar attitudes and beliefs about the road issue e.g. local community members and friends and family of victims could work with you to advocate for change, government officials are more likely to listen to large numbers of people.

**Strategy** - Framing issues

**Rationale** – Could use the findings of the health inquiry to make decisions as to how to frame the issue when presenting it to elicit a positive response and support for recommendations when presented e.g. framing the issue in a positive way (the roads will be safer for all road users) to generate support rather than a negative framing which outlines how much the recommendations will cost (it will cost millions to save a small number of lives).

**Strategy** - Using champions

**Rationale** - It could be helpful to appoint a celebrity or well-known personality to represent the cause, raise the profile of the issue and generate support/encourage action. Also the champion may have connections to decision-makers and resources such as businesses who could help to support the advocacy attempt.

**Strategy** - Influencing policy

**Rationale** - Could use the findings of the health inquiry to influence policy makers and encourage them to create policies and laws that will create positive/healthy change e.g. policy makers may look at lowering speed limits on particular stretches of the road, based on recommendations of the inquiry.

**Note:** Building capacity is not an acceptable strategy.

## Question 22

(6 marks)

- (a) To which Ottawa Charter action area does this initiative relate? (1 mark)

Description	Marks
Build/ing healthy public policy (all words required)	1
<b>Total</b>	<b>1</b>

- (b) Describe how this initiative aims to make healthier choices easier for parents. (2 marks)

Description	Marks
Well-developed description of how the initiative makes healthier choices easier for parents	2
Statement about how the initiative makes healthier choices easier for parents	1
<b>Total</b>	<b>2</b>
<p>Answers could include:</p> <p>Example for 2 marks It encourages healthier choices through the application of monetary/fiscal means to influence attitudes towards immunisation (pro-immunisation) and behaviour. Parents will not receive family assistance payments, so it aims to make immunisation an important consideration for families if they wish to receive family assistance.</p>	

- (c) Outline **one** other government initiative/policy and explain how it either restricts **or** promotes healthy behaviour. (3 marks)

Description	Marks
One mark for outline of relevant initiative/policy Two marks for explanation of how healthy behaviour is promoted or restricted	
Outlines relevant initiative/policy	1
Explains how relevant initiative/policy promotes or restricts healthy behaviour	2
Makes statements about how the initiative/policy promotes or restricts healthy behaviour	1
<b>Total</b>	<b>3</b>
<p>Answers could include:</p> <p><b>Policy:</b> Laws preventing tobacco use in public places. <b>Explanation:</b> This policy prevents harmful exposure to second hand tobacco smoke which causes many health problems for smokers and non-smokers alike.</p> <p><b>Policy:</b> Laws preventing 'P' platers from having any alcohol in their bodies whilst driving. <b>Explanation:</b> This reduces the risk of crashes in this age group, who are already at higher risk of crashing than older, more experienced drivers.</p> <p><b>Policy:</b> Laws preventing road users from using mobile phones while driving. <b>Explanation:</b> This reduces the risk of crashes caused by distraction by increasing focus on driving.</p> <p><b>Policy:</b> Laws promoting pool safety by installing secure pool fencing around swimming pools. <b>Explanation:</b> This makes swimming pools safer for children so that they don't have direct access to the water.</p>	

**Government initiative:** Pharmaceutical benefit scheme  
**Explanation:** Provides subsidies for consumers to access medications.

**Government initiative:** The mandatory physical activity in schools.  
**Explanation:** Promotes physical activity for all school-age children.

Accept other relevant answers.

**Question 23****(9 marks)**

- (a) On the basis of the above scenario (with the exception of health literacy), describe **three** factors that might cause health inequities for Wayan. (6 marks)

Description	Marks
3 factors x 2 marks each	
Well-developed description of a factor that might cause health inequities (factor must be named to achieve 2 marks)	2
Statements about a factor that might cause health inequities	1
<b>subtotal</b>	<b>2</b>
<b>Total</b>	<b>6</b>

Answers could include:

Note: no marks for only identifying the factor.

Only **three** of the following factors may be included as relevant answers:

**Access to health care**

Wayan may not be able to access specialist treatment/management for her knee injury. This may impact on her ability to work or access transport thus contributing to isolation.

**Unemployment**

Given there is no work for Wayan in the community, this may impact on the level of income which is related to economic security, ability to access healthcare and socioeconomic status. Further, Wayan may experience loneliness or a depressed mental state should she not be able to find work over the longer-term.

**Social isolation**

Being on a farm and living in rural Australia could reduce opportunities for socialisation and connection within the community. Not being able to work adds further to her social isolation.

**Occupation**

Wayan is restricted in completing farm duties due to her injury. This may reduce profitability of the farm or work output, or other workers may have to be paid thus reducing income.

**Access to and level of education**

Living in a rural area may restrict opportunities to re-train or develop skills in another area where there may be more opportunities to gain employment.

**Geographic location**

Rural dwellers generally experience poorer health than people who live in cities or built up areas where there are sufficient health services.

**Socioeconomic status**

Wayan may experience poor socioeconomic circumstances should she not be able to work, or find work, and if the income from the farm were to suffer (money is already tight).

**Dislocation of land**

Wayan has recently moved to rural Australia which may contribute to a sense of loss of cultural identity.

**Government and social policies**

Being a rural area governments may not provide adequate healthcare services for the community.

Non-acceptable responses – discrimination, gender, racism, health literacy.

- (b) Outline **three** reasons why Wayan's poor English skills might affect her overall level of health. (3 marks)

Description	Marks
Any three of the following	1–3
<b>Total</b>	<b>3</b>
Answers could include: <ul style="list-style-type: none"> <li>• could have problems identifying which health services are necessary to manage her ongoing care</li> <li>• may have difficulty understanding instructions provided by healthcare professionals (cannot effectively apply health information to self-manage injury)</li> <li>• poor ability to find health information</li> <li>• poor ability to process and interpret health information</li> <li>• poor ability to scrutinise health information and work out what is reliable</li> <li>• difficulty describing health concerns to health professionals/difficulty asking questions</li> <li>• poor ability to communicate health needs to others</li> <li>• may have problems building relationships with health care providers</li> <li>• poor English may cause difficulties in accessing work opportunities and/or social support.</li> </ul>	
Accept other relevant answers.	

## Question 24

(9 marks)

- (a) Outline **two** factors that have influenced Chau's attitude to Western medicine. (2 marks)

Description	Marks
2 relevant factors x 1 mark each	1–2
<b>Total</b>	<b>2</b>
Answers could include: <ul style="list-style-type: none"> <li>• has grown up in Australia and is familiar with healthcare systems and has trust and confidence in how they work</li> <li>• Chau has a sufficient level of health literacy and can therefore understand the benefits (and risks) of participating in the trial.</li> </ul> Accept other relevant answers.	

- (b) Identify **two** self-management skills and outline how Chau could use each of them in a discussion with his parents about participating in the trial. (4 marks)

Description	Marks
2 self-management skills x 2 marks each	
Well-developed outline of how a self-management skill is used	2
Outline of how a self-management skill is used	1
<b>subtotal</b>	<b>2</b>
<b>Total</b>	<b>4</b>
Answers could include:  Note: no marks for identifying skill without suitable outline.  <b>Assertiveness</b> Assertiveness is about expressing your needs and wants in a confident way without being aggressive or submissive. Chau could express his feelings and beliefs in a calm manner and reassure his parents that he considers, and has respect for their feelings and beliefs. Carefully outlining the reasons for participating in the trial in a way that is understandable by his parents may be helpful.  <b>Stress management</b> Stress management includes techniques and strategies to identify stressors and manage their influence on health. Chau could acknowledge that his wishes may cause his parents grief and should this upset him, he could apply techniques to prevent and minimise stress. Using controlled breathing and visualisation are two techniques that may be effective.  <b>Resilience</b> Resilience refers to striving through times of adversity. Chau could persuade his parents to allow him to participate in the trial despite setbacks or objections from, his parents that may occur along the way.	

- (c) Describe in detail **one** of the guiding principles of the *National Strategic Framework for Chronic Conditions 2017* and how it should be applied in the case of the asthma drug trial. (3 marks)

Description	Marks
Description of principle No mark for identification or listing of the principle	1
Detailed application of principle	2



Limited application of principle		1
<b>subtotal</b>		<b>2</b>
<b>Total</b>		<b>3</b>
Answers must include one of the following:		
<b>Principle</b>	<b>Description and how the principle should be applied</b>	
Equity	<p>All Australians should receive high quality healthcare irrespective of background or personal circumstances.</p> <p>In this situation, the trial should be safe and include high quality monitoring and review processes.</p>	
Collaboration and partnerships	<p>Opportunities for agencies/organisations to link up and take action to achieve greater impacts should occur.</p> <p>In this situation, it may be possible for researchers to work together with other groups and pool resources to achieve the best possible outcomes.</p>	
Access	<p>High standard, appropriate support and services should be available for all Australians. These should be accessible, equitable and affordable.</p> <p>In this situation, the trial should be free or low cost to encourage access and available for individuals living in rural and remote locations (as well as metropolitan locations).</p>	
Evidence-based	<p>Rigorous, relevant and current evidence should inform best practice and add to the existing knowledge base.</p> <p>In this situation, the trial should be based on evidence of what is the most likely approach that would result in success.</p>	
Person-centred approaches	<p>Efforts to improve health should recognise and value the needs of individual and their support networks. Care should be holistic.</p> <p>In this situation, people participating in the trial should be treated as a person, not just a number, and their needs should be considered in all aspects of the process.</p>	
Sustainability	<p>Planning and effective management of resources is critical to the delivery of longer-term improved health outcomes.</p> <p>In this situation, the trial should aim to provide long-term benefits to asthma sufferers.</p>	
Accountability and transparency	<p>Decisions and responsibilities are clear and accountable and public resources are used to achieve the best value.</p> <p>In this situation, the processes of the trial should be transparent, and the health professional overseeing the trial should provide information about the progress and outcome.</p>	
Shared responsibility	<p>All parties should understand and accept their roles and responsibility to work towards enhancing health outcomes.</p> <p>In this situation, groups collaborating in the trial should know their roles and strive to achieve the best outcomes for all concerned.</p>	

## Question 25

(8 marks)

- (a) Outline **two** purposes of Australia's program of International Aid. (2 marks)

Description	Marks
Any two of the following	
<ul style="list-style-type: none"> <li>to promote prosperity and enhance stability in nations receiving aid</li> <li>to contribute to reducing poverty in nations receiving aid</li> <li>to promote Australia's national interests by contributing to sustainable economic growth.</li> </ul>	1-2
<b>Total</b>	<b>2</b>

- (b) Australia focuses on the development of the private sector and human capital within countries receiving aid. Provide a rationale for the importance of focusing on each of these areas. (6 marks)

Description	Marks
2 rationales (private sector/human capital) x 3 marks each	
Provides a detailed rationale underpinned by logical and accurate discussion and strong understanding of the development of the private sector/human capital	3
Provides a rationale underpinned by discussion and understanding of the development of the private sector/human capital	2
Provides an accurate rationale with limited understanding of the development of the private sector/human capital	1
<b>subtotal</b>	<b>3</b>
<b>Total</b>	<b>6</b>
<p>Answers could include:</p> <p>Note: Answers do not need to include headings bolded below. For full marks the answer must link reasons to either private sector or human capital.</p> <p>Example for 3 marks</p> <p><b>Development of the private sector</b></p> <ul style="list-style-type: none"> <li>provides infrastructure for key services that support healthy environments</li> <li>contributes to sustainable economic growth</li> <li>develops initiatives targeting poverty (reduction of).</li> </ul> <p>Example for 3 marks</p> <p><b>Development of human capital</b></p> <ul style="list-style-type: none"> <li>contribute to the provision of better educated individuals; better health literacy among the population</li> <li>builds resilience, and social protections that can counteract disasters</li> <li>addresses gender inequality and supports empowerment of women, girls.</li> </ul>	

## Question 26

(6 marks)

- (a) Define and provide examples of health indicators. (2 marks)

Description	Marks
Definition – health indicators provide quantifiable data related to the health status of a population	1
Examples – life expectancy, morbidity, mortality Must have two examples for 1 mark – no marks for 1 example only	1
<b>Total</b>	<b>2</b>

- (b) Outline
- two**
- key purposes of using health indicator data. (2 marks)

Description	Marks
Any two of the following	
<ul style="list-style-type: none"> <li>• to identify health inequities and or needs</li> <li>• to provide a picture of the health status of a population</li> <li>• to identify areas for action</li> <li>• to allocate resources to areas where attention is needed to improve health status</li> <li>• to compare changes in the population over time</li> <li>• to compare populations and/or countries</li> <li>• to measure/evaluate the impact of health initiatives</li> </ul>	1–2
<b>Total</b>	<b>2</b>
Accept other relevant answers.	

- (c) Outline
- two**
- reasons why improving health indicators is a challenging prospect for governments. (2 marks)

Description	Marks
Any two of the following	
Answers could include: <ul style="list-style-type: none"> <li>• improving health indicators takes time – is a long-term proposition and it may be difficult to see improvements in the short-term (and within the election cycle)</li> <li>• improving health indicators can be very costly and require substantial financial commitment/resources</li> <li>• as health indicators are linked to health inequity, addressing the social determinants of health is critical, which is a challenge for governments to coordinate</li> <li>• poverty is major issue in impoverished/under-developed nations and is a very difficult issue to address without the necessary resources such as workforce and vital infrastructure</li> <li>• in some nations, health indicators are extreme and changes may be difficult to achieve due to extraneous factors such as poverty and limited resources and cultural factors</li> </ul>	1–2
<b>Total</b>	<b>2</b>
Accept other relevant answers.	

## Section Three: Extended answer

30% (30 Marks)

## Question 27

(15 marks)

- (a) On the basis of Reuben's story, explain **three** socioeconomic determinants of health that affect him and his ability to achieve good health. (9 marks)

Description	Marks
3 socioeconomic determinants x 3 marks each	
Detailed explanation about a socioeconomic determinant of health that may affect Reuben	3
Description about a socioeconomic determinant of health that may affect Reuben/incorrect naming of determinant but correct description/no determinant identified but description correct	2
Outline of a socioeconomic determinant of health that may affect Reuben	1
<b>subtotal</b>	<b>3</b>
<b>Total</b>	<b>9</b>

Answers could include:

Note: no marks for identifying determinant without an explanation.  
No marks for incorrect naming of determinant (e.g. unemployment and or access to health care unacceptable – two marks maximum).

**Education**  
It will be difficult for Reuben to access education while he is homeless. Schools and other education institutions require permanent accommodation (fixed address) and access to phone/email. Many courses also cost money. Low levels of health literacy are linked to low levels of education. Not having the necessary skills or level of education is also a barrier to achieving employment.

**Employment**  
It would be difficult for Reuben to get work. He has no fixed address nor does it appear he has the resources to dress appropriately, access public transport, have a bank account etc ... all of which are required for working.

**Income**  
It's not clear whether Reuben is receiving financial assistance; however, not having a job would mean he would be living on or below the poverty line. A low income places him at risk of achieving good health (or low income places him at risk of poor health).

**Family**  
Having no family networks, Reuben does not have any social or economic support, which is critical for good health. This may affect his mental health and wellbeing. Connection to social networks is a protective factor for resilience and good health.

**Housing/neighbourhood**  
Reuben would not have access to secure and/or safe housing, and this can increase risk of poor health. Sleeping rough can be dangerous without the security of four walls; crime may be an issue due to squatting in unsafe places.

**Access to services**  
Reuben would have access to some basic services; however, these may not include essential health and/or dental services necessary for good health. He would be unlikely to access preventive services, such as immunisation, which reduce the likelihood of disease and illness.

**Food security**  
The provision of healthy, fresh food would be limited in Reuben's case. A nutritious and plentiful food supply is necessary for good health. Poor diet is a risk factor for

chronic disease and illness and may compromise Reuben's immune system, leaving him at risk of infection.

Non acceptable response – migration and refugee status

- (b) Discuss why it is difficult for homeless youth like Reuben to meet psychological and self-fulfilment needs, as described in Maslow's Hierarchy of Needs. In your answer refer to different levels of need used within Maslow's Hierarchy. (6 marks)

Description	Marks
Comprehensive discussion demonstrates excellent understanding of Maslow's Hierarchy and includes multiple reasons why homeless youth would have difficulty achieving lower order needs which are essential prior to being able to access higher order needs. Reference to three or more levels of the hierarchy are referred to using correct terminology (for each level discussed). Supporting examples may be provided.	5–6
Discussion demonstrates good understanding of Maslow's Hierarchy and some reasons outlining difficulties for homeless youth. One or two levels of the hierarchy are referred to using mostly correct terminology. Supporting examples are not typically provided or limited in demonstrating understanding.	3–4
Discussion demonstrates limited understanding. May include one or two reasons, terminology may be inaccurate or not included.	1–2
<b>Total</b>	<b>6</b>

Answers could include:

A comprehensive discussion attracting marks of 5–6 may include reference to:

**Reasons why it is difficult to achieve higher order needs**

Psychological and self-fulfilment needs comprise the top three tiers of Maslow's Hierarchy. These are often termed higher level, complex or growth needs. In order to progress to achieve growth needs, individuals need to satisfy basic needs. It is difficult for Reuben to meet psychological and self-fulfilment as meeting lower order needs is unlikely due to his living conditions and circumstances.

**Safety and security needs is one of the lower order needs**

These include having stable employment, social stability (social contacts and family) and a sense of safety. Living rough can be dangerous or unsafe. It is difficult for homeless youth to access employment or training to move towards employment. Homeless youth may not have ongoing contact with family (or family conflict may be the cause of their homelessness).

**Physiological needs (biological needs) is on the bottom tier of Maslow's Hierarchy**

These include basic needs such as food, water, shelter, sleep and clothing. Homeless youth may not have access to these basic needs, and therefore will be unable to progress and meet higher level growth needs e.g. access to food (particularly nutritious food) is difficult for homeless youth, and food supply may be intermittent or unreliable. Sleeping rough and not having adequate shelter or clothing (e.g. in winter) can affect a person's immune system and ability to fight infection. Without meeting these basic needs, homeless youth cannot move up the hierarchy.

## Question 28

(15 marks)

- (a) Outline the specific population at which this program is aimed. (1 mark)

Description	Marks
Any <b>one</b> of the following:	
<ul style="list-style-type: none"> <li>• socioeconomically disadvantaged people/low SES</li> <li>• unemployed people</li> <li>• working age people</li> <li>• people who receive welfare payments</li> <li>• people living in the East Kimberley Region of working age and current recipients of welfare payments</li> </ul>	1
<b>Total</b>	<b>1</b>

- (b) Provide **two** arguments for and **two** against the introduction of this trial. (4 marks)

Description	Marks
2 arguments against x 1 mark each and 2 arguments for x 1 mark each	
Any two relevant arguments against	1–2
Any two relevant arguments for	1–2
<b>Total</b>	<b>4</b>
<p>Answers could include:</p> <p><b>Arguments for</b></p> <ul style="list-style-type: none"> <li>• The Australian Government is considering the best possible way to support people, families and communities in places where high levels of welfare dependence co-exist with high levels of social harm.</li> <li>• The cashless debit card is testing whether reducing the amount of cash available in a community will reduce the overall harm caused by welfare fuelled alcohol, gambling and problematic drug use.</li> <li>• It is a useful tool operating alongside other reforms to address the devastating impacts of problematic drug use and problem gambling.</li> <li>• For there to be sufficient resources in households to enable welfare recipients to purchase food for their families/dependents, and other essential needs such as clothing, utility bills, medications (may address these as individual points).</li> <li>• To reduce the risk of foetal alcohol syndrome in communities where alcohol use during pregnancy is high.</li> <li>• To encourage healthier behaviours and therefore reduce strain on health and emergency services who tend to alcohol-related problems.</li> <li>• To reduce domestic violence.</li> <li>• Risk of crime to source money for alcohol, gambling and drugs e.g. theft.</li> <li>• To support purchase of essential items.</li> </ul> <p><b>Arguments against</b></p> <ul style="list-style-type: none"> <li>• Intervention takes control of spending away from welfare recipients, does not foster empowerment or allow individuals to be educated to make healthier choices.</li> <li>• Without other measures to support use of the card, this intervention may not be successful as welfare recipients may resort to other ways to purchase alcohol or pursue gambling avenues.</li> <li>• The use of such a card may increase crime in the area, as individuals use other means to acquire alcohol or money for gambling.</li> <li>• Intervention impacts on the ability of individuals to freely choose how to spend their money.</li> </ul> <p>Accept other relevant answers.</p>	

- (c) Apply the PABCAR model to determine whether an intervention of this type could be introduced in a similar regional area. (10 marks)

Description	Marks
5 steps of PABCAR model x 2 marks each	
Identification of step and detailed application	2
Identification of step with limited application	1
<b>subtotal</b>	<b>2</b>
<b>Total</b>	<b>10</b>
<p>Answers could include:</p> <p>Note: no marks for identifying step only.</p> <p><b>Step 1</b> – What is the problem and why is it significant? The problem is that socioeconomically disadvantaged groups are suffering poor health due to harmful use of alcohol and problem gambling. The community is subject to problems associated with alcoholism such as violence, foetal alcohol syndrome and children not having their basic needs catered for.</p> <p><b>Step 2</b> – Is the problem amenable to change? Research could be undertaken to determine the outcomes of interventions in other communities where the welfare card has been introduced. Data such as hospital admissions and school attendance could be collected and examined.</p> <p><b>Step 3</b> – Are the intervention benefits greater than the costs? A cost benefit analysis could be undertaken to determine the potential advantages and disadvantages related to implementing the cashless debit care. If the benefits outweigh the costs then the intervention should be considered.</p> <p><b>Step 4</b> – What is the acceptability of the proposed measures? What is the likely reaction of the community to the intervention? Considering community attitudes and framing arguments in order to gain the most support for the intervention. This would aim to consider opposition to the debit card and mobilise support. If support for the intervention is not significant, then advocacy strategies may be required.</p> <p><b>Step 5</b> – Recommended actions and monitoring. Consideration of recommended actions for successful implementation of the cashless debit card and development of strategies to monitor such actions.</p>	

## Question 29

(15 marks)

- (a) Discuss the impact that this evacuation might have on the personal, social and cultural identity of local villagers. (9 marks)

Description	Marks
3 identities (personal/social/cultural) x 3 marks each	
Comprehensive discussion linking the impact the evacuation has on an identity	3
General impact the evacuation might have on an identity	2
Limited impact the evacuation might have on an identity	1
<b>subtotal</b>	<b>3</b>
<b>Total</b>	<b>9</b>

Answers could include:

**Personal identity**

When Balinese are forced to move out of their local areas, they can lose their sense of self and personal identity. Current routines and structures can be changed or disappear. This can lead to stress, mental health problems and/or compromised immune system leaving people at greater risk of illness/disease.

**Social identity**

Loss or disruption to social relationships can have effect on health. An evacuation could disturb strong social networks with the possibility of family members relocating to different areas and not being in close proximity of one another. Lack of support from peers and community groups due to evacuation will limit opportunities for important social connections. Local and social support to deal with such events becomes important for overall health.

**Cultural identity**

An evacuation could affect hospitality and tourism, which plays a major role in providing financial support to 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.



- (b) Explain how the application of enabling, mediating and advocating strategies from the Ottawa Charter might reduce health inequities experienced by the displacement of local residents in this situation. (6 marks)

Description	Marks
3 strategies (enabling/mediating/advocating) x 2 marks each	
Explanation of how the application of a strategy might reduce health inequities relevant to the situation	2
Limited explanation of how the application of a strategy might reduce health inequities	1
<b>subtotal</b>	<b>2</b>
<b>Total</b>	<b>6</b>
<p>Answers could include:</p> <p><b>Enabling</b>            Enabling means to support groups or individuals to take action to increase empowerment, and protect and improve their health. This can occur through mobilising resources so that groups/individuals can use these to take action. In this situation, it would be important for health workers to support the community and facilitate access to resources and information so that displaced communities know where to go to find information (e.g. how will they know when it is safe to return home; how will they find out if any damage has been caused; where can they access temporary support services etc.) and gain support to protect health and prevent inequities.</p> <p><b>Mediating</b>            Mediating is a process where individuals/groups work together to agree/reconcile in a way that has a positive impact on health. In this situation, the Government needs to work closely with the community to ensure that disruptions to lifestyles/living conditions are managed so that health is not compromised. Coordinated action between the Government, non-government agencies, voluntary agencies, local authorities and other relevant parties is needed to monitor the situation and plan for the best outcome for communities.</p> <p><b>Advocating</b>            Advocating for health (or advocacy) is a process where creating conditions for good health are the focus. Advocacy should address the political, economic, social, cultural and environmental factors which influence health. In this situation, advocacy groups should consider the broad impact of all of these influences, and work to improve conditions for good health. This could be in the way of ensuring that displaced communities have access to good temporary housing, health services or other measures to ensure that their health is protected during the time of the evacuation, and health inequities are minimised.</p>	

## Question 30

(15 marks)

Health status is subject to the influence of many factors, which often lie outside the direct control of individuals. Provide a rationale with evidence for considering the social determinants of health when taking action to achieve health equity. In your answer refer to the relationships between the different social determinants of health. (15 marks)

Description	Marks
<b>Social determinants of health</b>	
Rationale shows comprehensive understanding of social determinants of health when taking action to achieve health equity	5
Rationale shows a good understanding of social determinants of health when taking action to achieve health equity	4
Rationale shows general understanding of social determinants of health when taking action to achieve health equity	3
Rationale shows some understanding of social determinants of health when taking action to achieve health equity	2
Rationale shows limited understanding of social determinants of health when taking action to achieve health equity	1
<b>subtotal</b>	<b>5</b>
<b>Relationship between concepts (social determinants of health)</b>	
Rationale demonstrates comprehensive relationship between the concepts	5
Rationale demonstrates a good relationship between the concepts	4
Rationale demonstrates an exploration of some relationship between the concepts	3
Rationale attempts to establish a relationship between the concepts	2
Rationale does not establish a relationship between the concepts but may refer to a connection in some way	1
<b>subtotal</b>	<b>5</b>
<b>Rationale with evidence</b>	
Rationale shows comprehensive examples to illustrate breadth of understanding	5
Rationale shows very good examples to illustrate breadth of understanding	4
Rationale shows some examples to illustrate breadth of understanding	3
Rationale uses examples given to illustrate breadth of understanding	2
Rationale uses limited or no examples	1
<b>subtotal</b>	<b>5</b>
<b>Total</b>	<b>15</b>
<p>Answers could include:</p> <p>A comprehensive rationale attracting 12-15 marks could include reference to the following:</p> <ul style="list-style-type: none"> <li>• The social determinants of health include: social gradient, stress, early life, social exclusion, work, unemployment, social support, addiction, food, transport and culture</li> <li>• The social determinants of health fall outside the control of the individual. They are the conditions in which people are born, live, work and age.</li> <li>• They influence health and a person's opportunity to be healthy, which includes a person's life expectancy and whether they may suffer from disease or illness, or be at risk of premature death.</li> <li>• Social determinants are often linked, so where opportunities for a good start to life (early life) are limited, this can contribute to position on the social gradient, access to food, stress and limited employment opportunities.</li> <li>• Social determinants of health contribute to health inequities, which are the unfair and avoidable differences in health status.</li> <li>• Social determinants of health are shaped by the distribution of money/wealth and power. Factors which contribute to health inequity are often linked to poverty (socioeconomic status), and where a person lives (their geographic location). Impoverished nations are subject to conditions such as poor access to health care, unemployment, poor levels of</li> </ul>	

health literacy and limited access to and level of education all of which have an adverse impact on health status.

- Differences in health status between communities/specific populations can be explained by the impact of social determinants.
- Factors that create health inequities are strongly linked to the social determinants of health e.g. unemployment, social isolation and socioeconomic status are closely linked to social factors such as position on the social gradient and social exclusion (or lack of social support). Where an individual does not have a job or meaningful employment, they are at risk of being socially isolated, and may not have sufficient social support to manage difficulties or bounce back from adverse situations (be resilient). Taking action to address the factors contributing to health inequities, is a means of targeting the social determinants.

## ACKNOWLEDGEMENTS

- Question 24(c)** Text under 'Description and how the principal should be applied' adapted from: Australian Health Ministers' Advisory Council. (2017). *National Strategic Framework for Chronic Conditions* (p. 14). Retrieved October, 2018, from [https://www.health.gov.au/internet/main/publishing.nsf/Content/A0F1B6D61796CF3DCA257E4D001AD4C4/\\$File/National%20Strategic%20Framework%20for%20Chronic%20Conditions.pdf](https://www.health.gov.au/internet/main/publishing.nsf/Content/A0F1B6D61796CF3DCA257E4D001AD4C4/$File/National%20Strategic%20Framework%20for%20Chronic%20Conditions.pdf)
- Question 28(b)** Text under 'Arguments for' (1st to 3rd dot points) from: Department of Social Services. (2018). *Cashless debit card*. Retrieved October, 2018, from <https://www.dss.gov.au/families-and-children/programmes-services/welfare-conditional/cashless-debit-card-overview>  
Used under Creative Commons Attribution 3.0 Australia

This document – apart from any third party copyright material contained in it – may be freely copied, or communicated on an intranet, for non-commercial purposes in educational institutions, provided that it is not changed and that the School Curriculum and Standards Authority is acknowledged as the copyright owner, and that the Authority's moral rights are not infringed.

Copying or communication for any other purpose can be done only within the terms of the *Copyright Act 1968* or with prior written permission of the School Curriculum and Standards Authority. Copying or communication of any third party copyright material can be done only within the terms of the *Copyright Act 1968* or with permission of the copyright owners.

Any content in this document that has been derived from the Australian Curriculum may be used under the terms of the Creative Commons [Attribution 4.0 International \(CC BY\)](https://creativecommons.org/licenses/by/4.0/) licence.