



HEALTH STUDIES

ATAR course examination 2021

Marking key

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

Section One: Multiple-choice

20% (20 Marks)

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

Section Two: Short answer

50% (52 Marks)

Question 21

(6 marks)

(a) Define 'food security'.

(2 marks)

Description	Marks
Accurate definition of food security	2
Limited definition of food security	1
Total	2
<p>Answers could include:</p> <p>Food security refers to the physical and sustainable availability and quality of food, and to whether people have the resources and opportunity to gain reliable access to it.</p> <p>Healthy, safe and nutritious.</p> <p>For two marks answer should relate to availability and quality of food.</p>	

(b) Describe **two** reasons why Australia is considered one of the most food secure countries in the world. (4 marks)

Description	Marks
Two reasons (x 2 marks each)	
Accurate and relevant description of one reason	2
Outlines one reason	1
Subtotal	2
Total	4
<p>Answers could include:</p> <p>Produces more food than needed: Australia currently produces substantially more food than is consumed. This enables us to export most (70%) of the food we produce. We only import a small proportion of food (11%).</p> <p>Availability/accessability of quality food: Australia produces a wide variety of quality produce from all food groups. We have the capacity to keep food fresh and have good transport to most parts of the country.</p> <p>Agriculture exports act as shock absorber – keeping domestic food supply stable, hence Australia produces sufficient food.</p> <p>Accept other relevant answers.</p>	

Question 22

(8 marks)

(a) Explain how race-based discrimination affects health.

(2 marks)

Description	Marks
Explains how race-based discrimination affects health	2
Outlines how race-based discrimination affects health	1
Total	2
Answers could include the following points: Race-based discrimination may lead to: <ul style="list-style-type: none">• health inequities as a result of fear and discrimination around accessing services• anxiety, depression, poor self-esteem, and stress-related illness• unhealthy coping behaviours, such as dropping out of physical activity and community activities, smoking, and misusing alcohol or drugs• restricted access to education, information, employment, social support and human rights• long-term social and material disadvantage• lower rates of participation in sports, cultural and civic activities• discrimination when seeking work, lower income.	
Accept other relevant answers.	

- (b) Outline **three** action areas of the *Ottawa Charter* and provide **one** strategy for each that could be used nationally to address racism in the AFL or other sporting bodies.

(6 marks)

Description	Marks
For each action area (3x2)	
Outlines an action area of the <i>Ottawa Charter</i>	1
States an appropriate strategy relevant to the <i>Ottawa Charter</i> action area	1
Subtotal	2
Total	6
<p>Answers could include:</p> <p>Developing personal skills aims to support personal and social development through providing information, education for health and enhancing life skills.</p> <p>Strategy examples: online or F2F learning modules and sessions, for example, cultural awareness, learning different languages etc.; education in schools/TAFE/university; community-based campaign; training for sports clubs (coaches, volunteers, admin, parents, kids, etc.).</p> <p>Strengthen community actions involves engaging community resources and strengthening competencies, collaboration and participation. This may include empowerment of communities enabling communities to take ownership and control of their communities.</p> <p>Strategy examples: local AFL clubs implementing relevant local cultural events drawing on the broader local community.</p> <p>Creating supportive environments acknowledges the interconnectedness between people and their environment and that people, communities and the environment need to be cared for and protected.</p> <p>Strategy examples: Indigenous round of the AFL increasing awareness; implement cultural events at National and local AFL.</p> <p>Building health public policy involves advocating for, and establishing health as priorities at all levels and sectors (this may include national legislation, organisational policy, etc.).</p> <p>Strategy examples: policy implementation in local and national sports clubs to address race-based discrimination; national anti-discrimination legislation.</p> <p>Reorienting health services advocates for the health care system which prioritises health and focuses on universal access. This is acknowledged as the responsibility of individuals, community, health professionals, health service institutions and governments. Reorientating health services also includes focus on research and professional education and training.</p> <p>Strategy examples: National and local AFL clubs working with local health care providers to enhance access (e.g. doctors, psychologists, physios); National and local AFL clubs participating in relevant research to extend our understanding of impacts of discrimination; AFL clubs ensuring staff (e.g. team doctors, physios, psychologists) have access to relevant professional development.</p> <p>Note: no marks for only identifying the <i>Ottawa Charter</i> area.</p>	

Question 23

(9 marks)

- (a) Outline **three** reasons that could explain the large difference in life expectancy between Australia and Malawi. (3 marks)

Description	Marks
For each reason (3x1)	
Provides a reason	1
Total	3
<p>Answers could include but are not limited to:</p> <ul style="list-style-type: none"> • poorer access to health care in Malawi compared to Australia • lower access to and level of education in Malawi • higher rate of individuals living in extreme poverty in Malawi • higher incidence and risk of communicable disease in Malawi • Malawi's population may experience a lower level of health literacy • Malawi's population may be more exposed to environmental risks such as lack of clean drinking water and sanitation. 	
Accept other relevant answers.	

- (b) Australia's aid program works to build capacity and reduce health inequities such as those outlined in part (a) above. Identify **two** of the investment priority areas of Australia's aid program described in this course and explain why Australia provides aid in these areas. (6 marks)

Description	Marks
For each investment priority (2x1)	
Identifies an investment priority	1
Subtotal	2
For each investment priority area (2x2)	
Explains why Australia provides aid in the identified priority area	2
Outlines why Australia provides aid in the identified priority area	1
Subtotal	4
Total	6
<p>Answers must focus on two of the three investment priority areas described in this course. Other investment priority areas are not accepted.</p> <p>Humanitarian policy and partnerships Natural disasters, conflict and economic shocks (such as food and fuel price spikes) undermine growth, impact development gains and increase poverty and insecurity. Women and gender minority people may also be at increased risk of violence during crises.</p> <p>Australia's humanitarian action aims to reduce risks from, prepare for, and respond to crises.</p> <p>Education and health Education and health are critical to improving livelihoods, enabling people to participate in the economy and raising living standards. Many young people leave school without getting the skills they need to get a job and participate fully in society. Australia invests in health programs and systems so that everyone has the capacity to live a healthy and productive life. Australia supports systems and policies to enable education and health programs and services to be better delivered.</p> <p>Gender equality and empowering women and girls Australia has a commitment to promote gender equity and empowerment of women and girls. Women are at greater risk of a range of health issues, including domestic violence. They also perform the majority of unpaid work. They are heavily represented by sectors hardest hit by disruptions (such as COVID-19*).</p> <p>Examples of specific programs are not required, however students may use these to support points.</p>	

Question 24

(13 marks)

- (a) Explain the purpose of a needs assessment. (3 marks)

Description	Marks
Explains the purpose	3
Describes the purpose	2
Outlines the purpose	1
Total	3
<p>Answer may include but is not limited to:</p> <ul style="list-style-type: none"> determines priorities within a specific community allows for more accurate resource allocation to reduce health inequities provides detailed information that informs/guides intervention/program empowers and makes community feel valued due to their involvement, means that their opinions/concerns are addressed and may result in increased engagement builds relationships with the community, which can be utilised during the course of the intervention/program shows they are serious about the issue and can therefore raise the salience of the problem within the community. 	

- (b) Describe **two** types of needs that should be considered when addressing community health issues for rural and remote Australians. (4 marks)

Description	Marks
For each of two needs (2 marks each)	
Describes a need that should be considered when addressing community health issues for rural and remote Australians	2
Outlines a need that is considered when addressing community health issues for rural and remote Australians	1
Subtotal	2
Total	4
<p>No marks if need is not linked to health issues in rural and/or remote Australia.</p> <p>Answers could include the following:</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 another area with a similar population. For example, benefits of dry areas in some remote communities to reduce alcohol related harm.</p> <p>Normative need Defined by experts and based on research that defines many people within the population. You can look at what research shows are effective strategies for helping communities improve health issues and apply this to the community in need. For example, providing annual travelling dental clinics to rural and remote areas to reduce dental caries and tooth decay, research shows regular check-ups can reduce poor dental health outcomes.</p> <p>Felt need Perceived by individuals and communities, 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. For example, community members may be demanding increased access to public exercise facilities, such as park equipment to improve their physical health.</p>	

Expressed need
Needs that have been demanded by the community due to observing the current community circumstances.
For example, long wait times for hospital admissions, doctors' appointments etc. the community have a higher demand for a service than what currently exists; therefore, this expresses the need for a new service.

- (c) Compare **one** aspect of the health-related data for Aboriginal and Torres Strait Islander peoples with those for the overall Australian population, as shown in the table above. (2 marks)

Description	Marks
Compares and includes a reference to both Aboriginal and Torres Strait Islander peoples and the overall population.	2
Compares and includes a reference to Aboriginal and Torres Strait Islander peoples or the overall population.	1
Total	2
<p>Answers could include:</p> <p>Aboriginal And Torres Strait Islander peoples:</p> <ul style="list-style-type: none"> • have a higher rate of mental and behavioural conditions than the overall Australian population (24% compared to 20.1%) • have a higher rate of asthma than the overall Australian population (16% compared to 11.2%) • have a higher rate of diabetes mellitus than the overall Australian population (8% compared to 4.9%) • have a higher rate of heart, stroke and vascular conditions than the overall Australian population (5% compared to 4.8%) • have a higher rate of kidney disease than the overall Australian population (1.8% compared to 1%) • have a higher rate of all health-related issues listed in the table compared to the overall Australian population. <p>Accept other relevant answers.</p>	

Question 24 (continued)

- (d) Summarise **two** characteristics and **two** needs of a specific population group studied in this course, excluding those referred to in parts (b) and (c). (4 marks)

Description	Marks
For each characteristic (2x1 mark)	
Summarise the characteristics of the specific population group	1
Subtotal	2
For each need (2x1 mark)	
Summarise the needs of the specific population group	1
Subtotal	2
Total	4
For one mark answers need to provide a correct summary. Answers could include:	
Prisoners	
Characteristics	
<ul style="list-style-type: none"> Prisoners are predominately young, adult males, from lower socioeconomic groups, with an over-representation of Aboriginal and Torres Strait Islander peoples. The median aggregate sentence length for all sentenced prisoners was 2.1 years. Of the total prisoners population only 9% were female, 91% were male, 29% were Aboriginal or Torres Strait Islander, 79% had prior adult imprisonment and 81% were Australian born. Median age of prison inmates was 35.2 years for all prisoners, 35.3 years for males and 34.5 years for females. Prisoners often arrive at prison with several health problems—their health is sufficiently poorer than in the general community that they are often considered to be geriatric at the age of 50–55. They are more likely than those in the general community to be taking medication for mental health issues, addictions and chronic conditions. Over a quarter of prisoners had not completed Year 10 at school, with Aboriginal or Torres Strait Islander entrants having lower educational attainment than non- Aboriginal and Torres Strait Islander peoples entrants. Most serious offences/charges for reoffending adult imprisonment were unlawful entry with intent, traffic offences, theft and offences against justice. Most serious offences/charges for adult imprisonment for first time offenders were fraud and deception, illicit drug offences and sexual assault. 	
Needs	
<ul style="list-style-type: none"> Intervention for risky behaviours – prison entrants have high rates of being a smoker, drinking alcohol at levels that causes harm and illicit drug use. Communicable disease prevention – prison entrants have higher rates of testing positive for Hepatitis C and B antibodies than the general population. Chronic disease prevention – management of chronic diseases is necessary, many prisoners self-report having a chronic condition such as asthma, arthritis, CVD, diabetes and cancer. Mental Health – support for management of mental health conditions is essential. High rates of mental illness, with many taking medications and having reported a history of self-harm. 	

Older people

Characteristics

- Australia's older generation (over 65 years) continues to grow and is likely to double by 2057
- Australia's older population are generally living longer and more healthy lives than previous generations
- More older Australians are likely to be in the workforce than previous generations; 1 in 8 older Australians were employed or engaged in education or training (2016)
- While many older Australians are well and financially secure some groups face disproportionate disadvantage
- In 2017 1 in 7 Australians were aged 65 years and over
- The majority of older people (93%) did not smoke (2014-15)
- 41% of older people reported participating in the recommended weekly levels of physical activity
- 2 out of 3 older Australians did not use aged care services (2014-15)
- 76% of older Australians owned their own home (2014-15)
- 1 in 3 older Australians were born overseas (most from a non-English speaking country (2016)

Needs

- Specific at risk groups: Interventions (financial and health and wellbeing) for groups of older Australians who are more likely to face disadvantage: ATSI communities; culturally and linguistically diverse communities; veterans; rural and remote communities; homeless (or at risk of becoming homeless); LGBTI communities
- Physical activity: Interventions to support older people remaining physically active
- Independence: Interventions to support older people remaining in their home
- Mental health: specific services and support for older people, mental health problems begin to increase among older people
- Health care: need to access to health care is likely to increase as older people age. Support navigating the health care and aged care system. Ensuring access to services.

Visit <https://www.aihw.gov.au/reports-data/population-groups> for current data and information. At time of publication (June 2020) key groups included: children and youth; mothers and babies; older people; veterans; men and women; prisoners (in addition to rural and remote and Aboriginal and Torres Strait Islander people).

Question 25

(9 marks)

- (a) Apart from norms of a specific group and majority norms, describe **three** examples of how health behaviour can be influenced by norms related to alcohol consumption.

(6 marks)

Description	Marks
For each health behaviour (x 2 marks each)	
Describes an example of a health behaviour influenced by a norm related to alcohol consumption.	2
Outlines an example of a health behaviour influenced by a norm related to alcohol consumption.	1
Total	6
<p>Answers must include the following types of norms:</p> <p>Proscriptive norms</p> <ul style="list-style-type: none"> • These norms discourage people from drinking alcohol. Due to the high risks to the developing mind and body, it is recommended that children under the age of 18 should not consume alcohol. Fines and penalties also apply for supplying underage people with alcohol, therefore people should not supply minors with alcohol. • Australian laws related to alcohol use often include penalties which will discourage people from consuming alcohol in risky situations. For example, consuming alcohol and driving a motor vehicle can result in a loss of licence or imprisonment, thus discouraging people from drink driving. <p>Prescriptive norms</p> <ul style="list-style-type: none"> • These norms support positive health behaviour and are strongly encouraged by society. A prescriptive norm related to alcohol consumption is only consuming the recommended amount of alcohol per week. By following recommended alcohol consumption guidelines, people are valuing their health. • An example of a prescriptive norm with relation to alcohol is pregnant women being discouraged to consume alcohol due to high risk. This is reinforced via advertising and information on alcohol product labels, therefore the majority of pregnant women will choose not to drink alcohol. <p>Popular norms</p> <ul style="list-style-type: none"> • These norms are encouraged by what is considered popular belief. In some circles, the use of alcohol to celebrate is widely accepted, therefore people are morally inclined to drink alcohol at celebratory events. • Teenagers may feel that consuming alcohol at parties is considered a norm as this is acceptable behaviour in their peer group, therefore they may be more likely to drink alcohol at a party. 	
Accept other relevant answers.	

- (b) Using an example, describe **one** other health promotion advocacy strategy that could be used to help end junk food advertising at public sporting venues in Western Australia. (3 marks)

Description	Marks
Describes a health promotion advocacy strategy and uses a relevant example	3
Identifies a health promotion advocacy strategy and uses a relevant example	2
Identifies a health promotion advocacy strategy or provides a relevant example	1
Total	3
<p>Answers could include:</p> <p>Creating debate Creating an opportunity for people with differing points of view to discuss issues. For example, organising a meeting between fast/junk food companies who sponsor sporting events and representatives from public health promotion agencies to voice their opinions.</p> <p>Developing partnerships Invested stakeholders working together to achieve the outcome of ending junk food advertising on government property. For example, health promotion advocacy groups working together with invested sporting organisations such as Cricket Australia, AFL, Netball Australia, Hockey Australia etc. to generate solutions.</p> <p>Building capacity Developing the knowledge, skills and resources required to enact effective change. For example, educating people about the risks of promoting and providing junk foods at sporting venues.</p> <p>Mobilising groups Encouraging communities or groups to become involved in the decision-making process and gaining support from those with influence. For example, creating a social media movement to echo the message from the campaign to end junk food to help to get more community members involved.</p> <p>Framing issues Presenting the issue in a manner to elicit the desired response. For example, approaching the board of sporting associations such as Cricket Australia, AFL, Netball Australia, Hockey Australia etc. and highlighting the risks associated with junk food advertising as a means to get them to find healthier sponsor options.</p> <p>Using champions Engaging the services of a well-known, influential person (e.g. a sporting celebrity) to promote awareness of issues and promote change. For example, having a well-known cricketer like Steve Smith speak out about ending junk food advertising in sport.</p> <p>Influencing policy Acting with the aim of generating policy change. For example, having public health advocates join the board of large sporting corporations to ensure the message about the dangers of junk food advertising can be discussed and alternative sponsors found.</p> <p>Note: Raising awareness and Lobbying cannot be accepted as they are outlined as examples in the question stem.</p> <p>Accept other relevant answers.</p>	

Question 26

(7 marks)

- (a) Explain the impact culture can have on health decisions related to childbirth. (3 marks)

Description	Marks
Explains the impact	3
Describes the impact	2
States a fact about the impact	1
Total	3
<p>No marks for identifying without suitable description.</p> <p>Answers could include:</p> <ul style="list-style-type: none"> • cultural practice/tradition – for example, degree of medical intervention, caesarean, natural births, whether drugs are used to reduce pain, use of herbal remedies • length of time mother spends recovering after the birth • traditions about what happens to the placenta • who attends the birth – doctors, midwives, partners, other family members, elder women of the culture • role of the male partner – support to cut the cord, is it appropriate for males to be present? • vocalisation of pain – silence to crying out • birth settings – own home or the home of a relative, hospitals viewed as most appropriate, birthing clinics • birth positions – what is most comfortable, water births • circumcision of male/female children • prenatal care traditions/beliefs – diet, medical care, rituals, herbal remedies, vitamins, women working, exercise. <p>Accept other relevant answers.</p>	

- (b) Explain **two** self-management skills Soraya could use to support positive health behaviours during this conflict. (4 marks)

Description	Marks
For each of two self-management skills	
Explains how a self-management skill could be used	2
Outlines how a self-management skill could be used	1
Subtotal	2
Total	4
No marks for identifying skill without a suitable explanation.	
<p>Assertiveness Assertiveness is about expressing your needs and wants in a confident way without being aggressive or submissive. Soraya could express her feelings and beliefs in a calm manner and reassure her parents that she considers, and has respect for their feelings and beliefs. Carefully explaining Soraya and her partner's wishes to have the baby, in a way that is understandable by her parents, may be helpful.</p> <p>Stress management Stress management includes techniques and strategies to identify stressors and manage their influence on health. Soraya could acknowledge that her wishes may cause her parents grief and should this upset her, she could apply techniques to prevent and minimise stress. Using controlled breathing, visualisation, exercise, listening to music or mindfulness are a few techniques that may be effective.</p> <p>Resilience Resilience refers to striving through times of adversity. Soraya could persuade her parents to support her in having the baby and despite setbacks or objections from, her parents that may occur along the way.</p>	
Accept other relevant answers.	

Section Three: Extended answer

30% (30 Marks)

Question 27

(15 marks)

Identification and analysis of the health issue has been explained in the above statement. Describe the next steps required in planning a health inquiry based on mental health issues in Australia.

Description	Marks
Planning (focus question)	
Well-developed description of the development of a focus question, directly related to mental health issues in Australia	2
Brief description of the development of a focus question, somewhat related to mental health issues in Australia	1
Subtotal	2
Use of a range of information to explore the mental health issue	
Detailed description of how to use a range of information, directly related to explore the mental health issues in Australia	5
General description of how to use a range of information, directly related to explore the mental health issues in Australia	4
Outlines how to use a range of information, related to explore the mental health issues in Australia	3
Makes general comments about how to use a range of information, related to explore the mental health issues in Australia	2
Limited/superficial comments about how to use a range of information to explore the mental health issues in Australia	1
Subtotal	5
Interpretation of information	
Detailed interpretation of information, directly related to mental health issues in Australia	6
Describes in detail the interpretation of information, directly related to mental health issues in Australia	5
Describes the interpretation of information, related to mental health issues in Australia	4
Outlines the interpretation information, related to mental health issues in Australia	3
Makes general comments about the interpretation of information, related to mental health issues in Australia	2
Limited/superficial information about the interpretation of information about mental health issues in Australia	1
Subtotal	6
Presentation of findings	
Detailed presentation of findings, directly related to mental health issues in Australia	2
Brief description of the presentation of findings, somewhat related to mental health issues in Australia	1
Subtotal	2
Total	15
<p>Note: To be awarded full marks, answer must include all steps listed below and must be related to mental health issues in Australia.</p> <p>Answers could include:</p> <p>Planning (focus questions)</p> <ul style="list-style-type: none"> Develop focus questions to research mental health issues – they must be open ended, specifically target Australians and be relevant to what the target audience would need to be informed on. The focus question may be targeted at specific population groups at risk of mental health issues or may focus on the whole population. 	

Range of Information to explore health issue

- Identify and apply criteria for selecting information sources
- Locate and select a range of information to explore mental health issues in Australia. This may include peer review publications but also should include relevant mental health programs, e.g. Beyond Blue
- Ensure the range of resources are reliable by checking date last updated/published and authority of author – should be Australian given the focus is on mental health in Australia.

Interpreting Information

- Interpret information and summarise key points highlighting key mental health issues and population groups
- Identify and analyse mental health trends or patterns among the population and/or among specific groups from range of information/data collected
- Develop an argument for the proposed mental health program/intervention and the population group/s targeted based on the range of reliable information summarised
- Develop an evidence-based conclusion from the information presented in health inquiry.

Presentation

- Present information in an appropriate format that suits the particular target audience e.g. brochure, poster, infographic, tv/radio advert, written report, etc. Findings should focus on mental health and be relevant to the population group/s.

Question 28

(15 marks)

- (a) Define the term 'environmental determinants of health' and provide **three** examples of how these determinants might affect health inequities for homeless people. (5 marks)

Description	Marks
Detailed definition	2
Limited definition	1
Subtotal	2
For each example (3x1)	
Provides a relevant example	1
Subtotal	3
Total	5
<p>Sample definition:</p> <p>Environmental determinants include the physical, chemical and biological factors external to the individual, as well as all the other factors impacting behaviours in order to prevent diseases and create healthy environments. Most commonly these refer to features of the natural and built environment and geographical location.</p> <p>Examples could include but are not limited to:</p> <ul style="list-style-type: none"> • lack of adequate shelter: a homeless individual is more exposed to the health risks associated with sleeping rough. For example, they may be more exposed to air pollution or other forms of pollution due to living on the street, which is highly detrimental to health • exposure – homeless individuals are more at risk of developing respiratory disease or infection due to exposure to dampness and cold as a result of not having adequate shelter • crime and violence – many homeless people tend to reside in geographical locations that commonly experience high levels of crime and violence. This can impact an individual's mental health through ongoing psychological stress • built environment – homeless individuals may seek refuge in community shelters which can be overcrowded. Overcrowding can result in poor water and sanitation quality which can cause illness. 	
Accept other relevant answers.	

- (b) Describe the **five** levels of the socio-ecological model (discussed in this course) and explain how each could be used to help individual local government areas (LGAs) plan to address homelessness. (10 marks)

Description	Marks
For each level (5x1)	
Description of the level	1
Sub total	5
For each level (5x1)	
Explanation as to how LGAs could address homelessness	1
Sub total	5
Total	10
<p>Answers must include the five levels of the socio-ecological model discussed in this course:</p> <p>Individual Interpersonal Organisational Community Society</p> <p>Answers could include:</p> <p>Individual: Individual’s knowledge, attitudes and beliefs can impact their behaviours. Examples may focus on:</p> <ul style="list-style-type: none"> • personal limitations of individuals experiencing homelessness; seeking care; seeking employment • knowledge of homelessness status; resources and support, ability to access services, individual barriers. <p>Interpersonal: Interactions with other people, which can provide social support or create barriers to interpersonal growth that promotes healthy behaviour. Ongoing social support and encouragement from personal groups.</p> <p>Organisational: Including the rules, regulations, policies, and informal structures that constrain or promote healthy behaviours. Define homelessness eligibility for services, organisation resources and support, promote services, explore system barriers.</p> <p>Community: Such as formal or informal social norms that exist among individuals, groups, or organisations, can limit or enhance healthy behaviours. Networks of resources and support, networks of organisation; system barriers Support of community for policies and interventions; commitments from local businesses and organisations.</p> <p>Society: Including local, state, and federal policies and laws that regulate or support health actions and practices for disease prevention including early detection, control, and management. Local government, state, national laws, legislation – advocate for policy changes at state/national level; implement policy at LGA level.</p> <p>Accept other relevant answers.</p>	

Question 29

(15 marks)

Identify and describe the purpose and progress of each of the **five** Sustainable Development Goals discussed in this course.

Description	Marks
For each five Sustainable Development Goals (1 x mark each)	
Identifies a Sustainable Development Goal	1
Subtotal	5
For each goal (5x2)	
Describes purpose and progress	2
Describes purpose or progress	1
Subtotal	10
Total	15
<p>Answers must include the following Sustainable Development Goals:</p> <ul style="list-style-type: none"> • End hunger, achieve food security and improved nutrition and promote sustainable agriculture (Goal 2) or Zero Hunger • Ensure healthy lives and promote well-being for all at all ages (Goal 3) or Good health and well-being • Ensure inclusive and equitable quality education and promote lifelong learning opportunities for all (Goal 4) or Quality education • Achieve gender equality and empower all women and girls (Goal 5) or Gender equality • Ensure availability and sustainable management of water and sanitation for all (Goal 6) or Clean water and sanitation <p>Answers could include:</p> <p>End hunger, achieve food security and improved nutrition and promote sustainable agriculture (Goal 2)</p> <p>The purpose of this SDG is to end hunger, achieve food security and improved nutrition and promote sustainable agriculture by</p> <ul style="list-style-type: none"> • reducing the total number of people suffering from severe food insecurity • decreasing rates of chronic malnourishment especially in children under the age of five • improving measures to strengthen food production and distribution systems • developing sustainable and effective agricultural practices. <p>Progress towards SDG:</p> <ul style="list-style-type: none"> • the proportion of children under five years suffering chronic malnutrition has decreased • the proportion of children under five years suffering stunting has decreased • food insecurity is increasing with aid to agriculture decreasing • some countries have experienced sharp increases in food prices because of ongoing conflict, extreme weather conditions and macro-economic difficulties • global pandemic is an additional threat to food systems. <p>Ensure healthy lives and promote well-being for all at all ages (Goal 3)</p> <p>The purpose of this SDG is to ensure healthy lives and promote well-being for all at all ages by:</p> <ul style="list-style-type: none"> • decreasing maternal mortality rates • providing skilled health professionals to assist in births • decreasing preventable child deaths • increasing access to modern contraceptive methods • decreasing infectious disease incidences including HIV, tuberculosis and malaria • decreasing the number of deaths from non-communicable diseases such as cardiovascular disease, cancers and diabetes • increasing healthcare funding and access to essential services including vaccines. 	

Progress towards SDG:

- progress in many health areas continued before COVID-19, however needs accelerated
- most countries, especially poor countries, have insufficient health facilities, medical supplies and health-care worked to meet the current surge in demand
- there have been some good progress in reproductive, maternal, newborn and child health (examples could include a drop in the adolescent birth rate, increase in family planning needs for women of reproductive age, reduction in maternal deaths, increase in births with the assistance of skilled health professionals)
- infectious diseases
- there has been mixed success in the progress towards reducing infectious diseases (examples could include: HIV infection rates and global malaria incidence have not reduced which may impact achieving this goal)
- globally universal access to essential health care services is lacking
- spending on essential health care is increasing pushing people into poverty
- while there are slight improvements in cardiovascular diseases, cancer, diabetes or chronic respiratory diseases for 30–70 year olds this progress is not sufficient to meet the SDG target
- most countries, in particular poor ones, have insufficient health facilities, medical supplies and health-care workers to meet the surge in demand. Countries need comprehensive health strategies and increased spending on health systems to meet urgent needs and protect health workers, while a global coordinated effort is needed to support countries in need.

Ensure inclusive and equitable quality education and promote lifelong learning opportunities for all (Goal 4)

The purpose of this SDG is to ensure inclusive and equitable quality education and promote lifelong learning opportunities for all by increasing:

- reading and numeracy standards
- participation in organised learning, especially for those living in remote areas, extreme poverty and refugee camps
- primary school completion rates and encourage higher uptake of secondary education
- the global adult literacy rate.

Progress towards SDG:

- Progress towards inclusive and equitable quality education is too slow. Over 200 million children will still be out of school in 2030. COVID-19 has exacerbated these inequalities across and within countries
- Remote learning remains out of reach for at least 500 million students
- South East Asia is home to nearly half of the global illiterate population, and sub-Saharan Africa is home to one quarter
- In 2019, less 50% of schools in sub-Saharan Africa had access to electricity, the Internet, computers and basic handwashing facilities, key basic services and facilities necessary to ensure a safe and effective learning environment for all students.

Achieve gender equality and empower all women and girls (Goal 5)

The purpose of this SDG is to Achieve gender equality and empower all women and girls by:

- decreasing legal, social and economic barriers to the empowerment of women
- decreasing the rates of childhood marriage
- decreasing rate of Female Genital Mutilation (FGM) and eliminate the practice by 2030
- increasing managerial positions for women globally
- increasing sexual and reproductive health rights for women including full and equal access.

Question 29 (continued)

Progress towards SDG:

- despite some improvements full gender equality remains unreached
- fewer girls are forced into early marriage
- more women are in leadership roles
- however COVID-19 has placed additional burden on women (for example, increased domestic violence, home schooling responsibilities, more unpaid work, women account for 70% of front line health care workers).

Ensure availability and sustainable management of water and sanitation for all (Goal 6)

The purpose of this SDG is to ensure availability and sustainable management of water and sanitation for all by:

- increasing access of safely managed water and sanitation services
- increasing access to safely managed drinking water
- increasing access to handwashing facilities including soap in schools
- addressing climate change issues specific to preventing the decrease of freshwater bodies.

Progress towards SDG:

- despite progress billions continue to lack water and sanitation services
- some countries experience a funding gap of 61% for achieving water and sanitation targets
- water scarcity could displace 700 million people by 2030.

Accept other relevant answers. See <https://sdgs.un.org/goals> for other relevant answers.

When discussing progress towards the SDG students may include progress to 2019 or they may refer to impacts to the progress as a result of the current global pandemic as articulated in the SDG website.

Question 30

(15 marks)

- (a) Amenability to change is the second step of the PABCAR model. Describe how you could determine if this problem is amenable to change and what should be done if there is little evidence of changeability. (3 marks)

Description	Marks
Describes how the problem is amenable to change.	2
Outlines how the problem is amenable to change.	1
Subtotal	2
Outlines what should be done if there is little evidence of changeability	1
Subtotal	1
Total	3
<p>Answers could include:</p> <ul style="list-style-type: none"> • review other programs targeting this age group: Determine if evidence indicates that STI transmissions are likely to be reduced with the introduction of sexual health programs and if so what types of strategies and interventions have been successful. • review research to determine if young people in Australia have previously been amenable to STI public health programs and if so what types of interventions have been successful • review research to determine if sexual health program contribute to increased knowledge, awareness and skills • review research to determine if young people are likely to use an mHealth app and if so what characteristics would encourage young people to use such an app • talk to young people (interviews, focus groups etc.) to determine if they would use a mHealth app and are likely to become involved with a STI-related mHealth intervention. Explore what would motivate involvement • conduct focus group discussion with young people from different cultural groups to determine if the intervention was appropriate and what special features may be needed to encourage involvement. <p>If little evidence of amenability to change the option is to discontinue the program or conduct more research to determine what would make the program work. This may involve changing specific strategies. It may be appropriate to pilot the program to determine specific changes.</p> <p>Accept other relevant answers.</p>	

Question 30 (continued)

- (b) In order, define the other **four** steps of the PABCAR model. Considering the proposed program, describe how each step could be actioned during the planning process. (12 marks)

Description	Marks
For each step listed in the correct order (x 1 mark each)	
Defines the step in the correct order	1
Subtotal	4
For each step (x 2 marks each)	
Describes how each step could be applied during the planning process	2
Outlines how each step could be applied during the planning process	1
Subtotal	8
Total	12
<p>The four steps must be in the correct order and correctly worded</p> <ol style="list-style-type: none"> 1. Identification of the problem 2. Benefits and costs of implementing interventions 3. Acceptability of proposed measures 4. Recommended actions and monitoring <p>Answers could include:</p> <p>Identification of the problem Requires the clear identification of the problem and its significance to young people. This includes incidence or prevalence data, information about risks and transmission, information about the target group, and the cost of the program to the community.</p> <p>Identification of the problem could include reviewing existing data regarding prevalence and sexual health behaviours of young people, research with young people (quantitative and/or qualitative: surveys, focus groups etc.) Consider the prevalence of STIs among the target group in WA. Consider the risk of transmission of STIs among the target group in WA.</p> <p>Benefits and costs of implementing interventions This includes the impact on young people and the community, ethical considerations of the intervention, the economic costs and the efficacy of interventions With the introduction of the program would young people in WA be at a social, ethical and financial level, e.g. medical treatment costs reduced. Do the benefits of the program (reduction in prevalence, increased awareness, knowledge, skills etc.) outweigh the financial costs of developing and implementing the program.</p> <p>Issues such as unintended consequences of the intervention should be considered Ethical considerations around implementing or not implementing the intervention should be considered Conduct an economic benefits and cost analysis Efficacy of the intervention should be considered.</p> <p>Acceptance of the proposed measures Is there strong community and political support for this program and is there acceptance for the program among young people? Is there any opposition to the intervention (this may be from specific sub groups of the population and work may need to be done to ensure the intervention is relevant to specific groups)?</p> <p>Community engagement: Form a youth advisory committee; talk with young people and organisations working with young people; focus groups with young people and key stakeholders; involve young people in the program development.</p>	

Recommended actions and monitoring

The final stage involves implementing the intervention and monitoring the ongoing implementation. The actions are based on the findings of the previous four steps of the model. Changes may be made as necessary during the monitoring phase.

Actioning should include promoting the intervention. This may be done via social media, other media, young people's endorsements, etc. Advocacy should be targeted towards any groups that may block the intervention as well as those who support it. Monitoring may include structured evaluation (qualitative and/or quantitative) as well as ongoing reporting.

Accept other relevant answers.

ACKNOWLEDGEMENTS

- Question 21(a) & (b)** Sentence 1 (a) and last sentence (b) adapted from: Department of Agriculture, Water and the Environment. (2021). *Analysis of Australia's food security and the COVID-19 pandemic*. Retrieved September, 2021, from <https://www.agriculture.gov.au/abares/products/insights/australian-food-security-and-COVID-19#what-is-food-security>
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- Question 21(a)** Victorian Health Promotion Foundation (Vic Health). (2012). *Reducing race-based discrimination: Local government action guide no. 5*. Retrieved September, 2021, from [https://www.vichealth.vic.gov.au/~media/Indicators/Overview%20sheets/10/VH_LG%20Guides_RBD_web.ashx](https://www.vichealth.vic.gov.au/~/media/Indicators/Overview%20sheets/10/VH_LG%20Guides_RBD_web.ashx)
- Question 23(b)** Department of Foreign Affairs and Trade. (n.d.) *Development assistance in Sub-Saharan Africa: Humanitarian program in Africa*. Retrieved September, 2021, from <https://www.dfat.gov.au/geo/africa-middle-east/development-assistance-in-sub-saharan-africa/Pages/humanitarian>
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- Question 24(d)** Dot points 1, 5 & 6 from: Australian Institute of Health and Welfare. (2017). *Prisoners*. Retrieved September, 2021, from <https://www.aihw.gov.au/reports-data/population-groups/prisoners/about>
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Dot points 2, 4 & 8 from: Australian Bureau of Statistics. (2020). *Prisoners in Australia*. Retrieved September, 2021, from <https://www.abs.gov.au/statistics/people/crime-and-justice/prisoners-australia/latest-release>
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Dot points 13–22 adapted from: Australian Institute of Health and Welfare. (2018). *Older people*. Retrieved September, 2021, from <https://www.aihw.gov.au/reports-data/population-groups/older-people/overview>
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- Question 28(a)** Sentence 1 from: Salgado, M., Madureira, J., Mendes, A.S. et al. (2020). Environmental determinants of population health in urban settings. A systematic review. *BMC public health*, 20, 853. Retrieved September, 2021, from <https://doi.org/10.1186/s12889-020-08905-0>
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- Question 28(b)** Paragraphs 2, 4, 6 & 8 adapted from: Rural Health Information Hub. (2018). *Ecological models*. Retrieved September, 2021, from <https://www.ruralhealthinfo.org/toolkits/health-promotion/2/theories-and-models/ecological>
- Question 29** Goals 2–6 from: United Nations Sustainable Development Group. (n.d.). *Sustainable development goals*. Retrieved September, 2021 from <https://www.un.org/sustainabledevelopment/sustainable-development-goals/>
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