HEALTH STUDIES
GENERAL COURSE

Marking key for the Externally set task
Sample 2016
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Health Studies

Externally set task – Marking key

1. Identify and explain five (5) ways Iman can check the reliability and quality of online health information as he researches his symptoms.

<table>
<thead>
<tr>
<th>Description</th>
<th>Marks</th>
</tr>
</thead>
<tbody>
<tr>
<td>One mark for identifying a way to check information to a maximum of five marks</td>
<td>1–5</td>
</tr>
<tr>
<td>One mark for explaining each way to check information to a maximum of five marks</td>
<td>1–5</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>10</strong></td>
</tr>
</tbody>
</table>

**Answer could include, but is not limited to:**

**Credentials/qualifications of the author/s**
The author/s and their credentials/qualifications should be clearly indicated and easily identifiable. Avoid anonymous authors as it is impossible to check their credentials.

**Overall reliability of the source of information/reliable source as indicated by the web address, for example, .gov.edu**
Information from a .gov or .edu web address is generally reliable, as information has to be quality assured before it is published. Dot com sites (.com) exist for commercial purposes and are likely to be selling something and therefore could present biased or misleading information. For online information, check the ‘about’ link to get more clues about the site and its creators.

**Whether information is well-balanced and unbiased**
Read the information carefully and scrutinise for bias. Check whether the author has anything to gain from presenting a one-sided view point.

**Whether the information makes unbelievable/unrealistic claims**
If a claim sounds too good to be true, it probably is. Be realistic and critical as you assess any claims that are made.

**Date/currency of the information**
The publication date of the information should be clearly displayed. Health information can change quickly and it is advisable to ensure that information is current.

**Whether the information is appropriate for a person’s individual circumstances, such as their age and current health status**
Check the target audience. Information is generally written with an audience in mind.

**Whether the information is of good quality; for example, is it reviewed by an editorial board or peers before publication?**
Are the sources of the information cited? These add credibility to the information and can be checked for accuracy. Information that has been reviewed before publication is generally reliable as it has been through a checking process.

**Are there links to additional resources which can be accessed to verify the information or find out more?**
These resources can be checked to verify the information.
2. Describe five (5) skills that Iman can use to ensure that he receives the best care that is possible.

<table>
<thead>
<tr>
<th>Description</th>
<th>Marks</th>
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</thead>
<tbody>
<tr>
<td>One mark for each description to a maximum of five marks</td>
<td>1–5</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>5</strong></td>
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</tbody>
</table>

**Answers could include, but are not limited to:**

- Being able to
  - verbally communicate with the doctor effectively, for example, to explain symptoms and answer questions
  - ask questions to clarify information/check he has understood the advice
  - listen to the instructions/information/advice that is provided
  - act on advice that is provided
  - read written information that is provided by the practitioner
  - fill in forms accurately, for example, patient information or Medicare forms
  - calculate dosages and follow instructions should any medication be required
  - analyse risks and benefits of treatments that are suggested by the doctor
  - make further appointments with specialists or other providers if required
  - make decisions about what to do next.

3. Identify three (3) factors which influence a person’s ability to access good quality health services. Describe how each factor limits or restricts access.

<table>
<thead>
<tr>
<th>Description</th>
<th>Marks</th>
</tr>
</thead>
<tbody>
<tr>
<td>One mark for each factor, to a maximum of three marks</td>
<td>1–3</td>
</tr>
<tr>
<td>One mark for each description, to a maximum of five marks</td>
<td>1–3</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>3</strong></td>
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</tbody>
</table>

**Answers could include, but are not limited to:**

- **Time**
  - Fly-in, fly-out workers have time restrictions; other people may have limited flexibility to attend set appointments

- **Cost**
  - No access to private health insurance; low socio-economic status/low incomes

- **Location**
  - Rural and remote localities not having certain health services in their area; private sector services generally favour wealthier urban areas

- **Poor health literacy**
  - Does not know how, or where, to access appropriate health services; cannot discern between what is a good quality health service or what type of health service is required

- **Transport**
  - Lack of personal and/or public transport; underdeveloped roads in rural and remote locations

- **Culture/cultural barriers**
  - Does not believe in modern medicine; cultural beliefs prevent individuals accessing certain health services; language barriers

- **Disability**
  - Constraints with accessing health services; lack skills and/or mobility
4. Choose **three (3)** Ottawa Charter action areas. Describe how each action area can contribute to improving access to vital health care services.

<table>
<thead>
<tr>
<th>Description</th>
<th>Marks</th>
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<tbody>
<tr>
<td>3 marks for an accurate, detailed and clear description for each action area (action areas must be correctly identified).</td>
<td>1–3 per description (maximum 9)</td>
</tr>
<tr>
<td>2 marks for an accurate, general description.</td>
<td></td>
</tr>
<tr>
<td>1 mark for a brief or limited description (action areas may be incorrectly identified).</td>
<td></td>
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</tbody>
</table>

**Total** 9

**Answers could include, but are not limited to:**

**Action area - building healthy public policy**
- reduce health inequity with policy and/or taxation measures to further support access for marginalised/disadvantaged/low income groups

**Action area – creating supportive environments**
- make changes to the physical, social, political and/or structural environments to enable easier access to services; target infrastructure to support access such as easier transport routes

**Action area – strengthening community action**
- encourage self-help, improve skills and confidence to access health services; involve people in decision-making affecting their health and therefore increase ownership and empowerment

**Action area – developing personal skills**
- develop health literacy skills and improve self-esteem and resilience

**Action area – reorienting health services**
- make health services inviting, respectful of culture and geographically accessible, so the poorest, most remote, elderly and marginalised can access them