Government of **Western Australia**
School Curriculum and Standards Authority

HEALTH STUDIES

ATAR course examination 2022

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

Section Two: Short answer   **50% (56 Marks)**

Question 21   **(8 marks)**

(a)   Analyse the data in the infographic and outline **two** patterns or trends that are
presented.   (2 marks)

Description	Marks
For each of two patterns or trends (2 x 1 mark)	
Outlines a pattern or trend in the infographic	1
Total	**2**
Answers could include: Patterns or trends • over 2000 people per day are treated for skin cancer • 750 000 people per year are treated for skin cancer • skin cancer is Australia's most common cancer • skin cancer accounts for around 80% of all cancer diagnoses in Australia per year • approximately 2000 people die of skin cancer every year in Australia • melanoma is the 6th most common cause of cancer deaths in Australian men and the 10th most common in Australian women • melanoma is more common in men than women • men are more than 2.5 times as likely to die from melanoma than women • 2 in 3 Australians will be diagnosed with skin cancer by the age of 70 in Australia • more than 12 500 cases of melanoma are diagnosed in Australia each year.	

(b)   Outline **three** criteria you would use for selecting resources for your health inquiry.
                                                                                                      (3 marks)

Description	Marks
For each criteria (3 x 1 mark)	
Identifies a criteria for selecting resources	1
Total	**3**
Answers could include: • determine the purpose of the information, including why it was written and who the intended audience is • determine if the information is accurate (fact check). Verify information, determine where it has come from, whether it is based on fact/evidence rather than opinion, cross-check the information against other sources and check for reviews (or referee) • determine publication date. Is the information current (last 5 years)? Where possible source recent articles especially for prevalence data • determine the reputation of the publication. If the source is from a well-known publication, such as a peer reviewed medical or health journal, it can be presumed all sources within it are going to be reliable due to the reputation the publication has built. Be careful of 'predatory' journals which may also be peer reviewed • determine the type of publication. Publications such as journal articles may be more reliable than a website. Domain names can be purchased; therefore, anyone could create a website with limited credentials. However, government websites do provide reliable information • identify the location of the publication. Sources should be local where possible to ensure the context is relevant. If using statistics, it is preferred they are Australian and recent	

Question 21 (continued)

• locate the contact information for the source. This allows verification of the information provided. No contact information may suggest they do not want to be contacted and the information provided may not be accurate, use with caution • identify if there is a copyright. Investigate who holds it and when was it obtained. A copyright grants the creator of an original work exclusive rights for its use and distribution. This suggests authenticity of the work. If the copyright is outdated then it may hold very little value as the claims made may no longer be accurate/valid • scrutinise the organisation of a source. Reliable sources will often pay professionals to create websites to ensure it is user friendly. Journal articles and books are edited by publishers and editors and a consistent, professional layout is applied.
Accept other relevant answers.

(c)   Explain the most suitable format for presenting your findings to high school students.

(3 marks)

Description	Marks
Explains a suitable format	3
Describes a suitable format	2
Makes a general statement about a suitable format	1
Total	**3**
Answers could include: • brochures **or** posters **or** infographics **or** tv/radio adverts **or** websites are all suitable formats for adolescents due to their eye-catching presentation • less information to read therefore more inclined to read it • should include pictures **or** large heading **or** bright colours **or** graphs **or** tables summarising main points as these appeal to young people • lengthy written reports **or** journal articles generally do not appeal to young people as there is too much information to read, they lose interest, and they are less likely to take in the important message trying to be conveyed.	
Accept other relevant answers.	

Question 22 **(6 marks)**

(a)   This is an example of which health promotion advocacy strategy?   (1 mark)

Description	Marks
Correctly identifies advocacy strategy	1
Total	1

Answer could include:

- raising awareness
- building capacity
- framing issues.

(b)   Explain how this policy **either** restricts **or** promotes healthy behaviour.   (3 marks)

Description	Marks
Explains how the policy either restricts or promotes healthy behaviour	3
Describes how the policy either restricts or promotes healthy behaviour	2
Outlines how the policy either restricts or promotes healthy behaviour	1
Total	3

Answers could include:

- the policy promotes the importance of physical activity, as it mandates an allocated amount of time school students must engage in physical education classes
- this prioritises physical activity as an important aspect in students learning and creates an externally generated belief that physical activity is important in students' lives
- the policy aims to promote exercise as a healthy behaviour to students and encourages them to engage in this healthy behaviour
- the policy is addressing the obesity epidemic we currently face in Australia with 1 in 4 (25%) of children and adolescents being either overweight or obese. This policy is attempting to promote physical activity as a strategy to prevent obesity and other lifestyle diseases
- many children are less active outside of school compared to previous generations. This policy ensures students are engaging in some physical activity per week whilst at school
- during physical education classes, gross and fine motor skills are developed. Without this policy, students may not be exposed to refining these skills, which are fundamental to growth and development.

Accept other relevant answers.

Question 22 (continued)

(c)   Other than the strategy identified in part (a), describe **one** other advocacy strategy that could be used to promote the benefits of physical activity for school-aged children.

(2 marks)

Description	Marks
Describes advocacy strategy	2
Outlines advocacy strategy	1
Total	**2**
Answers could include: Developing partnerships Invested stakeholders working together to achieve the outcome of a common understanding of the importance of physical activity for school aged children. Using champions Engaging the services of a well-known, influential person (e.g. a sporting celebrity) to promote awareness of issues. Raising awareness Increasing/improving people's knowledge or understanding of an issue or situation. Creating debate Creating an opportunity for people with differing points of view to discuss issues. Building capacity Developing the knowledge, skills and resources required to enact effective change. Mobilising groups Encouraging communities or groups to become involved in the decision-making process and gaining support from those with influence. Framing issues Describing a health issue in a particular way with the aim to influence how it is received.	
Note: • lobbying and influencing policy cannot be accepted as they are not suitable strategies in this scenario • do not accept the strategy identified in part (a).	

Question 23 **(9 marks)**

(a) Describe an impact displacement from traditional homelands can have on the personal, social and cultural identity of people from war-torn countries. (6 marks)

Description	Marks
For each impact (3 x 2 marks)	
Describes the impact	2
Outlines the impact	1
Total	**6**
Answers could include: Personal identity • many people may be forced to move from their local areas and may lose homes, possessions, business' etc. which can impact their sense of self and personal identity • current routines and structures can be changed or disappear due to the loss of facilities and community. This can lead to stress, mental health problems and/or compromised immune system leaving people at greater risk of illness/disease • war can prevent individuals from attending work which can impact their sense of purpose which could result in mental illness • children may lose their opportunity for education resulting in loss of personal identity through uncertainty about their future and career aspirations. Social identity • loss or disruption to social relationships can impact health. Being displaced from homes can disrupt strong social networks with the possibility of family members relocating to different areas and not being in close proximity of each other • many families can be left uncertain if relatives and friends have survived during violent attacks for several days/weeks while people are located • lack of support from peers and community groups due to displacement limits opportunities for important social connections. Local and social support to deal with such events becomes important for overall health. Cultural identity • being displaced could affect hospitality and tourism in rural and remote areas, which plays a major role in providing financial support to some communities. Locals may start to lose their cultural identity through loss of power, income and employment • further, displacement could disassociate people from their lands, and disrupt cultural identity associated with belonging to a region, or group of people that would normally populate a region • loss of cultural places of importance, such as sacred sites, churches and meeting places, can cause immense stress and people may question their beliefs when a tragedy of this magnitude occurs.	
Accept other relevant answers.	

Question 23 (continued)

(b)   Identify the highest level of Maslow's Hierarchy of Needs most people living in war, violence and conflict would satisfy. Justify your answer. (3 marks)

Description	Marks
Correctly identifies the physiological level	1
Subtotal	**1**
Justifies the physiological level	2
Outlines the physiological level	1
Subtotal	**2**
Total	**3**
Answers could include: The highest level people living in war, violence and conflict would satisfy is their physiological need, which the human body cannot function optimally without, due to having to flee their homes leaving them without: • shelter, which allows them to have a safe place to get sufficient rest **or** sleep • their belongings, to be able to cook and have access to nutritious food/clean drinking water • access to clothing **or** shoes, to provide warmth **or** protection from sun • ability to adapt to climates, such as the need for blankets to provide warmth in extreme weather. The highest level of Maslow's Hierarchy that people living in war, violence and conflict can be satisfying is the level of physiological needs. While they may be satisfying this most basic level, they are unable to have their safety needs met due to the realities of living in wartime. This can include: • feeling unsafe in terms of the risk of injury or death • experiencing uncertainty about employment and income • meeting the most basic safety needs of having a reliable home to shelter in • the inability to feel emotional safety due to high levels of stress and fear.	
Accept other relevant answers.	

Question 24 **(10 marks)**

(a) Define the term 'resilience' and outline **three** ways in which it can support positive health behaviours for Australians. (4 marks)

Description	Marks
Definition	
Defines resilience	1
Subtotal	**1**
For each way to support positive health behaviours (3 x 1 mark)	
Outlines application of resilience	1
Subtotal	**3**
Total	**4**
Answers could include any one of the following definitions: • resilience is defined as a person's ability to 'bounce back' from trouble, trauma or adverse circumstances and return to normal functioning and behaviours • resilience is the ability to cope with the challenges of life and adapt to any adversity that is experienced • resilience is an individual's ability to recover quickly when faced with adversity or unexpected challenges. Ways to support health behaviours include: • avoid negative self-talk and self-criticism when faced with adversity. This will help alleviate stress and feelings of depression as when we engage in these practices, we focus on the negative which can be detrimental to our mental health • practice mindfulness so that when faced with adversity individuals are able to naturally apply these skills and think more clearly about how to move forward • develop and apply a growth mindset by purposefully engaging in challenges such as sporting competitions or public speaking. The more an individual experiences challenges, the more comfortable they will become and better equipped to handle adversity • plan ahead. Consider what you would do when faced with a challenging situation such as receiving poor results. The more prepared you are, the better you will be able to cope with negative outcomes • try not to dwell on the things you cannot control. Instead, focus on how you can respond positively to things you can control, such as how you can move forward after facing adversity.	

Question 24 (continued)

(b)   Identify **two** other skills listed in the syllabus, that can be used to support positive health behaviours. For each, describe how a young person could apply the skill to reduce their risk of depression and anxiety.   (6 marks)

Description	Marks
Identification of each skill (2 x 1 mark)	
Identifies skills that support positive heath behaviours	1
Subtotal	**2**
Description of each skill (2 x 2 marks)	
Describes how the skill can be applied	2
Outlines how the skill can be applied	1
Subtotal	**4**
Total	**6**
Answers could include: Assertiveness • being assertive involves being able to express your feelings while still being considerate of others. By clearly expressing how you feel and not simply following the crowd, you will be less likely to partake in harmful activities such as binge drinking or drug use, which can increase the risk of depression and anxiety in young people • if an individual is feeling pressured and stressed because they are overwhelmed with things such as school, work, sport, and family, then speaking assertively to let someone know and reduce their commitments can help reduce the risk of developing depression and anxiety • when facing the pressures that sometimes accompany Year 12, a student could speak assertively to their teachers to explain they are feeling overwhelmed and ask for guidance as to how to cope better or ask for more time. Addressing the feeling of being overwhelmed can reduce the risk of developing depression and anxiety. Stress Management • engaging in activities such as meditation or yoga can be useful in managing stress as it allows a young person to take time out to regroup and recharge. Taking time to feel calm can help an individual respond more positively to stressful situations and make them less likely to experience depression or anxiety • doing something that you love, such as listening to music or exercising can be very calming and increase the level of endorphins. Endorphins are hormones that make us feel good and are very helpful in reducing the risk of anxiety and depression • improving skills such as time management and prioritising can help an individual cope better with stress as they are more organised and better equipped to handle unexpected challenges. Being organised and learning to say no can also reduce an individual's stress levels and reduce the risk of developing depression or anxiety.	
Note: Skills identified must be assertiveness and stress management	

Question 25 **(9 marks)**

(a) Identify and explain **one** of the most effective communication and collaboration skills that Jonathon should use in this situation. (3 marks)

Description	Marks
Explains a communication and collaboration skill	3
Outlines a communication and collaboration skill	2
Identifies a communication and collaboration skill	1
Total	**3**

Answer could include:

- Managing conflict:
  Jonathan should diffuse this situation by engaging the skill of managing conflict. He should be aiming to minimise the negative impacts of conflict by remaining calm and acting assertively to stop the argument in a manner that does not further infuriate the parents. This could include positioning himself between the two parents, but not making any physical contact and calmly, but clearly asking them to stop. By taking control of the situation, Jonathon can move them apart and stop the aggression from escalating.

- Mediation:
  Jonathan may need to intervene in the argument and take on the role of mediator. By engaging in effective mediation, Jonathan will help the parents reconcile their differences and come to an agreement. This could include Jonathon calming the situation and then getting them to focus on the situation at hand, their daughter's health. By taking control and allowing both parties to voice their opinions in a calm, controlled environment, Jonathon will be able to guide the parents to agree on the best approach moving forward.

Accept other relevant answers.

(b) Identify and explain **two** other communication and collaboration skills that Jonathon should use in his debrief to ensure his staff are educated adequately. (6 marks)

Description	Marks
For each (2 x 3 marks)	
Explains a communication and collaboration skill	3
Outlines a communication and collaboration skill	2
Identifies a communication and collaboration skill	1
Total	**6**

Answers could include:

- Leadership:
  Jonathon should use the skill of leadership to elicit confidence from his team of nurses. He needs to set the direction for the team to follow, model best practice and engage his team in effective decision making. By demonstrating critical skills for conflict management, how to remain calm in stressful situations and being available for guidance and advice, Jonathon is demonstrating effective leadership.

- Facilitation:
  Jonathon should teach his team of nurses by using the skill of facilitation. This involves planning informative sessions and teaching his team the skills they need to handle situations like the one outlined above. Jonathan needs to plan meetings and workshops for his team with the aim of achieving a specific goal and empower his team with the required skills and knowledge.

Accept other relevant answers.

Note: skills identified must be leadership and facilitation.

Question 26 **(6 marks)**

Identify **two** actions arising from the Rio Declaration on Social Determinants of Health and explain how they aim to achieve social and health equity.

Description	Marks
For each action (2 x 3 marks)	
Explains how the action achieves social and health equity	3
Outlines how the action achieves social and health equity	2
Identifies an action	1
Total	**6**

Rio Declaration action areas include:

- To adopt better governance for health and development
  Social and health equity can be achieved by this action through developing better health policies. The involvement of more government bodies and sectors and ensuring they are accountable for their actions will ensure effective policies can be implemented, resulting in clear and measurable success outcomes. Better governance will result in fair and ethical decision making and allow the most severe health issues to be targeted from a top-down approach.

- To promote participation in policy-making and implementation
  Social and health equity can be achieved by empowering communities to take part in decision-making and policy implementation. By enabling key stakeholders, policies designed to reduce inequity are much more likely to succeed as the people most heavily impacted are more invested.

- To further reorient the health sector towards reducing health inequities
  This action can ensure healthcare continues to be increasingly more accessible and focuses on effective primary prevention strategies. By reorienting the health sector to focus on prevention and early intervention strategies social and health inequity will be reduced.

- To strengthen global governance and collaboration
  Social and health equity can be achieved with effective collaboration between international health organisations and government bodies. This will result in the development of effective norms and guidelines for countries to adhere to with a goal of improving health outcomes. Effective global governance will also ensure countries that need better financial and technical resources can access this.

- To monitor progress and increase accountability
  Ensuring trends in health inequity are monitored and measured will allow key stakeholders to identify where progress is being achieved and where it is lacking. This will allow governments and health organisations to target priority areas leading to a reduction in health inequity.

Question 27 **(8 marks)**

(a) Describe the impact of **two** biomedical determinants on an individual's overall health status. (4 marks)

Description	Marks
For each determinant (2 x 2 marks)	
Describes the impact	2
Outlines the impact	1
Total	**4**
Answers could include: Birth weight • birth weight can have lifelong health implications and studies show that a low birth weight can lead to issues with cognitive development, and a higher susceptibility to conditions such as asthma • babies born with extremely low birth weight are more at risk of developing heart disease, diabetes and high blood pressure later in life. Body weight • a person considered to be extremely overweight can be at risk of developing type 2 diabetes, stroke, heart disease and certain types of cancer • people who are overweight are more likely to experience mental health issues such as low mood and depression and are also more likely to have a poor immune system making them susceptible to communicable diseases.	
Accept other relevant answers related to birth weight and body weight.	

(b) Apart from the *Ottawa Charter* action areas, describe **two** actions that could be implemented to address this health inequity. (4 marks)

Description	Marks
For each action (2 x 2 marks)	
Describes the action	2
Outlines the action	1
Total	**4**
Answers could include: • Improving access to healthcare Statistics indicate that a large majority of the Aboriginal and Torres Strait Islander (ATSI) population experience poor access to healthcare due to reasons such as geographical location. Many ATSI people live in rural or remote locations where specialist healthcare is often limited or poorly resourced. By improving access to healthcare by providing more healthcare centres in remote locations or implementing mobile clinics with increased frequency of visits, early detection of type 2 diabetes could occur, resulting in earlier intervention and treatment. This would see a decrease in the number of ATSI people diagnosed with type 2 diabetes. • Improving health literacy By improving health literacy of ATSI people, they will become empowered with the knowledge of signs and symptoms of diabetes to be aware of and know when and where to seek health advice or treatment. Health literacy could be improved via a targeted media campaign with the primary aim to develop personal skills specific to the prevention of type 2 diabetes. This knowledge would result in a lower prevalence of type 2 diabetes within this specific population due to early detection or better prevention strategies, thus reducing the inequity.	
Accept other relevant answers.	
Note: actions identified must be improving access to health care and improving health literacy.	

Section Three: Extended answer 30% (30 Marks)

Question 28 (15 marks)

(a) Name and describe **two** objectives that support the vision of the National Strategic Framework for Chronic Conditions. (6 marks)

Description	Marks
Name objective (2 x 1 mark)	
Names objective	1
Subtotal	**2**
For each objective (2 x 2 marks)	
Describes the objective	2
Outlines the objective	1
Subtotal	**4**
Total	**6**
Answers could include: • • For copyright reasons this text cannot be reproduced in the online version of this document. • •	
Accept other relevant answers.	

(b) Explain how **three** principles of the National Strategic Framework for Chronic Conditions relate to the prevention and management of multiple chronic conditions. (9 marks)

Description	Marks
For each principle (3 x 3 marks)	
Explains how the principle relates to prevention and management	3
Describes how the principle relates to prevention and management	2
Outlines about how the principle relates to prevention and management	1
Total	**9**

Answers could include:

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Question 29 **(15 marks)**

(a) Look at the data in the table and write an evidence-based conclusion regarding the socio-economic status of Western Australia compared with the rest of Australia.

(3 marks)

Description	Marks
Detailed conclusion of WA's SE status	3
General conclusion of WA's SE status	2
Limited conclusion about WA's SE status	1
Total	**3**
Answers could include: • WA is ranked 3rd out of the 8 states/territories for most relatively advantaged areas in the country • WA is ranked 7th out of 8 states/territories for most relatively disadvantaged areas in the country • these statistics indicate that WA has much fewer disadvantaged areas compared to the rest of the country and almost 50% (45.4%) are in the top two quintiles, representing WA as a relatively advantaged state, with a high socioeconomic status, in comparison to the rest of the country.	
Accept other relevant answers.	
Note: To be awarded full marks, more than one point must be discussed.	

(b)   With the use of **four** pairs of examples, explain how socio-economic determinants of health are interrelated and influence each other.   (12 marks)

Description	Marks
For each pair of determinants (4 x 3 marks)	
Explains how they are interrelated	3
Describes how they are interrelated	2
Outlines how they are interrelated	1
Total	**12**

Answers could include:

- Education and employment
  The level of education an individual has achieved will determine the types of employment opportunities they have. A person who has completed secondary schooling and achieved a university degree has more job opportunities than someone who left school at the end of Year 10. The choice of occupation is impacted by the level of education they have received.

- Education and income
  The level of education an individual has achieved will determine the types of employment opportunities they have, which consequently determines the income they earn. A tertiary educated person generally has the ability to work in higher paying industries, such as medicine and law. However, there are exceptions to this, such as mining, where employees may have not graduated high school, but have completed certificate courses which allow them to work in high-risk occupations, on a fly-in fly-out roster, and earn a high income (tradespeople).

- Education and family
  The value an individual's family places on education can determine the level of education they achieve. If members of a family are all tertiary educated there may be an expectation that subsequent generations do the same. Contrary, if no one in a family has completed secondary schooling, there may be less expectation for subsequent generations to either, as less value is placed on education.

- Education and access to services
  Generally speaking, people who have higher levels of education have a higher health literacy. A high health literacy enables individuals to understand the importance of preventative health care and accessing services to support health. A higher education also generally provides a high income, resulting in an individual being able to afford access to health care services that can prevent and manage health issues. It can also allow them access to private health providers, that Medicare does not cover, resulting in less wait time and faster management of health issues.

- Employment and income
  The type of job a person has determines the income they earn. High paying occupations generally require higher qualifications, and this can result in a better health status due to being able to afford access to health care that is not covered by Medicare. However, there are exceptions to this, such as mining, where employees may have not graduated high school, but have completed certificate courses which allow them to work in high-risk occupations, on a fly-in fly-out roster, and earn a high income (tradespeople).

Question 29 (continued)

- Income and access to services
  A high income generally indicates an individual has high health literacy and is highly educated, resulting in an individual being able to afford access to health care services that can prevent and manage health issues. It can also allow them access to private health providers, that Medicare does not cover, resulting in less wait time and faster management of health issues.

- Income and food security
  A high income allows individuals to purchase sufficient food to be food secure. It also determines the type of food that is accessible. Fresh food can be expensive, therefore, if an individual has a low income, they may access more affordable options, which are often processed and include added saturated fat, salt, and sugar. This can lead to diet related health issues such as CVD, obesity, and type 2 diabetes. Generally, a low income means lower education (and health literacy) and they may not have sufficient nutritional knowledge to eat healthy foods that ensure good health.

- Income and housing/neighbourhood
  A higher income provides individuals with better choice of housing and the neighbourhood they live in. The choice of location of where to live will determine the access available to better parks, whether a person feels safe to walk around the neighbourhood, a cleaner/safer home or whether the size of the home is suitable for family size. A low income may mean housing is overcrowded or does not have suitable heating/cooling abilities, and this can lead to poor health. Some low socioeconomic neighbourhoods have less accessible greenspace or are deemed unsafe to visit, and this limits ability to access fresh air and prevents people from being physically active, leading to poor health outcomes.

- Migration/refugee status and access to services
  Migrating from another country, or being a refugee, can limit access to services. This can be due to language barriers and the inability to effectively communicate with health professionals. Or not being able to work in the occupation they did in their homeland due to qualifications not being recognised. This can limit income which then limits access to health care services. There may be cultural barriers, or a mistrust in western medicine, that prevents access to health care, which can all lead to poor health outcomes.

Accept other relevant answers.

Question 30 **(15 marks)**

(a)   Explain the relationship between health literacy and health status.   (3 marks)

Description	Marks
Explains the relationship between health literacy and health status	3
Describes the relationship between health literacy and health status	2
Outlines the relationship between health literacy and health status	1
Total	**3**
Answer could include: Health literacy is an individual's ability to seek, comprehend and apply health information. Health status describes an individual's level of health with reference to personal, social and mental aspects. It is used to explain how healthy an individual is. A clear understanding of where to find health information, be it online or via making an appointment to see a GP, is critical for maintaining a positive health status. This means individuals have the knowledge and skills to make decisions that allow them to maintain good health. An individual who has good health literacy will have a better health status than an individual with poor health literacy and vice versa.	
Accept other relevant answers.	

Question 30 (continued)

(b) Suggest a specific population living in Australia and explain how you would implement **four** action areas from the *Ottawa Charter* to address health literacy for that population. (12 marks)

Description	Marks
For each action area (4 x 3 marks)	
Explains how to implement the action area	3
Describes how to implement the action area	2
Outlines how to implement the action area	1
Total	**12**

Ottawa Charter action areas include:

- Developing Personal Skills
  The health literacy of refugees could be improved by developing effective communication strategies within the healthcare sector. For example, doctors and nurses building up skills such as the evidence based strategy of 'teach-back'. This strategy gets health professionals to ask their patients to report back what has been explained but in their own words. With this type of skill, the health professionals are also developing personal skills of the refugee patients and thus improving their health literacy.

- Reorienting Health Services
  Health literacy skills of refugees could be targeted upon arrival in Australia by linking healthcare services with government visa agencies. Visa service providers could be located within a medical centre and as refugees are engaging with formal visa service providers they could be given information about where to seek healthcare and provided with information about preventative strategies. Linking commonly accessed services such as visa agencies with healthcare, refugees are more likely to engage with both due to the convenience of them being located it the same place. Higher engagement with healthcare providers will help to improve health literacy.

- Building Healthy Public Policy
  Many refugees experience significant anxiety around the financial costs of seeking healthcare and have an assumption that they cannot afford it. By implementing a policy of free healthcare for refugees within their first year or two living in Australia, these refugees will feel supported and more likely to seek medical attention. Breaking down the barrier of financial pressure will allow refugees to access healthcare more frequently, and therefore, become more likely to gain a better understanding of preventative strategies and a knowledge about when and where to seek help.

- Creating Supportive Environments
  Provision of translators either in person or via telephone for refugees when accessing the services of a GP. By supporting a refugee when their first language may not be English, they will feel more comfortable and gain a more thorough understanding of the GPs health advice. Additionally, GP offices could ensure they provide written health material in a variety of languages and in a way that does not rely heavily on medical jargon.

- Strengthening Community Action
  The development of refugee support centres and community groups would allow people to have access to the knowledge and advice of people who have experienced living in Australia as a refugee. By linking these community groups with existing healthcare providers, a strong and effective partnership can be developed with leaders from the refugee community liaising with healthcare providers about where the gaps lie and work collaboratively to find solutions to improve health literacy in refugees.

Accept other relevant answers.

Question 31 **(15 marks)**

(a) Explain how an individual's geographical location **and** social networks can influence their health behaviour with regard to e-cigarette use. (6 marks)

Description	Marks
For each environmental factor (2 x 3 marks)	
Explains the environmental factor	3
Describes the environmental factor	2
Outlines the environmental factor	1
Total	**6**

Answers could include:

Geographical location
- an individual's geographical location can influence their exposure to e-cigarette use based on the availability and amount of use that is current. For example, in Australia, while e-cigarette use is on the rise, it is still more difficult to get than in countries such as the UK where age restrictions are different. A young person living in a location with easy access to e-cigarettes is more likely to use them than a young person living in a location where access is limited
- an individual's geographical location can influence their choice to use e-cigarettes based on the laws and the level of health promotion in that area. For example, in Australia we have very strong laws and practices surrounding smoking and e-cigarettes. Because of this, rates of smoking in Australia are lower than other parts of the world. Despite rising rates of e-cigarette use, young people in Australia are more likely to have a negative attitude towards smoking due to our exceptional advocacy about the dangers of smoking, and therefore rates of use here are lower than in other locations
- an individual who lives in a rural or remote geographical location may be more inclined to use e-cigarettes than people living in urban areas. This could be related to a lack of entertainment and recreation options available in their local area and so they could take up e-cigarettes due to boredom
- research suggests that people living in low socio-economic locations are more likely to take part in behaviours such as smoking both traditional cigarettes and e-cigarettes. Therefore, a person living in a low socio-economic location could be influenced to use e-cigarettes as it could be considered a social norm.

Social networks
- an individual can be influenced by their social networks to take up e-cigarette smoking if it is considered a socially accepted behaviour within their circle of friends. Young people in particular could feel pressure from their peers within their social networks to use e-cigarettes
- if an individual's social network has a negative attitude towards using e-cigarettes, then they are less likely to use them and would likely share that negative attitude. If they did not share that attitude, then this could result in a relationship breakdown and a change of social networks
- the existence of social groups with a focus on quitting smoking and the networks formed from within these groups can influence an individual's likelihood to use e-cigarettes. By joining a 'quit-smoking' group, an individual could become exposed to using e-cigarettes as a legitimate method to stop smoking
- if an individual is looking to quit smoking they may engage with online services such as quitting specific websites or online forums. Through this avenue, they could establish social networks online by engaging with other people who are trying to quit smoking. These networks can be influential on an individual's use of e-cigarettes as they could be recommended or discouraged, impacting their behaviour accordingly.

Accept other relevant answers.

Question 31 (continued)

(b) Define and describe **one** enabling, **one** advocating and **one** mediating strategy that you would recommend to target secondary school students to address the rising rates of e-cigarette use. (9 marks)

Description	Marks
For each definition (3 x 1 mark)	
Defines enabling/advocating/mediating or Defines a specific strategy relating to enabling/advocating/mediating	1
Subtotal	**3**
For each description of strategy (3 x 2 marks)	
Describes the strategy	2
Outlines the strategy	1
Subtotal	**6**
Total	**9**

Answers could include:

An enabling strategy is defined as the provision of information, life skills and opportunities to help individuals and communities make healthy choices. Enabling means empowering individuals and communities with the skills and knowledge necessary to take control over and manage their health.
Strategies:
- the provision of resources about the risks of e-cigarette use for health education teachers to deliver to high school aged students
- professional learning provided free of charge to health education teachers and other professionals working with young people about how to deliver education about the risks of e-cigarette use
- informative and educative advertising about how to stop using e-cigarettes in targeted locations frequented by young people or online
- the provision of stress management and resiliency based workshops for students who use e-cigarettes as a coping mechanism for stress to provide them with alternative, healthier skills.

An advocating strategy is defined as speaking up on behalf of others or the support of a cause. The aim of advocacy is to support others, especially individuals or groups who may not be able to speak up for themselves. It also involves raising awareness about key issues.
Strategies:
- awareness raising campaigns utilising the media to highlight the risks of e-cigarette use
- engaging a champion to raise awareness about the risks of e-cigarette use such as a well-known and respected celebrity or sporting personality
- the addition of new policies or adaptation of existing policies about e-cigarette use in schools
- schools lobbying state government for more resourcing to help reduce the use of e-cigarettes by students.

A mediating strategy is defined as intervening to solve conflict or differing interests between two or more parties. Without agreement and coordinated action by all involved parties, optimum health for all cannot be achieved.
Strategies:
- encouraging partnerships between interested parties, such as the school and the parents and citizens community to find solutions about how to best handle increasing use of e-cigarettes in schools

- development of partnerships with local police officers to work with schools about how to approach students using e-cigarettes
- school executive teams working together to re-write school drug and alcohol policies to include e-cigarette usage
- local health organisations agreeing to work with local schools to engage in educational workshops with students to highlight the risks of e-cigarettes.

Accept other relevant answers.

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