DRAFT SAMPLE EXAMINATION MARKING KEY

Section A—Multiple-choice

Question No.	Answer
1	D
2	B
3	B
4	A
5	A
6	D
7	A
8	D
9	A
10	B
11	D
12	B
13	A
14	D
15	A
16	C
17	D
18	D
19	B
20	B

SECTION TWO—SHORT RESPONSE

4 questions, each question worth 10 marks. Total marks 40

Question 1

(a)

Mark	Description
4	Comprehensive explanation of the way in which the health behaviour is influenced by popular social and cultural norms. Two (2) examples are needed.
2–3	Adequate explanation. One (1) example is needed.
1	Limited or poor explanation. At least one example is provided.

A sample answer for 4 marks for the health behaviour ***harmful alcohol use in indigenous populations*** could include:

- Popular social norms surrounding alcohol in Australia is that it is a socially accepted drug. Although it is the cause of many health and social problems, it is not often seen as a destructive drug and the use of alcohol is often celebrated as the 'norm' in many social occasions. E.g. alcohol is used to toast success and to commiserate loss in sporting endeavours. This behaviour is frequently seen in the media. Cultural norms surrounding alcohol in indigenous communities also include acceptance of alcohol, and such acceptance contributes to a number of health problems such as domestic and other violence, hospital admissions, neglect of children and malnutrition.

(b)

Mark	Description
6	Two initiatives are identified. (one mark each). Comprehensive discussion on how they will promote behaviour change. Examples must be included (4 marks).
4–5	One **or** two initiatives are identified (one mark each). Adequate discussion on how they will promote behaviour change. Examples must be included.
2–3	One **or** two initiatives are identified (one mark each). Limited discussion on how they will promote behaviour change.
1	One initiative identified; however, no explanation of how it will promote behaviour change.

Sample **aspects of government initiatives** for the health behaviour ***harmful alcohol use in indigenous populations*** could include:

- Limitations on the amount of alcohol that can be purchased in any one day
- Limiting trading hours for liquor outlets
- Increasing tax on alcohol
- Limiting types of alcohol available for sale in indigenous communities (e.g. no large volume wine casks, or large beer bottles)
- Limiting hours of opening for alcohol outlets
- Responsible training for servers of alcohol

Sample discussion of government initiative and how it will promote behaviour change could include:

Legislation that is focused on restricting alcohol sales/availability will have an impact on the physical environment. This type of change could potentially have an impact on behaviour, as limiting supply of alcohol could mean reduced access and use. However, there are other factors that motivate alcohol use behaviour, and alcohol could be sourced from other places. For example, in towns where supply is restricted, people may use other means to access alcohol, such as moving to places where alcohol is available. Restricting supply through legislation will change the environment; and this could also change behaviour, however there are a range of influences on health behaviour.

Question 2

(a)

Mark	Description
4	Comprehensive explanation of the way in which cultural traditions and habits influence formation of beliefs and attitudes. Two (2) examples must be used.
2–3	Adequate explanation. One (1) example is used.
1	Limited or poor explanation. At least one example is used.

Students may include the following in their answer (although examples will be varied):

- Cultural traditions and habits influence the formation of personal beliefs and attitudes. E.g. in Islam, cultural traditions prohibit the use of alcohol
- Beliefs and attitudes toward alcohol are formed based on the beliefs of the culture.
- In indigenous groups, respect for elders is an important cultural tradition. This can influence beliefs and attitudes toward treatment of elders, e.g. indigenous children would traditionally look up to their elders. Their beliefs and attitudes toward elders in the community would be subject to the influence of these beliefs.
- In addition to cultural traditions and habits, there are other influences on the formation of beliefs and attitudes. These include a person's family, peers, life experience and level of education.

(b)

Mark	Description
6	Student provides comprehensive explanation of **both skills** and how they contribute to better health in cultural groups (3 marks per skill). At least two (2) examples – one for each skill - are used to support answer.
4–5	Student provides adequate explanation of **both skills**. At least one (1) example is used to support answer.
2–3	Student provides limited explanation of both skills, or adequate explanation of just one skill. At least one (1) example is used to support answer.
1	Student attempts the question is made; however, student provides poor explanation and example/s.

Students may include the following in their answer (although examples will be varied):

- Assertion is the ability to communicate a message in a clear and calm manner without offence.
- Assertion is an essential skill for health for all including cultural groups.
- Using assertive behaviour, people are able to express their needs and are more likely to have these needs understood.
- Assertive behaviour can strengthen relationships with others and increase self esteem. E.g. in relationships there could be less conflict and argument where people communicate with one another using assertive behaviour.

- Resilience is the ability to rebound from adverse things that may happen in life.
- People who are resilient can better manage stress, and will feel as if they are an important part to their community.
- Resilience is important for good health for everyone, including people in different cultural groups e.g. having strong support networks means having people to bounce ideas off, or get advice from. This is important for positive mental health.

Question 3

(a)

Mark	Description
2	Student chooses and comprehensively describes a relevant intervention or campaign.
1	Student chooses and adequately describes a relevant intervention or campaign.

Students may choose from any one of the following NHPAs:

- Asthma
- Arthritis and musculoskeletal conditions
- Cancer control
- Cardiovascular Health
- Diabetes mellitus
- Injury prevention and control
- Mental health

(b)

Mark	Description
2	Clear description of two action areas of Ottawa Charter for health promotion (1 mark per action area)
1	Clear description of one action area.

Students may include description of:

- Developing personal skills
- Strengthening community action
- Building healthy public policy
- Developing supportive environments OR reorienting health services

(c)

Mark	Description
6	Description of strategies – what it is and what it aims to do (2 marks per description). For each strategy, description of how the strategy relates to relevant Ottawa Charter action area (2 marks per link).
4	Description of strategies as above (2 marks per description). Only one strategy is linked to relevant Ottawa Charter action area.
2	Description of one strategy provided as above (2 marks). Description of how the strategy relates to the relevant Ottawa Charter action area.
1	Attempt at a description of strategy, however is not adequately described. Poor attempt to make link to relevant Ottawa Charter action area, or incorrect link made.

Students may include the following in their answer **for a road safety campaign** designed at reducing injury from alcohol-related road use. The target group for this intervention would be young male drivers.

- **One strategy** within this intervention would be education. For example, holding community forms, or stands at places where young people are in attendance (e.g. Royal Show). Education could focus on changing young male driver beliefs and attitudes to alcohol and driving. This relates to developing personal skills action area of the Ottawa Charter. In this action area, people are provided with opportunities to develop personal skills through access to education. (4 marks)

- **A second strategy** within this intervention would be advocacy for changes to legislation. For example, community groups could put pressure on law makers to increase drink driving penalties (demerits and fines). This could reflect two action areas of the Ottawa Charter. The first would be strengthening community action which involves communities speaking out about their concerns about injuries from crashes where alcohol was a factor. The other would be building healthy public policy. Where advocacy is successful, and sufficient pressure is applied to enact changes in legislation, a change in law could have an impact on driver behaviour with respect to this issue. (4 marks)

Question 4

(a)

Mark	Description
4	Student provides comprehensive explanation of changes for health care following correct interpretation of the graph.
2–3	Student provides adequate explanation.
1	Student provides limited or poor explanation.

Students may include the following points in their explanation:
- Projected changes show that for all age groups, there will be an increase in population
- The largest change is in the 65+ age group, which will increase in population by over 3 million
- The changes are likely to put increased strain on the health care system in Australia
- Larger numbers of people in older age groups (such as 65+, 70+ and 75+) will result in increases in demand for services and resources – for both preventive and curative type diseases
- For many diseases risk increases with age, e.g. breast and prostate cancer. An ageing population will result in increased diagnosis in these diseases

(b)

Mark	Description
6	Clear description of one strategy i.e. what it is, and what it aims to do (2 marks). Comprehensive explanation of how the strategy works to reduce health inequity (4 marks). i.e. how the strategy works to achieve its' aim.
4–5	General description of one strategy (1-2 marks). General explanation of how strategy works to reduce health inequity (3-4 marks)
2–3	Limited description of strategy (0–1 marks) and how it works to reduce health inequity (1-2 marks)
1	An attempt at the question is made; however, limited or poor explanation of strategy and the way in which it reduces health inequities amongst the elderly. Identifies strategy only – 1 mark.

Students may describe one of the following strategies (this list is not exhaustive):
- Private health insurance rebate (30% rebate provided to any Australian to take out private health insurance. Aims to support individuals and families afford private cover)
- Free screening e.g. free mammograms for women over 50 (aims to provide financial support for services, and enable access for all)
- Pharmaceutical Benefits Scheme (subsidises the cost of medicines for drugs identified by the federal government).

An explanation of how the strategy works could include:

Strategy	How it works to reduce inequity in elderly
• Private health insurance rebate	The elderly are big users of health care and services in Australia. This includes hospital and ancillary services. Provision of a rebate is intended to make private health insurance more accessible to people. Where people have access to the benefits of private health insurance, they are able to have better access to a range of healthcare services
• Free screening e.g. free mammograms for women over 50	As people age, they are more at risk of certain diseases, including breast cancer i.e. over 50s more at risk. Screening can help in early detection of disease, thus increase potential for early detection and successful treatment.
• Pharmaceutical Benefits Scheme	Elderly people are typically big consumers of medicines. Financial assistance provided by this scheme is intended to help elderly people access medicines without being burdened with excessive costs.

SECTION THREE—EXTENDED ANSWERS

4 questions, each question worth 20 marks. Students choose 2. Total marks 40

Question 5

(a)

Marks	Description
9–10	Comprehensive description of factors that create health inequities for a specific group (at least five factors included in discussion). Sufficient examples provided to illustration explanation (two or more examples specific to chosen population).
7–8	Sound description of factors (minimum four). Appropriate examples used.
5–6	Adequate description of the factors that create health inequities for a specific group (minimum three). One example is used specific to chosen population.
2–4	No examples used, or examples do not support description.
1	Shows little or limited understanding of requirements.

Answers could include reference to the following factors that create health inequities:
- Discrimination
- Gender
- Poor access to health care
- Unemployment
- Social isolation
- Dislocation of land
- Occupation
- Access to and level of education
- Geographic location
- Racism
- Government, economic and social policies
- Socioeconomic status
- Social dislocation

(b)

Marks	Description
9–10	Clear and detailed evaluation of the importance of policy and legislation in addressing health inequities with reference to specific group. Students use clear examples to demonstrate understanding of the importance of policy and legislation.
7–8	Clear evaluation of the importance of policy and legislation in addressing health inequities. Refers to specific group in answer and includes at least one example in response.
5–6	Adequate description of the importance of policy and legislation in addressing health inequities and shows some understanding.
2–4	Brief description of the importance of policy and legislation in addressing health inequities. Limited or unclear examples used.
1	Shows little or limited understanding of requirements.

Answers could include reference to the following:
- Health inequities are the result of unequal opportunity and access to things such as housing, employment, education and healthcare. These wider social determinants of health have an impact on health status.
- Policies and legislation can reduce health inequities, and improve the health of disadvantaged groups, by targeting social determinants of health. For example, policy and legislation focusing on improving access to public housing can help to improve living standards of disadvantaged groups. In this case, there is potential to positively improve living conditions which are fundamental needs (according to Maslows' hierarchy of Needs) for positive health.
- Access to health care is another important social determinant of health. There are numerous Government policies that work to improve access, affordability and utilisation with respect to healthcare in Australia. For example, progressive taxation policies such as Medicare and provision of healthcare cards, aim to improve affordability of health care. Location of essential services in places where there is a real need and ensuring that barriers to access are minimised, aim to increase utilisation of health care services.
- Local policies and legislation specific to certain groups experiencing health inequity can also have a positive influence on health status. For example, provision of transport services and other services that are sensitive to specific needs of cultural groups (such as interpreter services and education), aim to reduce barriers to access. Local initiatives can ensure that specific needs of population groups are met.
- Policy and legislation that aims to improve social structures influencing health on its own, will not necessarily reduce health inequities. They are just one strategy as part of a comprehensive approach that is necessary to reduce inequity.

Question 6
(a)

Marks	Description
9–10	Clear and detailed evaluation of the influence of language and other cultural influences on relationship building in healthcare settings. At least two clear examples used to demonstrate understanding of these influences.
7–8	Clear evaluation (with some detail), of the influence of language and other cultural influences on relationship building in healthcare settings. At least one example used.
5–6	Adequate evaluation of the influence of language and other cultural influences on relationship building in healthcare settings. Limited examples used in response.
2–4	Brief description of the influence of language and other cultural influences, or response just focuses on language. Limited or unclear examples used.
1	Shows little or limited understanding of requirements.

Answers could include reference to the following:
- Cultural traditions and language can influence patients' expectations about treatment in healthcare settings. Health care practitioners will have their own expectations of their role generally influenced by the majority culture reflected in wider society. These expectations could be markedly different, and could therefore have an effect on the relationship between patient and provider.
- It is likely that providers will come into contact will many cultures and it would be difficult for them to appreciate and understand patient perspectives for all cultures. This includes an understanding of the risk factors that contribute to poor health which are culturally determined. For example, racism, social and/or economic disadvantage, poor language and/or literacy skills resulting in difficulties accessing and understanding services, and unemployment that could result where qualifications and/or skills obtained in country of origin are not recognised in Australian society.
- Barriers to accessing health care, and building good relationships with healthcare providers could emerge as a result of cultural differences.

(b)

Marks	Description
9–10	Clear and detailed discussion of the essential skills necessary for effective communication in healthcare settings. At least two clear examples to demonstrate understanding of these essential skills are used.
7–8	Clear discussion (with some detail) of the essential skills necessary for effective communication in healthcare settings. At least one example to demonstrate understanding of these essential skills is used.
5–6	Adequate discussion of the essential skills necessary for effective communication in healthcare settings. Limited examples used in response.
2–4	Brief description the essential skills necessary for effective communication in healthcare settings. Limited or unclear examples used.
1	Shows little or limited understanding of requirements.

Answers could include reference to the following skills:
- Negotiation
- Conflict management
- Compromise
- Skills for health literacy, e.g. locating, interpreting and evaluating health information, analysing risks and benefits (response would link importance of these skills to communicating with others in healthcare settings)
- Assertive communication
- Active listening.

Question 7

(a)

Marks	Description
9–10	Clear and detailed discussion of strategy to determine health needs – i.e. needs assessment. Examples used to demonstrate understanding of the process of needs assessment.
7–8	Clear discussion (with some clarity) of strategy to determine health needs – i.e. needs assessment. At least one example used to demonstrate understanding of needs assessment process.
5–6	Adequate discussion of strategy to determine health needs – i.e. needs assessment. Limited examples used in response.
2–4	Brief discussion of strategy to determine health needs – i.e. needs assessment. Limited or unclear examples used in response.
1	Shows little or limited understanding of requirements.

Answers could include reference to the following:
- Needs assessment is an important step to ascertain a picture of the needs of the community at any one time, as determined by the community.
- Purpose of needs assessment is to identify relevant information to guide the development of programs to improve health; ensure program activities are planned and are therefore as effective as possible in meeting aims and objectives.
- It is important for communities to be involved in the process of needs assessment.
- Process for needs assessment involves identifying what information needs to be collected (e.g. demographic data, health data, service/facility use data, crime statistics), and where this information will come from; talking to community about perceived needs (e.g. focus groups, questionnaires, surveys); gathering information from additional sources (e.g. government bodies, websites, journals, community leaders, local and/or non-government organisations); documenting information and communicating this to community members; processing information to determine priority areas of need.

(b)

Marks	Description
9–10	Comprehensive description of each strategy to address the issue (1 mark per strategy for a total of 2 marks). Clear and detailed explanation of how each strategy is consistent with two of the guiding principles of health promotion (4 marks per strategy).
7–8	Marks as above. Explanation is clear and some detail is used.
5–6	Marks as above. Explanation is clear and shows some understanding of how strategy relates to guiding principles.
2–4	Marks as above. Explanation is brief, and shows limited understanding of how strategy relates to guiding principles.
1	Shows little or limited understanding of requirements.

Strategies to address the issue could include:
- Review of current school alcohol education with a view to determining adequacy of current programs and working out what could improve/build on current programs consistent with best practice
- Developing community education program to compliment/supplement school education programs (could include partnering with existing key community agencies)
- Development of alcohol free events, where there is provision of a safe and supportive environment for young people to come together and socialise (includes liaison with police and other key groups)
- Advocating for better responsible servicing in liquor outlets to ensure young people are not served (partnering with hotel industry, local clubs and bars)
- Identifying advocates/allies and developing support networks who can undertake leadership skills training to support activities (development of infrastructure for health promotion)
- Provision of grants to groups who develop initiatives to reduce harmful consequences of adolescent drinking (infrastructure)

Guiding principles include:
- Integration of health promotion activities across sectors
- Partnerships, networking and alliance building for health
- Development of an infrastructure for health promotion
- Professional ethics and standards in health promotion.

Question 8

(a)

Marks	Description
9–10	Description of three social determinants of health and explanation of how each one contributes to differences in life expectancy and burden of disease between indigenous and non-indigenous groups (3 marks per social determinant) Explanation is clear and detailed and examples are used throughout to demonstrate understanding (for 1 mark).
7–8	Marks as above. Explanation is clear and some detail is used.
5–6	Marks as above. Explanation is clear and shows some understanding of how determinants contribute to differences in health between groups.
2–4	Marks as above. Explanation is brief, and shows limited understanding of how determinants contribute to differences in health between groups.
1	Shows little or limited understanding of requirements.

Social determinants could include:
- Poor social and economic circumstances that contribute to a social gradient. Shorter life expectancies and greater burden of disease amongst lower socio-economic groups)
- Stress - stressful circumstances and poor skills to deal with stress can damage health, particularly increasing risk of cardiovascular disease
- Early life e.g. unhealthy pregnancies where mother smoke can result in unhealthy foetal development that can affect health at birth or in later life
- Social exclusion e.g. that can result from racism, stigmatisation, hostility and unemployment can increase risk of divorce, disability, social isolation, addiction and illness
- Employment – the social organisation of work is important for positive health. Not having a job, job insecurity, or having a job that is stressful can contribute to health problems
- Social and emotional support and positive relationships are essential for good health. Social support can relate to employment or connection with others in a work environment. Limited social cohesion can be damaging to mental health
- Addiction can be influenced by the wider environment. Addiction to alcohol and/or other drugs is linked to morbidity and mortality resulting from suicide, drownings, injury, violence and poisonings.
- Food – an adequate diet and food supply are essential for good health. Diets that are varied and nutritious can protect against deficiency diseases. Poor food intake can result in increased dietary related diseases such as diabetes, cardiovascular disease, and some cancers
- Transport – healthy means of transport (active transport) mean less reliance of the car and increased physical activity.

Health Studies Stage 3: Draft Sample Examination Marking Key

(b)

Marks	Description
9–10	Clear and detailed discussion of importance of advocacy in health promotion (5 marks) Clear and detailed example of using advocacy to gain support for addressing social determinants of health (5 marks)
7–8	Marks as above. Answer is clear and contains some detail.
5–6	Marks as above. Answer is clear and shows some understanding of using advocacy to address social determinants.
2–4	Marks as above. Explanation is brief, and shows limited understanding of how advocacy can be used to address social determinants.
1	Shows little or limited understanding of requirements.

Answers could include reference to the following:
- Advocacy in health promotion is essential to create the conditions for better health. Essentially condition for better health include addressing the social determinants of health that influence health status and outcomes for all Australians
- Advocacy can take many forms, e.g. it could be representation of individuals on committees concerned with policy and other decision- making, using the media to raise awareness of health issues or to inform public debate, striking and nurturing partnerships with other like minded groups to progress the agenda to promote the health issue in question, or writing submissions to government or other organisations seeking improvements in social structures and/or legislation.

Health Studies - Stage 3 Exam : Mapping exam questions against content

Question No.	Health concepts				Attitudinal and environmental influences over health		Health skills and processes		
	Holistic/social view of health	Health principles et al.	Actions and strategies for health	Healthcare systems	Personal B, A, V influence health behaviour	Social and cultural norms et al.	Self-management skills	Interpersonal skills	Health inquiry and processes
SECTION ONE: MULTIPLE-CHOICE									
1		3A							
2						3B			
3			3A						
4						3A			
5		3B							
6		3A							
7		3B							
8	3B								
9		3A							
10	3A								
11		3A							
12			3A						
13								3B	
14		3B							
15			3B						
16									3A
17									3A
18				3B					
19	3B								
20								3A	
SECTION TWO: SHORT RESPONSE									
1a (4 marks)						3B			
1b (6 marks)			3B						
2a (4 marks)					3A				
2b (6 marks)							3A		
3a (2 marks)			3B						
3b (8 marks)			3A/B						
4a (4 marks)									3A/B
4b (6 marks)				3A					
SECTION THREE: EXTENDED RESPONSE									
5a (10 marks)	3A								
5b (10 marks)				3B					
6a (10 marks)								3A	
6b (10 marks)								3A	
7a (10 marks)			3A						
7b (10 marks)		3A							
8a (10 marks)	3B								
8b (10 marks)		3B							

Summary

	3A No. of questions	Marks	3B No. of questions	Marks	3A/B No. of questions	Marks	Total Marks
Multiple-choice	11	11	9	9	-	-	20
Short response	3	16	3	12	2	12	40
Extended response ** (students to choose 2 from 4 questions)	5	50	3	30	-	-	40
TOTALS		77		51		12	100

Percentages
55% of exam marks allocated to Stage 3A content
37% of exam marks allocated to Stage 3B content
8% of exam marks allocated to combined Stage 3A and 3B content

Which means…………..
Approx 59% exam question marks allocated to Stage 3A content
Approx 41% exam question marks allocated to Stage 3B content