



ATAR course examination, 2022

Question/Answer booklet

HEALTH STUDIES

Please place your student identification label in this box

WA student number: In figures

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In words

Time allowed for this paper

Reading time before commencing work: ten minutes

Working time: three hours

Materials required/recommended for this paper

To be provided by the supervisor

This Question/Answer booklet

Multiple-choice answer sheet

Number of additional
answer booklets used
(if applicable):

To be provided by the candidate

Standard items: pens (blue/black preferred), pencils (including coloured), sharpener,
correction fluid/tape, eraser, ruler, highlighters

Special items: nil

Important note to candidates

No other items may be taken into the examination room. It is **your** responsibility to ensure that you do not have any unauthorised material. If you have any unauthorised material with you, hand it to the supervisor **before** reading any further.

Structure of this paper

Section	Number of questions available	Number of questions to be answered	Suggested working time (minutes)	Marks available	Percentage of examination
Section One Multiple-choice	20	20	30	20	20
Section Two Short answer	7	7	90	56	50
Section Three Extended answer	4	2	60	30	30
Total					100

Instructions to candidates

1. The rules for the conduct of the Western Australian external examinations are detailed in the *Year 12 Information Handbook 2022: Part II Examinations*. Sitting this examination implies that you agree to abide by these rules.

2. Answer the questions according to the following instructions.

Section One: Answer all questions on the separate Multiple-choice answer sheet provided. For each question, shade the box to indicate your answer. Use only a blue or black pen to shade the boxes. Do not use erasable or gel pens. If you make a mistake, place a cross through that square, then shade your new answer. Do not erase or use correction fluid/tape. Marks will not be deducted for incorrect answers. No marks will be given if more than one answer is completed for any question.

Section Two: Write your answers in this Question/Answer booklet preferably using a blue/black pen. Do not use erasable or gel pens. Wherever possible, confine your answers to the line spaces provided.

Section Three: Consists of four questions. You must answer two questions. Write your answers in this Question/Answer booklet preferably using a blue/black pen. Do not use erasable or gel pens.

3. You must be careful to confine your answers to the specific questions asked and to follow any instructions that are specific to a particular question.
4. Supplementary pages for planning/continuing your answers to questions are provided at the end of this Question/Answer booklet. If you use these pages to continue an answer, indicate at the original answer where the answer is continued, i.e. give the page number.

Section One: Multiple-choice**20% (20 Marks)**

This section has **20** questions. Answer **all** questions on the separate Multiple-choice answer sheet provided. For each question, shade the box to indicate your answer. Use only a blue or black pen to shade the boxes. Do not use erasable or gel pens. If you make a mistake, place a cross through that square, then shade your new answer. Do not erase or use correction fluid/tape. Marks will not be deducted for incorrect answers. No marks will be given if more than one answer is completed for any question.

Suggested working time: 30 minutes.

1. Providing support to, and advocating against mistreatment of, women is a part of which role of the World Health Organisation (WHO)?
 - (a) set norms and standards
 - (b) shape the research agenda
 - (c) monitor the health situation and assess health trends
 - (d) provide technical support

2. A health promotion advocacy group was preparing to go on strike. This is **best** described as an example of which type of advocacy?
 - (a) creating debate
 - (b) mobilising groups
 - (c) developing partnerships
 - (d) influencing policy

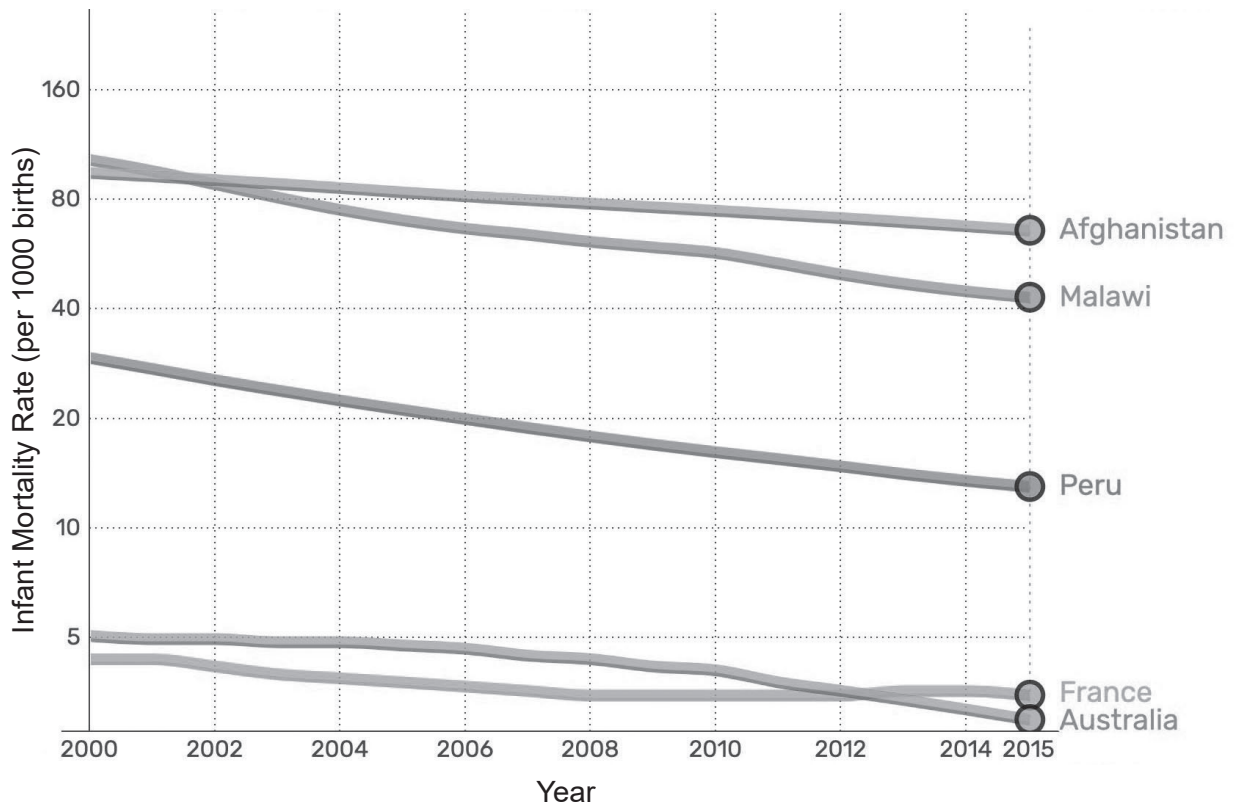
3. Social exclusion is **best** defined as
 - (a) the deliberate isolation of an individual with the intention of causing emotional harm.
 - (b) an individual being too afraid to engage actively in society and not accessing healthcare or other services.
 - (c) a situation where not everyone has equal access to the opportunities and services that allow them to lead a satisfying and happy life.
 - (d) having a lack of social contacts and having few people to interact with regularly.

4. Features of the built environment that impact on health inequities include
 - (a) neighbourhood, housing and ultraviolet (UV) radiation.
 - (b) extreme weather, green space and air quality.
 - (c) walkability, transport and indoor air quality.
 - (d) environmental noise and extreme weather.

See next page

5. High unemployment rates and a rising cost of living can result in significant restrictions to how we live and work. These align **most** closely with which barrier to addressing social determinants of health?
- (a) famine
 - (b) social exclusion
 - (c) access to services
 - (d) poverty
6. The provision of temporary health care following a natural disaster is an example of which investment priority of Australia's aid program?
- (a) health and education
 - (b) gender equality and empowering girls and women
 - (c) humanitarian policy and partnerships
 - (d) monitoring of the health situation and assessing health trends
7. The percentage of births globally attended by a skilled health professional has increased by 12% since 2013. This is progress towards which United Nations Sustainable Development Goal?
- (a) ensure healthy lives and promote wellbeing for all at all ages
 - (b) end hunger, achieve food security and improved nutrition and promote sustainable growth
 - (c) ensure availability and sustainable management of water and sanitation for all
 - (d) achieve gender equity and empower all women and girls
8. The Pharmaceutical Benefits Scheme (PBS) improves equity and access to healthcare by providing
- (a) subsidised medication for all those that hold a valid Medicare Card.
 - (b) subsidised medications for all Australians.
 - (c) timely and affordable access to medications for all Australians.
 - (d) timely and affordable access to medications to those who qualify.
9. A general practice (GP) clinic that endeavours to meet the needs of its heavily multicultural clientele by providing brochures in multiple languages, and having interpreters on staff, **most** accurately reflects the consideration of
- (a) improving health literacy.
 - (b) creating a supportive environment.
 - (c) access and equity.
 - (d) catering for diversity.

Question 10 refers to the graph below, which represents infant mortality rates for several countries from 2000 to 2015.



10. On the basis of the information in the graph above, which statement is correct?
- France has made the greatest decrease in infant mortality rates since 2000.
 - Australia had the lowest infant mortality rate in 2008.
 - Afghanistan has made no improvement to infant mortality rates since 2012.
 - Peru's infant mortality rate dropped below 20 per 1000 births in 2008.
11. When conducting a needs assessment, one must first identify and analyse the main problem(s). The next step is to
- develop an action plan for the most effective implementations.
 - devise and clarify SMART goals.
 - take time to prioritise the most pressing issues.
 - determine the best strategies to address the identified problem(s).

12. It is illegal to smoke in a car with passengers who are under the age of 17. This influences beliefs, attitudes and values by
- forming an internally-generated position on the impact of smoke inhalation.
 - providing an extrinsically-generated position on the impact of smoke inhalation.
 - protecting children from second-hand smoke inhalation in cars.
 - informing people of the dangers of smoke inhalation in accordance with government policy.
13. New South Wales and Queensland experienced devastating floods in 2022. Facilitating access to resources and information, such as how to repair flood damage to their homes safely, and how to access support services, are examples of
- enabling community members.
 - mediating between local government areas (LGAs).
 - reorienting health services.
 - advocating for local residents.
14. The **best** quantitative measures for detecting health inequities and/or injustices within and between populations include
- homelessness rates and access to services.
 - unemployment rates and child mortality rates.
 - food security and rates of poverty.
 - government policies and gross domestic product (GDP).

Question 15 refers to the table below.

Prevalence of inadequate fruit and vegetable intake for persons aged 18 and over, 2017 to 2018

Age Group (years)	Inadequate fruit intake		Inadequate vegetable intake	
	Men	Women	Men	Women
18–24	54.4%	52.9%	96.5%	94.7%
25–34	60.5%	49.2%	97.0%	89.9%
35–44	57.8%	48.4%	96.8%	90.2%
45–54	54.0%	45.7%	96.5%	89.0%
55–64	50.4%	39.7%	97.1%	85.7%
65–74	45.6%	32.3%	93.4%	84.4%
75+	38.9%	33.4%	88.7%	91.9%

15. The information in the table indicates that
- women aged 18–24 years have the most inadequate intake of vegetables.
 - women are more likely than men to have adequate consumption of fruit and vegetables.
 - males aged 55–64 years are the group with the most adequate fruit consumption.
 - women are more likely than men to have inadequate consumption of fruit and vegetables.

See next page

16. Teaching conflict resolution and anger management skills as a means to prevent violent behaviour are examples of which domain of the socio-ecological model?
- (a) relationship
 - (b) organisational
 - (c) interpersonal
 - (d) individual
17. A general practitioner (GP) recommending that a patient have a regular cervical screening test (pap smear) to monitor for the presence of cervical cancer indicators is an example of
- (a) a normative need.
 - (b) a comparative need.
 - (c) a felt need.
 - (d) an expressed need.
18. Factors that create health inequities include
- (a) employment, dislocation of land and racism.
 - (b) stress, early life and work.
 - (c) gender, social isolation and dislocation of land.
 - (d) transport, food and culture.
19. The private health insurance rebate is income tested. This means that if you have a
- (a) higher income, your rebate entitlement may be reduced.
 - (b) lower income, your rebate entitlement may be reduced.
 - (c) lower income, you may not be entitled to any rebate at all.
 - (d) higher income, your rebate entitlement may be increased.
20. There are many steps to be followed in making decisions to implement change in public health. Using the PABCAR model, once measures have been accepted what should occur next?
- (a) Evaluate all recommendations and analyse the success of the project.
 - (b) Recommend the most effective actions and monitor progress.
 - (c) Identify any problems that may still occur if this decision is made.
 - (d) Determine whether the benefits of implementing the interventions outweigh the costs.

End of Section One

See next page

Section Two: Short answer

50% (56 Marks)

This section has **seven** questions. Answer **all** questions. Write your answers in the spaces provided.

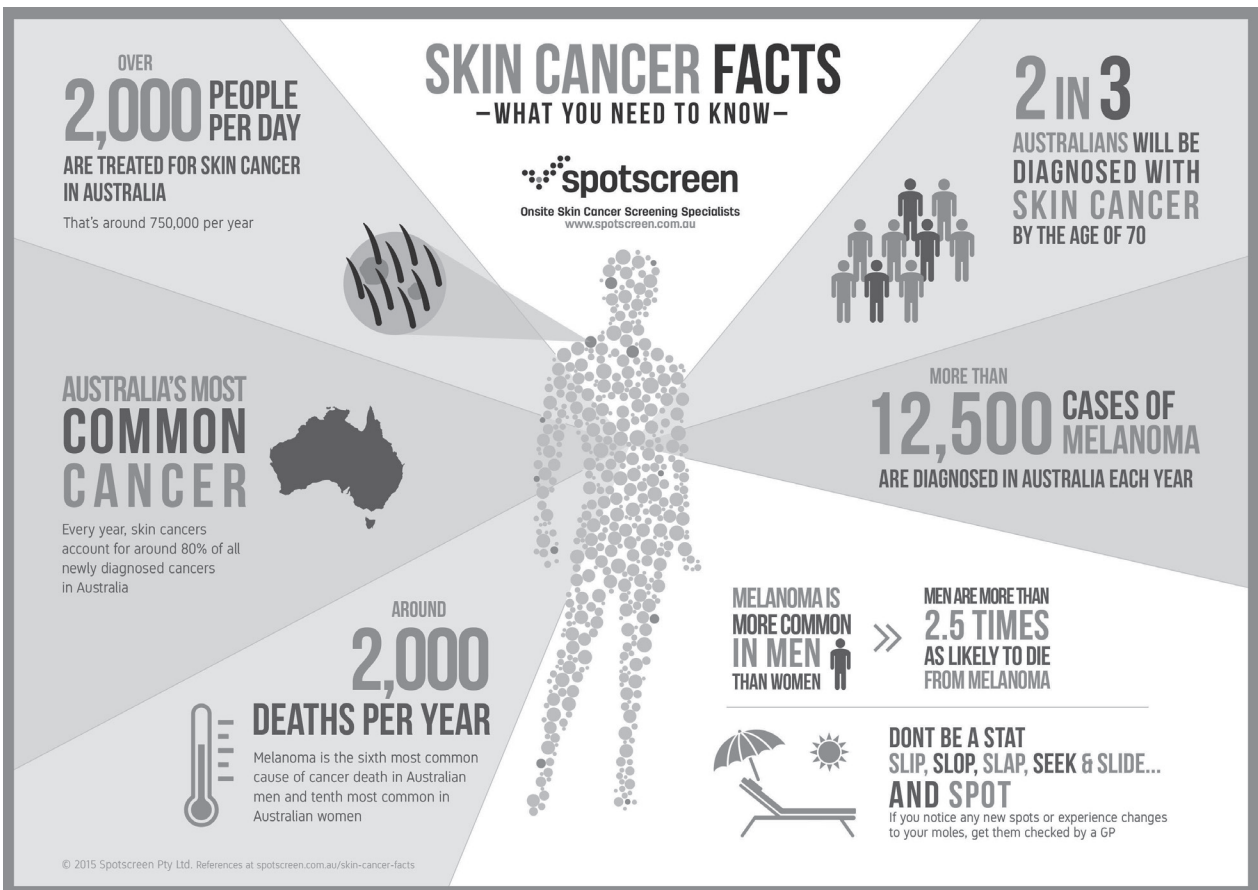
Supplementary pages for planning/continuing your answers to questions are provided at the end of this Question/Answer booklet. If you use these pages to continue an answer, indicate at the original answer where the answer is continued, i.e. give the page number.

Suggested working time: 90 minutes.

Question 21

(8 marks)

Australia's climate and lifestyle encourage people to spend significant time outdoors, causing rates of skin cancer to be one of the highest in the world.



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

One: _____

Two: _____

You have been asked to conduct a health inquiry investigating skin cancer, with the purpose of educating high school students on how to prevent it.

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

One: _____

Two: _____

Three: _____

- (c) Explain the most suitable format for presenting your findings to high school students. (3 marks)

Question 22

(6 marks)

It is a requirement in Western Australian schools that all students aged from 4 to 16, participate in two hours of compulsory health and physical education classes per week as part of the school's structured teaching and learning program.

To promote this, a physical education teacher presented an information session to parents at a local school describing the benefits of physical activity for children, and describing the types of activities in which students will participate.

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

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

- (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)

Question 23

(9 marks)

War, violence and conflict can devastate societies, causing displacement from homes, children being unable to attend school, food insecurity and an inability to access health care services. Every year thousands of families flee their homes to escape violence, and become refugees as a result.

- (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)

Personal: _____

Social: _____

Cultural identity: _____

- (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)

Question 24

(10 marks)

According to the Australian Bureau of Statistics (ABS), in 2021, one in five Australians aged between 16 and 34 years experienced high or very high levels of depression and anxiety, more than twice the rate for those aged between 65 and 85 years.

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

Definition: _____

One: _____

Two: _____

Three: _____

- (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)

One: _____

Application: _____

Two: _____

Application: _____

Question 25

(9 marks)

Jonathon is a senior nurse at a local children’s hospital. He hears loud and aggressive yelling. Jonathon discovers it is the parents of one of his patients. They are arguing about the medical treatment of their daughter. The argument is causing significant distress to their daughter and other people nearby are visibly upset.

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

After the situation has been addressed, Jonathon conducts a debrief with his team of nurses to ensure similar situations are addressed more effectively in the future.

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

One: _____

Two: _____

Question 26

(6 marks)

Heads of Government, Ministers and government representatives came together on 21 October 2011 in Rio de Janeiro to express their determination to achieve social and health equity through action on social determinants of health and wellbeing by a comprehensive intersectoral approach. This is known as the Rio Declaration on Social Determinants of Health.

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

One: _____

Two: _____

Question 27

(8 marks)

Biomedical determinants influence both our short- and long-term health. They are often associated with various cognitive and physical health conditions, including Type 2 diabetes and subnormal growth rates.

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

One: _____

Two: _____

Aboriginal and Torres Strait Islander Peoples are almost four times more likely than non-Indigenous Australians to have diabetes or pre-diabetes.

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

One: _____

Two: _____

End of Section Two

See next page

Section Three: Extended answer

30% (30 Marks)

This section contains **four** questions. You must answer **two** questions. Write your answers in the spaces provided.

Supplementary pages for planning/continuing your answers to questions are provided at the end of this Question/Answer booklet. If you use these pages to continue an answer, indicate at the original answer where the answer is continued, i.e. give the page number.

Suggested working time: 60 minutes.

Question 28

(15 marks)

The National Strategic Framework for Chronic Conditions moves away from the former National Health Priority Areas (a disease-specific approach) and provides national direction that applies to a broad range of chronic conditions. It recognises that there are often similar underlying principles for the prevention and management of many chronic conditions.

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

One: _____

Two: _____

- (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)

One: _____

Two: _____

Three: _____

Question 29

(15 marks)

The following table provides information about socio-economic advantage and disadvantage in Australian states and territories.

Proportion of persons by Index of relative socio-economic advantage and disadvantage quintiles(a) by state of usual residence(b)								
	New South Wales	Victoria	Queensland	South Australia	Western Australia	Tasmania	Northern Territory	Australian Capital Territory
	%	%	%	%	%	%	%	%
Quintile 1(c)	19.1	16.2	21.4	25.7	13.3	37.2	23.5	0.7
Quintile 2	18.8	18.0	22.2	25.1	18.4	26.1	11.1	3.5
Quintile 3	17.1	21.4	21.7	22.4	22.9	18.3	19.8	12.1
Quintile 4	17.4	23.7	20.7	17.9	24.0	13.8	25.2	29.1
Quintile 5(d)	27.6	20.8	14.0	8.9	21.4	4.6	20.5	54.6
Total(b)	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0

(a) SEIFA IRSAD quintile derived for all areas in Australia at SA1 level.
 (b) Excludes other territories and SA1 areas where a quintile was not assigned.
 (c) Quintile 1 are the most relatively disadvantaged areas.
 (d) Quintile 5 are the most relatively advantaged areas.

(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)

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

Pair one: _____ and _____

Explanation: _____

Pair two: _____ and _____

Explanation: _____

Pair three: _____ and _____

Explanation: _____

Pair four: _____ and _____

Explanation: _____

Question 30

(15 marks)

As of 31 August 2021, 35 513 people were seeking asylum for a temporary or a permanent protection visa in Australia. Research suggests that some of the biggest challenges faced by asylum seekers and refugees include healthcare encounters and understanding of the Australian healthcare system.

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

- (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)

Population: _____ (0 marks)

One: _____

Two: _____

Three: _____

Four: _____

According to the Australian Institute of Health and Welfare, e-cigarette use by Australians aged 14 years or older has more than doubled from 2016 to 2019. Recent studies also suggest that young Australians with low socio-economic status (SES) have a greater likelihood of using e-cigarettes than those with a higher SES.

You are working in health promotion for the Western Australian Government and have been asked to come up with some effective strategies that could be implemented in low SES schools to target students who are using e-cigarettes.

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

Enabling: _____

Advocacy: _____

Mediating: _____

ACKNOWLEDGEMENTS

- Questions 1, 6** ... from: World Health Organization. (n.d.). *About WHO in India*. Retrieved June, 2022, from <https://www.who.int/india/about-us>
- Question 7** Question information from: World Health Organization. (n.d.). Proportion of births attended by skilled health personnel (SDG 3.1.2) [Visualisations]. Retrieved June, 2022, from [https://www.who.int/data/maternal-newborn-child-adolescent-ageing/indicator-explorer-new/mca/proportion-of-births-attended-by-skilled-health-personnel-\(sdg-3.1.2\)](https://www.who.int/data/maternal-newborn-child-adolescent-ageing/indicator-explorer-new/mca/proportion-of-births-attended-by-skilled-health-personnel-(sdg-3.1.2))
- Question 7(a)(c)** United Nations. (2016). *The sustainable development goals report*. Retrieved June, 2022, from <https://unstats.un.org/sdgs/report/2016/The%20Sustainable%20Development%20Goals%20Report%202016.pdf>
- Question 7(b)(d)** Adapted from: United Nations. (2016). *The sustainable development goals report*. Retrieved June, 2022, from <https://unstats.un.org/sdgs/report/2016/The%20Sustainable%20Development%20Goals%20Report%202016.pdf>
- Question 10** Gapminder. (n.d). *Infant mortality (rate per 1000 births)* [Graph]. Retrieved June, 2022, from [https://www.gapminder.org/tools/#\\$model\\$markers\\$line\\$data\\$filter\\$dimensions\\$country\\$country\\$/in@=mwi&=per&=fra&=aus&=afg;;;;;&encoding\\$y\\$data\\$concept=infant_mortality_rate_per_1000_births&space@=country&=time;;&scale\\$type:null&domain:null&zoomed:null;&x\\$scale\\$zoomed@:null&=2015;;;;;&frame\\$value=2015;;;;;&chart-type=linechart&url=v1](https://www.gapminder.org/tools/#$model$markers$line$data$filter$dimensions$country$country$/in@=mwi&=per&=fra&=aus&=afg;;;;;&encodingydata$concept=infant_mortality_rate_per_1000_births&space@=country&=time;;&scale$type:null&domain:null&zoomed:null;&x$scale$zoomed@:null&=2015;;;;;&frame$value=2015;;;;;&chart-type=linechart&url=v1)
- Question 15** Data from: Australian Bureau of Statistics. (2018). Consumption of fruit, vegetables, and sugar sweetened and diet drinks - Australia, Proportion of persons (Table 12.3). *National Health Survey: First Results, 2017–18 — Australia*. Retrieved June, 2022, from <https://www.abs.gov.au/statistics/health/health-conditions-and-risks/dietary-behaviour/latest-release>
Used under Creative Commons Attribution 4.0 International licence.
- Question 21(a)** Adapted from: Spotscreen. (n.d.). *Skin cancer facts* [Infographic]. Retrieved June, 2022, from <https://www.spotscreen.com.au/info-centre/skin-cancer-information/skin-cancer-facts/>
- Question 24(a)** Information from: Australian Bureau of Statistics. (2021). *First insights from the national study of mental health and wellbeing, 2020-21*. Retrieved June, 2022, from <https://www.abs.gov.au/articles/first-insights-national-study-mental-health-and-wellbeing-2020-21>

- Question 26** Paragraph 1 adapted from: World Health Organization. (2011, October 21). *Rio political declaration on social determinants of health*. Retrieved July, 2022, from https://cdn.who.int/media/docs/default-source/documents/social-determinants-of-health/rio_political_declaration.pdf?sfvrsn=6842ca9f_5&download=true
- Question 28(a)(b)** Information from: Australian Health Ministers' Advisory Council. (2017). *National strategic framework for chronic conditions*. Retrieved June, 2022, from <https://www.health.gov.au/sites/default/files/documents/2019/09/national-strategic-framework-for-chronic-conditions.pdf>
- Information from: Australian Institute of Health and Welfare. (2022). *National Strategic Framework for Chronic Conditions, reporting framework: indicator results*. Retrieved June, 2022, from <https://www.aihw.gov.au/getmedia/891c2a30-800b-4117-919f-fde48ef9f2f9/aihw-phe-299.pdf.aspx?inline=true>
- Question 29(a)** Australian Bureau of Statistics. (2016). *Proportion of persons by index of relative socio-economic advantage and disadvantage quantiles(a) by state of usual residence(b)* [Table]. Retrieved June, 2022, from <https://www.abs.gov.au/ausstats/abs@.nsf/Lookup/by%20Subject/2071.0~2016~Main%20Features~Socio-Economic%20Advantage%20and%20Disadvantage~123>
- Question 31** Paragraphs 1 and 3 adapted from: Department of Health. (n.d.). *Health effects of vaping*. Retrieved June, 2022, from https://ww2.health.wa.gov.au/Articles/F_I/Health-effects-of-vaping
- Paragraph 2 from: Lung Foundation Australia. (n.d.). *Vaping and young people – for educators*. Retrieved June, 2022, from https://lungfoundation.com.au/wp-content/uploads/2021/07/Factsheet-Vaping-and-Young-People_For-Educators-Jul2021.pdf

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