HEALTH STUDIES

Year 12 ATAR

End of year Examination 2016

Marking Key

Question	Answer
1	A
2	D
3	B
4	C
5	A
6	B
7	A
8	A
9	C
10	D
11	C
12	D
13	C
14	A
15	B
16	D
17	C
18	A
19	B
20	D

Section Two: Short answer   **50 Marks**

Question 21   **(8 marks)**

"The world has made great strides in reducing the needless suffering and premature deaths that arise from preventable and treatable diseases, but the gains have been uneven," said Dr Margaret Chan, Director-General of WHO.

   (a) Describe two factors you have studied in this course that could be creating this health inequity.

(4 marks)

Description	Marks
Two marks each for detailed description of each determinant. No marks for one-word answers or simply identifying the determinant. For two marks students must refer to the stem (difference between top 5 and bottom 5 countries. Less detailed description is one mark instead of two.	Up to 4
Determinants: • the social gradient • stress • early life • social exclusion • work • unemployment • social support • addiction • food • transport • culture	
Example answer for four marks: The inequity in life expectancy between countries such as Australia and Switzerland compared to Chad and Sierra Leone could be impacted by the following two determinants: • reduced access to health care in developing countries such as lack of hospitals in rural areas which could contribute to poor early life factors such as child birth, child health etc. • Culture – people in developing countries such as Angola may not have well-developed health literacy due to cultural norms regarding health issues (don't talk about illness for example).	
Example answer for two marks: Inequity is caused by lack of access to food for poorer countries and lack of social support, which results in stress.	
Total	**4**

(b)   Suggest two actions that could be used to address this health inequity   (4 marks)

Description	Marks
Two marks per action suggested. One mark if they state the required action but don't apply it to the stem.	
Actions must come from this list: • improving access to health care • improving health literacy • *Ottawa Charter* action areas	1 mark each
Explanation of the actions for four marks: Countries like Sierra Leone and Chad could increase access to health care by training more health care workers to work in health facilities and provide mobile health care to rural areas. These health workers could also conduct health information sessions in the villages to improve health literacy. These actions could increase the life expectancy of these countries and thereby reduce the inequity.	1 mark each for explanation and application to stem.
Total	**4**

Question 22 (3 marks)

Outline three characteristics of assertiveness as it is used in a health setting

Description	Marks
One mark for each characteristic.	
Answers could include but are not limited to: • Expressing your opinion, needs or rights • Empathy – understanding the other person's opinion • Not becoming aggressive • Expressing consequences if the other person does not take on your stance • Empowering yourself – speaking up for what you believe in	1 mark each
Total	**3**

Question 23 **(5 marks)**

Advocacy is a key health promotion activity for overcoming major barriers to public health and occupational health. (WHO, 2016)

(a)   Define health promotion advocacy   (1 mark)

Description	Marks
One mark for exact or well-described definition.	
Advocacy – • Active support of an idea or cause, in particular the act of pleading or arguing in favour of or the practice of supporting someone to make their voice heard. • Speaking out on behalf of others who cannot speak out for themselves. • The act of speaking out or raising awareness of disadvantage to influence policy and resource allocation decisions. • An advocate can be a person who pleads for a cause or puts forward an idea to shape public perception and effect change.	1 mark
Total	**1**

(b)   Explain two strategies that could be used to advocate for safer workplaces.   (4 marks)

Description	Marks
Two marks per strategy – must relate to workplace health and advocacy on behalf of workers to make it safer to get full marks. More generic responses only get 1 mark. No marks for simply identifying the strategy.	
Strategies – • lobbying • raising awareness • creating debate • developing partnerships • building capacity • mobilizing groups • framing issues • using champions • influencing policy	
Examples of workplace advocacy: • Raising awareness about the plight of factory workers being forced to work long hours with no breaks • Using a champion to bring attention to sweat shop factories in developing countries and work to change clothing companies policy • Lobbying government to change laws regarding pay conditions for casual and part time workers.	Up to 2 marks each
Total	**4**

Question 24 **(8 marks)**

Australia has one of the highest bowel cancer rates in the world. Around 1 in 23 Australians will develop bowel cancer during their lifetime. In 2006 the Australian Government introduced the National Bowel Cancer Screening Program (NBCSP), which aims to reduce illness and death from bowel cancer through early detection of the disease.

(a)   Outline what screening means and describe two benefits of undertaking screening processes(3 marks)

Description	Marks
One mark to define Screening. One mark for description of benefits. No marks for one-word answers.	
Screening definition: Processes to check for early signs and symptoms of disease. Early detection of disease before the individual may be aware they have it. Checking processes in healthy populations to detect disease before ill health occurs.	1 mark
Benefits: • Allows for early treatment • Health care system saves money and/or resources as disease does not advance/get worse and require further treatment • Individual's quality of life maintained	1 mark each
Total	**3**

(b)   Identify two other diseases or conditions that Australia offers public screening programs for.(2 marks)

Description	Marks
One mark each for plausible answer	
Answer could include: • Breast cancer • Cervical cancer • Scoliosis • High blood pressure • Diabetes • High cholesterol • Skin Cancer	1 mark each
Total	**2**

(c)   How does the NBCSP reflect the social justice principles of equity, diversity and access?(3 marks)

Description	Marks
One mark for why each principle upholds social justice	

Answers could include:
 	
Equity:
• Bowel cancer screening kits are distributed equally regardless of race, socioeconomic status, education etc. as they are free.
• Groups at risk of not engaging with the program are targeted specifically to ensure they know about it and can use it (e.g. indigenous populations, rural and remote people, elderly.
 	
Diversity:
• Bowel cancer screening kits are available in multiple languages so are respectful of cultural background.
 	
Access:
• As the bowel cancer screening kits are free it makes them affordable (no cost), sent to individual's home thus ensuring accessibility of the kits
• 5 A's of access –
  - Affordability – free
  - Accessibility – mailed to your house, available at many different health centres
  - Availability – don't need to access a health centre – do it in your own home
  - Acceptability – Media presents info explaining how it works and it's success rate, which helps people feel it is acceptable to use.
 	
NOTE: no marks for the 5th A of accessibility - Adaptability, as the test is not able to be adapted.
	1 mark each

Total	**3**

Question 25 **(8 marks)**

The National Health Priority Areas (NHPAs) initiative is a collaborative effort of Commonwealth and State and Territory governments, which draws upon relevant expertise in the non-government sector, to target diseases and conditions where significant gains could be achieved in terms of costs and in the health of Australia's population.

(a)   Identify two Australian NHPAs and explain why they have been chosen as priority areas for improvement. (4 marks)

Description	Marks
One mark per NHPA identified.	
NHPA's – • Diabetes • Obesity • Dementia • Mental health • Cardiovascular health • Injury prevention and control • Arthritis and musculo-skeletal conditions • Cancer control • Asthma	1 mark each up to 2 marks
One mark each for explanation as to why it is an NHPA.	
Answers to include: • High prevalence • High incidence • High burden of disease • Preventable • High risk factor for early mortality • Hospitalisations for this issue is a burden	1 mark each up to 2 marks
Total	**4**

(b)   For each NHPA identified in part a, explain an action that can address the issue and improve the health of Australians. (4 marks)

Description	Marks
Two marks per action that is well explained and appropriate. One mark for less well developed or less appropriate. No marks for single word answers.	
Answers could include but not limited to: • Any of the Ottawa Charter action areas • Primary prevention – if appropriate such as vaccination, healthy diet, exercise, not smoking or taking drugs, reducing alcohol intake etc. • Secondary prevention – if appropriate such as screening, self checks, online surveys, RUOK day, help seeking for early intervention • Tertiary prevention – e.g. surgery, medication etc. • Health promotion intervention – advocacy, social marketing, legislation etc.	Up to 2 marks each
Total	**4**

Question 26 **(6 marks)**

The Department of Foreign Affairs and Trade (DFAT) works with a range of multilateral agencies including the World Health Organisation (WHO) to give aid to countries that need it the most. The WHO has developed a six-point agenda for action to improve global health.

(a)   Explain the role of the World Health Organisation.   (2 marks)

Description	Marks
One mark for each point listed below.	
Promote health for all, eradicate poverty, ensure essential medicines are accessible, co-ordinate specific disease programs, global governance, oversees organisations in the delivery of global health measures	1
The WHO is the directing and co-ordinating authority for health within the United Nations system	1
Total	**2**

(b)   Identify and explain two points from the WHO's six-point agenda for action.   (4 marks)

Description	Marks
One mark per point for identifying it. One mark per point for explanation	
Six point agenda: • Health systems • Non-communicable diseases • Promoting health through the life-course • Communicable disease • Preparedness, surveillance and response • Corporate services	1 mark each up to 2 marks
Possible explanations: • Health systems - helps countries move towards universal health coverage. Work with policy makers, global health partners, private sector etc.in supporting countries develop, implement and monitor national health plans. Assure availability of health services at affordable price. • Non-communicable diseases – 70% of worldwide deaths. Consequences reach beyond health sector. Solutions need more than a system that prevents and treat disease. • Promoting health through the life-course – addressing environmental risks and social determinants of health, gender, equity and human rights. Reduce disparities between countries. • Communicable disease - works to increase prevention efforts of communicable diseases while reducing vaccine-preventable diseases. • Preparedness, surveillance and response - takes on an operational role during emergencies e.g. undertake risk assessment, but also support countries to increase their capacity to respond to emergencies. • Corporate services - tools and resources (including human) to do the above e.g., legal advisers, committees, communications staff etc.	1 mark each up to 2 marks

	Total	4

Question 27 **(6 marks)**

On any given night in Australia, approximately one in 200 people are homeless, of which 56% are male and 44% are female. Those who are homeless have the highest rates of premature death.

(a)   Identify two factors, studied in this course, that may contribute to the health inequities experienced by the homeless population. **(2 marks)**

Description	Marks
One mark per factor identified	
Factors that create health inequities • discrimination • gender • 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 • socio-economic status • health literacy	1 mark each up to 2
Total	**2**

(b)   For each factor identified in part (a) and explain how they would increase the rate of premature death for homeless people in Australia. **(4 marks)**

Description	Marks
Two marks per factor for explanation. Well-described and detailed answer for 2 marks, 1 mark for less well explained.	
Answers could include, but are not limited to: • Gender - gender is a factor that can create health inequities that affect all populations as gender itself can create inequalities in terms of access and health behaviours. For example, some risk-taking behaviours are more prevalent amongst men (which may lead them to become homeless), men are less likely to seek help for health problems they experience • Access to health care – the homeless have reduced access to health care to treat illness and disease due to lower socio-economic status, thus income to use, health care often "down the ladder' in terms of immediate needs e.g. food, addictive substances • Unemployment – homeless often find it difficult to get or hold down	Up to 2 marks each

jobs, therefore earning capacity is reduced, less income to spend on improving overall level of health • Education - there is a strong association between level of education and health literacy, less able to access health and support services • Socio-economic status - people with lower socio-economic status e.g. homeless, have poorer health than those from higher socio-economic levels. For example, those with lower socio-economic status have less income to spend on housing, food and accessing health care • Social isolation - people are isolated through marginalisation e.g. homeless, may engage in behaviours that put their health at risk. Marginalised groups normally have poorer access to health services. • Discrimination - people who experience discrimination e.g. homeless population, more likely to engage in risk taking behaviours e.g. excessive alcohol consumption, which lowers their overall health status • Poor health literacy - may not have the skills to correctly interpret information or to access help services	
Total	**4**

Question 28 **(6 marks)**

The graphs below show the literacy rate percentage 1995-2011 and the infant mortality rate 2000-2014 in the West-African country of Sierra Leone.

(a)   Given the information in the graph above, describe the relationship between literacy and mortality.   (1 mark)

Description	Marks
One mark for description.	
As the literacy rates have increased/improved there has been a decrease in infant mortality rate in Sierra Leone. Or Negative / inverse relationship, as literacy rate increases, infant mortality decreases.	1
Total	**1**

(b)   Define infant mortality rate.   (1 mark)

Description	Marks
One mark for definition.	
The number of deaths of infants (under 1 year of age) divided by the number of live births in the year x 1000	1
Total	**1**

The circumstances under which a woman gives birth can have an impact on infant mortality.

(c)   Explain two ways culture can affect health decision making with respect to childbirth.

(4 marks)

Description	Marks
Two marks per explanation. One mark for basic explanation Two marks for more detailed explanation Answer must specifically mention cultural factors not simply medical system factors.	
Answers could include: • Cultural practice / tradition – e.g., degree of medical intervention, caesarean, natural births, whether drugs are used to reduce pain, use of herbal remedies • Length of time mother spends recovering after the birth • Traditions about what happens to the placenta • Who attends the birth – doctors, midwives, partners, other family members, elder women of the culture • Role of the male partner – support to cutting the cord, is it appropriate for males to be present? • Vocalisation of pain – silence to crying out • Birth settings – own home or the home of a relative, hospitals viewed as most appropriate, birthing clinics • Birth positions – what is most comfortable, water births • Circumcision of male / female children • Prenatal care traditions / beliefs – diet, medical care, rituals, herbal remedies, vitamins, women working, exercise	Up to 2 marks each
Total	**4**

Section 3: Extended answer

Question 29 (15 marks)

According to the Young Driver Factbase (2015), Injury is the single biggest killer of Australian young people, more than all other causes combined. In 2015, 45 per cent of all young Australian injury deaths are due to road traffic crashes.

a) Develop a set of five focus questions that could be used to conduct an inquiry into this disturbing statistic. (5 marks)

Description	Marks
One mark per question	Up to 5 marks
Questions must be full sentences and stand alone as their own entity (i.e. not include statements like "What caused it?" Must read as "What factors caused young drivers to speed?"	
Questions must work together as a set to effectively examine the stem – they can't be repetitive, they can't ask questions that are not relevant to the study and they can't ask about information already provided in the stem. For example "What percentage of young are injured or killed on the road" as this is information already known.	
Questions could include: • What aspects of the Learner Driver program could be contributing to the high rates of crashes of young people in Australia? • What specific driver related factors could be causing young people to not only become injured in road crashes but to die? • Do the social, socio-economic and environmental determinants of health contribute to the incidence of road crashes for young people in Australia? • What interventions have been put into place to try and address this problem in Australia? • Is government legislation restricting or promoting safe road behaviour of young people in Australia? • Do the beliefs, attitudes and values of young people impact the likelihood they will be involved in a road crash that leads to injury or death?	
Total	**5**

Findings from this inquiry explained the reason why so many young people die in road crashes. The data indicated that the main reason young drivers are so highly represented in road crashes is due to is speeding and around 80 per cent of those killed are male. One-third of all speeding drivers and riders in fatal crashes are males aged 17 – 25, while only 6 per cent are females aged 17 – 25.

b) Outline an argument that could be presented based in these findings and describe the target audience that you would suggest this argument be presented to. (10 marks)

Description	Marks
Six marks for argument. Four marks for target audience description.	

Argument – 1 mark for any of these points being made -
   • Males need to be targeted
   • An intervention against speeding needs to be developed.
 	
Up to 4 marks for development of argument –
   • Argument needs to be logical and follow a clearly defined sequence
   • Evidence should be presented or included (from both stems)
   • Should include recommendations and intervention suggestions
	6 marks

Target audience –
   • One mark - relate to the argument presented, for example if they suggested a legislation change then they should target government, etc.
   • One mark - student suggests how the findings could be targeted effectively to this audience
   • Two marks - Well explained detailed description of target audience and why they should be targeted
	4 marks

Total	**10**

Question 30   **(15 marks)**

A substance abuse and rehabilitation clinic wants to improve the service it provides and set goals to ensure they are meeting the needs of their local community and the people who need their services the most.

Outline how this clinic could use a Needs Assessment framework to set goals and evaluate their improvement.

Description	Marks
Two marks per aspect of the Needs Assessment framework. One mark for how well they apply the framework to the example. No marks for simply identifying the steps.	
Example Answer – • identifying health issues - who accesses the clinic? Who should access it? What resources do they have? • analysis of the problem - gather quantitative and qualitative data. Look for trends and patterns. What issues are causing the biggest problems e.g. language problems, cost, staffing, resources, marketing • prioritizing issues - behavioural matrix of issues – plot issues onto matrix • setting goals - SMART goals system. Outline an example of a goal they could set. • determining strategies – how can they achieve the goal? Advocate, fund raise, employ new staff, language program etc. • developing action plans -who is going to do what and by when? • evaluating outcomes – suggest ways the intervention can be evaluated e.g., surveys, data comparison, wait lists for the clinic etc.	Up to 15 marks
Total	**15**

Question 31 **(15 marks)**

Communication and collaboration skills are used primarily in conflict situations, to either avoid the conflict or manage it successfully.

(a) Identify and describe three examples of conflict that could occur during an organ donation decision-making process that would require conflict management. (9 marks)

Description	Marks
One mark for identifying a conflict that could occur up to three marks.	
Conflict: • Intrapersonal - conflict within the individual (find it difficult/impossible to make decisions) • Interpersonal - conflict between two or more individuals • Intragroup - conflict within a group • Intergroup - conflict between two or more groups	1 mark each up to 3 marks
Two marks per description, one mark for description, one mark for appropriateness example	
Intrapersonal – conflict within the individual (find it difficult/impossible to make decisions) • Do I want to be an organ donor or not? • Should I register to be an organ donor or not? • What am I willing to donate? e.g. all or some • Should I let someone know my organ donation wishes or not? **Interpersonal** – conflict between two or more individuals • Discussing the wishes of an individual who wants to be an organ donor and their partner or family members who don't want them to be one • A Transplant Coordinator talking to family members **Intragroup** – conflict within a group • Conflict between members of the same cultural/religious group regarding the pros and cons of organ donation • Conflict between members of a specific cultural/religious group over their beliefs versus the desire to help others • Disagreement within a medical team around the various aspects of the organ donation processes **Intergroup** – conflict between two or more groups • Conflict between different transplant teams on who has the individual with the most urgent need for an organ • Conflict between healthcare practitioners on the suitability of patients for transplant/donation	2 marks each up to 6 marks
Total	**9**

When dealing with conflict in health settings collaboration is the preferred method of resolving disputes.

(b) Identify and explain two communication and collaboration skills that could prevent conflict developing between the wishes of an organ donor and their next of kin.   (6 marks)

Description	Marks
One mark for identifying appropriate communication and collaboration skills to a maximum of two	
Communication and collaboration skills : • Mediation • Negotiation • Compromise • Arbitration • Leadership • Facilitation • Managing conflict Students may also include other skills such as: • Active listening • Assertion	1 mark each up to 2 marks
Two marks per explanation, one mark for basic explanation, more detailed explanation two marks (examples are not finite). Answers must relate to organ donor and next of kin.	
Managing conflict – transplant coordinator could work with potential donor and their family to meet a common goal **Mediation** – an impartial party could help the conflicting groups to come to an agreement over what will happen in the future **Negotiation** – parties involved may discuss with others who have been in a similar position regarding donation to then come to an agreement **Arbitration** – a third party listens to both sides of the argument and then makes a decision on whether donation will be allowed or not if it should ever be required **Leadership** – one of the parties involved may enlist the help of others to convince the other party about the merits (or lack thereof) organ donation **Facilitation** – using whatever means necessary to assist in making a decision **Compromise** – finding some sort of middle ground acceptable to both donor and next of kin	2 marks each up to 4 marks
Total	**6**

Question 32 (15 marks)

The Zika virus is typically transmitted by the Aedes mosquito that feeds mainly on human blood and breeds in small pools of stagnant water located in areas with dense human populations. According to the World Health Authority, Brazil has had nearly 166 000 suspected or confirmed cases so far in 2016. By comparison Mexico has only had approximately 1200 cases.

The Australian Olympic Committee was concerned about the health needs of their athletes and requested a health needs assessment be conducted prior to their arrival in Brazil to compete in the Rio Olympic Games.

(a) Outline the four types of need that should have been examined in this health needs assessment.
(8 marks)

Description	Marks
One mark per need explained. No marks for one word answers or just identifying the need. Must relate to the stem.	
Types of need - **Comparative** – compare reports etc. of the health of this sporting population with other elite sports people. What may be needed to maintain the health of the Australian team? • **Felt** – survey the Australian team and ask them what they feel they need to maintain their good health before they arrive in Rio • **Expressed** – measure how widely used the health services dealing with Zika have been used. Is there an oversupply of any services, or others in short supply? Will the Australian team be able to use them? • **Normative** – use research and epidemiological information from experts about previous health issues affecting other athletes. What do they recommend should be done?	2 marks each
Total	**8**

Maslow's Hierarchy of Needs can be used to explain the motivations of the athletes competing at the Olympic Games.

(b) Describe one health need for each level of the hierarchy that will need to be met so athletes can perform at their peak, and explain which level of Maslow's hierarchy the Olympics selection would satisfy. (7 marks)

Description	Marks
One mark for Maslow's level – Esteem level One mark for why. Example answers: • Would give them status and recognition • Achieved something they have worked so hard for • Role models • Satisfaction of being selected - self esteem	2
One mark for a need in each level.	
Example answer - • Physiological / basic – Athletes need nutritious food, comfortable shelter • Safety and security – they need protection from the Zika virus and also security in the village that they won't get attacked / mugged • Love and Belonging – They need a friend or mentor at the games. They need a coach who cares about them • Esteem – achieve goals, get recognition from fans • Self-Actualisation – If they win a gold medal – peak experience and happiness.	1 marks each, up to 5 marks
Total	**7**