



**ATAR course examination, 2020**

**MARKING KEY**

**YEAR 12  
HEALTH STUDIES**

**ACHPER YEAR 12 HEALTH STUDIES ATAR EXAM**

**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. 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

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

**Total 20 marks****End of Section One**

**Section Two: Short Answer****50% (50 Marks)**

This section has **nine (9)** questions. Answer **all** questions. Write your answers in the spaces provided.

Supplementary pages for the use of planning/continuing your answer to a question have been 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****(3 marks)**

The relationship between health status and position on the social gradient is well documented. Research has gone on to identify that while the socioeconomically disadvantaged record more visits to doctors and hospital outpatient and accident emergency services; they are less likely to use preventative health services.

Identify the socioeconomic determinant of health that is most likely to contribute to this outcome and explain your response.

<b>Description</b>	<b>Marks</b>
Education  Lower level of education has links with lower health literacy And subsequent limited understanding of personal health management and preventative strategies  Lower level education may impact employment opportunities and more likely to be employed in manual labor/ employment with increased risk – in turn contributing to risk of injury & subsequent health risks Or Lower health literacy leading to lower levels of health care so more likely to need medical facilities when disease/injury is further progressed	1 mark  1 mark for brief explanation Max 2 marks for more detailed response
	<b>Total 3 marks</b>

## Question 22

(8 marks)

According to the WHO, diarrhoeal related disease kills around 525,000 children under five every year and has emerged as the second leading cause of death for this population group. Total deaths attributable to diarrhoeal disease are as high as 1.5million per year, globally.

- a) Outline three (3) key preventative measures that are effective in reducing the incidence of communicable and infectious illness such as diarrhoea, in developing countries.

Description	Marks
<ul style="list-style-type: none"> <li>• access to safe drinking-water: to reduce consumption risk of bacterially infected water sources</li> <li>• use of improved sanitation to prevent contamination of water sources for consumption &amp; food preparation</li> <li>• hand washing with soap: to reduce spread of the disease</li> <li>• exclusive breastfeeding for the first six months of life: to protect young children from contaminated nutrition</li> <li>• good personal and food hygiene: to reduce risk of consumption of contaminated foods</li> <li>• health education: about how infections spread</li> <li>• (rotavirus) vaccination: as an effective prevention from diseases that feature diarrhoeal symptoms</li> </ul>	<p>1 mark for correct identification of solution</p> <p>1 mark for clear explanation/justification of response</p> <p>(Max 2 marks per dot point)</p>
<b>Total 6 marks</b>	

- b) Discuss why the situation is different in developed countries such as Australia?

Description	Marks
<ul style="list-style-type: none"> <li>• Access for all to health care</li> <li>• Availability of vaccines</li> <li>• Effective treatment options available</li> <li>• More developed health literacy</li> <li>• Advanced sanitation facilities</li> </ul> <p>Other suitable responses</p>	<p>1 mark for a brief/simple response</p> <p>2 marks for developed response incorporating at least 2 of the dot points</p>
<b>Total 2 marks</b>	

## Question 23

(8 marks)

- a) Define the term “health promotion advocacy” and explain when this is best used.

Description	Marks
<i>Definition:</i> efforts to influence public opinion or initiate change to improve health outcomes.	1 mark for a suitable definition
<i>Best used when:</i> a health-related issue or cause requires attention or change. When an impacted individual or group is disadvantaged and their health impacted/requires improvement.	1 mark for explaining usefulness
	<b>Total 2 marks</b>

- b) Explain two (2) strategies for health promotion advocacy. Support your response with a suitable example.

Description	Marks
<ul style="list-style-type: none"> <li>• <i>Lobbying:</i> persuading individuals or groups with power and the capacity to instigate desired change</li> <li>• <i>Raising awareness:</i> sharing of information with the intention of expanding people’s knowledge and understanding of a situation</li> <li>• <i>Creating debate:</i> generate formal discussion around the topic to promote different points of view</li> <li>• <i>Developing partnerships:</i> join with a likeminded group (company/organisation) to strengthen the action</li> <li>• <i>Building capacity:</i> improving/recruiting resources (human, financial, institutional) to improve effectiveness/functioning</li> <li>• <i>Mobilising groups:</i> bringing people together to create a large group to represent a cause. Large group more likely to be heard than an individual/small representation.</li> <li>• <i>Framing issues:</i> presenting an idea in a way that will illicit the desired response/support</li> <li>• <i>Using champions:</i> appointing an individual to ben an ambassador/the public face of the cause</li> <li>• <i>Influencing policy:</i> influencing policy makers to make/change policies to improve health outcomes</li> </ul>	<p>1 mark for identification &amp; brief details about strategy (no marks for identifying strategy only)</p> <p>or</p> <p>2 marks for detailed explanation of strategy</p> <p>1 mark for suitable example</p> <p>(Maximum 3 marks per strategy)</p>
	<b>Total 6 marks</b>

## Question 24

(5 marks)

Despite efforts of health awareness campaigns, the number of reported cases of STIs has recently resurged. Some STIs in particular, that had been considered rare, are making a strong come-back, particularly amongst some population sub-groups.

- a) Outline 3 criteria that help to guide how to write effective focus questions as a part of a health inquiry.

Description	Marks
<ul style="list-style-type: none"> <li>• Engages higher order thinking</li> <li>• Open ended</li> <li>• Explore the issue/problem</li> <li>• Specific and clear</li> <li>• Asks one thing only</li> <li>• Answerable</li> <li>• Requires research and isn't something you already know</li> </ul>	1 mark each (Max 3 marks)
	<b>Max 3 marks</b>

- b) Create 2 focus questions that would help to investigate the above topic, as a part of a health inquiry process.

Description	Marks
<ul style="list-style-type: none"> <li>• What are the most recent statistics for STIs according to age, for Australians?</li> <li>• Why are people not heeding the advice of health awareness campaigns?</li> <li>• How can health awareness campaigns be modified to ensure that they are resonating with their intended audience?</li> <li>• Other suitable responses that meet the focus question criteria</li> </ul>	1 mark per suitable response (maximum 2 marks)
	<b>Total 2 marks</b>

## Question 25

(7 marks)

Health reform has included the introduction of public screening and public health vaccination programs.

- a) Explain how these reforms are intended to improve the health status of the Australian population.

Description	Marks
<p><b>Public screening:</b></p> <ul style="list-style-type: none"> <li>enables early treatment so people become less unwell/affected by the disease.</li> <li>More successful treatment outcomes</li> <li>reduced required treatment time</li> </ul> <p><b>Public health vaccination program:</b></p> <ul style="list-style-type: none"> <li>Reduce the incidence of disease</li> <li>Lesser risk of complications</li> <li>limits opportunities for transmission of disease</li> </ul>	<p>1 mark for each dot point (Max 2 marks each)</p>
	<b>Total 4 marks</b>

- b) How does the implementation of these reforms have the potential to save (maximise) financial, human and physical resources for the Australian health-care system? (3 marks)

Description	3 Marks
<ul style="list-style-type: none"> <li>Lowers the incidence of disease so less people are sick/affected, and less people require treatment</li> <li>Earlier treatment means that treatment times are reduced</li> <li>Reduced financial resources required to be committed to treatment options</li> <li>Overall cost of vaccination programs are less than treatments</li> </ul> <p><i>Other suitable considerations</i></p>	<p>1 mark for each point</p>
	<b>Total 3 marks</b>

## Question 26

(6 marks)

a) Healthcare reform in Australia has taken on a social justice approach. What does this mean?

Description	Marks
<ul style="list-style-type: none"> <li>Promotes fairness &amp; justness within society</li> <li>Attempts to consider distribution of wealth and to create health opportunities/ access to healthcare for everyone</li> </ul>	1 mark per correct point
	<b>Total 2 marks</b>

b) Explain how healthcare reform in Australia has helped to promote **equality**. Support your response with an example.

Description	Marks
Everyone can access healthcare Medicare & PBS is available for all citizens	1 mark for explanation 1 mark for suitable example
	<b>Total 2 marks</b>

c) Explain how healthcare reform in Australia has adapted to promote **equity** amongst citizens seeking health services. Support your response with an example.

Description	Marks
Everyone is provided with healthcare that meets their personal needs Healthcare cards for lower income so receive more subsidies Safety net to support those with ongoing/chronic illness	1 mark for explanation 1 mark for suitable example
	<b>Total 2 marks</b>



## Question 27

(5 marks)

The *Western Australian Alcohol and Drug Interagency Strategy 2018-2022* identified that 14% of students aged 12-17 consume alcohol weekly and 1 in 3 of those drink at harmful levels.

How could a needs analysis help to address these findings and work towards improving health outcomes for this group?

Description	Marks
<ul style="list-style-type: none"> <li>• Review health issues and contributing factors, determine why underage drinking at risky levels is occurring</li> <li>• Help to identify &amp; determine priorities, that statistics substantiate the need for the problem to be addressed, with a view to future health outcomes for the group</li> <li>• Develop evidence base for recommendations, improves credibility of need, supported by data collected</li> <li>• Helps to develop meaningful/effective strategies to address health issue/ reduce alcohol consumption &amp; related harms</li> <li>• Improve resource allocation, so it is available to the target group</li> <li>• Set goals to work towards such as reducing numbers of underage drinkers engaging in consumption of harmful amounts of alcohol</li> <li>• Enhance utilisation of resources, so the target group access &amp; use the resources</li> </ul> <p><i>Other suitable responses</i></p>	<p>1 mark per suitable response (maximum 5 marks)</p>
	<b>Total 5 marks</b>

## Question 28

(4 marks)

Early in the year (2020) major bushfires decimated large areas of bushland and residential areas in Australia. Hundreds of residents experienced the loss of their homes and were subsequently displaced from their place of residence.

Explain how this event may have impacted individuals' sense of identity. Within your response, refer to two aspects of identity that have been impacted.

Description	Marks
<p><b>Personal identity:</b> Individual's characteristics &amp; relationship with self, affected Loss of routine, traditions, habits or no longer appropriate Need to develop new identity or reconsider with new circumstances</p> <p><b>Social identity:</b> Sense of belonging to a group/community impacted May experience loss of community &amp; social identity linked with this May establish new social links with others through sharing of common experiences</p> <p><b>Cultural identity:</b> May be relevant for some individuals who have lost contact with cultural traditions/activities as a result of the fires (loss of venues/facilities that supported such activities) No longer able to attend cultural events/ social opportunities</p>	<p>1 mark for brief explanation 2 marks max for each (no marks awarded for identification of identity without explanation)</p>
	<b>Total 4 marks</b>

## Question 29

(4 marks)

Explain the benefits of the PABCAR public health decision-making model.

Description	Marks
<ul style="list-style-type: none"> <li>• Detailed documentation</li> <li>• Identifies necessity for piloting interventions</li> <li>• Determine if benefits outweigh the costs</li> <li>• Ascertain if intervention is likely to be widely accepted</li> </ul>	1 mark per dot point
	<b>Total 4 marks</b>

**Section Three: Extended answer****30% (30 Marks)**

This section contains **four (4)** questions. You must answer **two (2)** questions. Write your answers in the spaces provided.

Supplementary pages for the use of planning/continuing your answer to a question have been 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 30****(15 marks)**

Explain three (3) global and local barriers to addressing social determinants of health. Support your response with appropriate examples.

<b>Description</b>	<b>Marks</b>
<p><b>Poverty:</b> Increased rate of communicable disease &amp; subsequent burden of disease (early life, social support) Lower levels of income impacts wealth of country and government income which impacts capacity to provide essential services including clean drinking water &amp; health care services (transport, stress, food, social support) Limits access to nutritious food, education, clean drinking water, healthcare &amp; housing (early life, food, stress, transport)</p> <p><b>Disease outbreaks:</b> May be contributed to by numerous causes including environmental factors, lack of access to clean drinking water, poor sanitation, natural disasters Increased burden of disease, illness, death (early life, social support) If unwell or caring for others, then unable to attend work so income impacted (food, social support, unemployment, stress)</p> <p><b>Famine:</b> Scarcity of food caused by incidences such as war, drought, natural disaster, government policy Contributes to malnourishment &amp; subsequent illness &amp; burden of disease (early life, food, stress, social exclusion) Can lead/contribute to poverty (<i>refer to responses for poverty</i>) (<i>If cause identified as drought, then points identified under this heading should be referred to</i>)</p> <p><b>Drought:</b> Reduces access to clean drinking water (<i>refer to responses for Availability of clean drinking water</i>)</p>	<p>Maximum 5 marks for explanation to each barrier identified</p> <p>1 mark for brief overview (no marks for identifying barrier only) Up to 3 marks for detailed explanation</p> <p>1 mark for suitable explanation including link to a social determinant of health Up to 2 marks for explanation including appropriate links to multiple social determinants of health</p>

<p>Impacts crop production &amp; can lead to famine (<i>refer to responses for famine</i>) &amp; contribute to poverty (<i>refer to responses for poverty</i>)</p> <p><b>Availability of clean drinking water:</b></p> <ul style="list-style-type: none"><li>• Lack of availability can lead to much disease, illness &amp; death; adds to burden of disease (food, stress, early life)</li><li>• This can lead to missed school days, reducing educational opportunities, limiting future employment opportunities &amp; earnings (early life, work, unemployment)</li><li>• Contributes to cycle of poverty (social gradient)</li><li>• Water collection can contribute to missed school days &amp; missed work/ not able to look after children (early life, unemployment, transport, work)</li><li>• Lost opportunity to work leads to reduced personal income, lost production/economic benefits on a social/large scale (social gradient, stress)</li><li>• Impacts government's capacity to provide resources such as adequate healthcare (social gradient, social support)</li></ul> <p><i>Other suitable responses/examples</i></p>	
	<b>Total 15 marks</b>

**Question 31****(15 marks)**

The World Health Organisation (WHO) have declared obesity to be evident in epidemic proportions, particularly in developed countries. This health crisis is further reflected in Australia, where obesity has been selected as a National Health Priority Area (NHPA).

Explain how the socio-ecological model can be used to guide and improve effectiveness of health promotion efforts for this health concern.

<b>Description</b>	<b>Marks</b>
<p><b>Societal:</b></p> <ul style="list-style-type: none"> <li>• How society influences behaviour</li> <li>• Larger cultural influences (western culture)</li> <li>• Influence of collective attitudes &amp; expectations</li> <li>• Impact of economic &amp; social policies</li> <li>• How the social welfare system may impact decisions</li> <li>• Persuasion of political structures &amp; laws</li> </ul> <p><b>Community:</b></p> <ul style="list-style-type: none"> <li>• Cultural expectations</li> <li>• Influence of community norms &amp; expectations</li> <li>• Interplay between community &amp; organisation</li> </ul> <p><b>Organisational:</b></p> <ul style="list-style-type: none"> <li>• Identifies how individuals interact &amp; are influenced by organisation rules, policies &amp; expectations</li> <li>• Might include community organisations, workplaces, schools, healthcare services</li> </ul> <p><b>Interpersonal:</b></p> <ul style="list-style-type: none"> <li>• Considers influence of close social relations (friends, family, partners)</li> <li>• May identify connectedness to family</li> <li>• Acknowledges self-management skills, communication skills &amp; leadership skills.</li> </ul> <p><b>Individual:</b></p> <ul style="list-style-type: none"> <li>• Individual/personal choice based on own values, beliefs &amp; values</li> <li>• Considers individual characteristics, demographics, literacy levels &amp; personality</li> </ul> <p><i>Other suitable suggestions/examples should be accepted</i></p>	<p>(Factors must be identified, but no marks given for identifying factors without accompanying explanation)</p> <p>1 mark for identification of factor and simple explanation</p> <p>2 marks for detailed response</p> <p>3 marks for detailed response and suitable supporting example (max 3 marks per factor)</p>
	<b>Total 15 marks</b>

## Question 32

(15 marks)

Outline the purpose of and progress made by five (5) United Nations Goals for Sustainable development.

Description	Marks
<p><b>Zero hunger:</b></p> <ul style="list-style-type: none"> <li>• To reduce levels of poverty (unsustainable income) &amp; hunger (contributing to starvation, malnutrition, disease &amp; death)</li> <li>• Especially in developing countries where levels &amp; subsequent inequities are highest, placing these groups at the greatest health risk</li> <li>• By improving work conditions and employment opportunities for all, to help improve associated health outcomes</li> </ul> <p><b>Good health and well-being:</b></p> <ul style="list-style-type: none"> <li>• Ensure healthy lives for all people of all ages</li> <li>• increasing life expectancy and reduce factors associated with child and maternal mortality</li> <li>• eradicate disease and manage emerging health issues to help individuals and populations to achieve their potential</li> </ul> <p><b>Quality Education:</b></p> <ul style="list-style-type: none"> <li>• To increase education levels for boys &amp; girls, to complete at least a full primary education</li> <li>• Those with lower education levels also have lower health literacy levels creating inequities</li> <li>• Improved literacy and health literacy will improve opportunities for future employment &amp; subsequent income/improved understanding of healthy living choices and improved health status</li> </ul> <p><b>Gender equality:</b></p> <ul style="list-style-type: none"> <li>• So that women have more/improved opportunities to be productive/contributing members of society</li> <li>• Inequities relating to education, employment, positions of leadership opportunities</li> <li>• Remove discrimination barriers for women</li> <li>• Empower girls to ensure they have equal rights</li> </ul> <p><b>Clean water and sanitation:</b></p> <ul style="list-style-type: none"> <li>• Improve sanitation &amp; access to clean drinking water for improved health outcomes</li> <li>• Reduce the incidence of water borne disease and contaminants that contribute to burden of disease and increased mortality rates</li> </ul>	<p>1 mark for identifying and outlining the goal</p> <p>1 mark for brief/partial response for overcoming health inequities 2 marks for detailed response</p> <p>Responses should address identified health inequities Explanation how the goal can help to overcome health inequities</p> <p>(max 3 marks per goal)</p>
	<b>Total 15 marks</b>

## Question 33

(15 marks)

Explain how the factors of health literacy, access to healthcare and socioeconomic status contribute to creating health inequities.

Description	Marks
<p><b>Health literacy:</b></p> <ul style="list-style-type: none"> <li>• A person's capacity to access, interpret &amp; utilise health information to make informed choices</li> <li>• Low health literacy can lead to an individual making poor health choices, which impacts their health &amp; fosters poor health outcomes</li> <li>• Not all individuals have equal access to education, with low education levels contributing to low health literacy</li> <li>• People with low health literacy are less likely to seek healthcare when needed and experience deteriorating health status</li> <li>• Preventable and treatable conditions are more likely to progress, and health status reduce</li> <li>• People with low health literacy will be inclined to experience health inequities</li> </ul> <p><b>Access to healthcare:</b></p> <ul style="list-style-type: none"> <li>• Not everyone has equal access to healthcare</li> <li>• Those living in remote areas are likely to have reduced access, so health concerns are not treated in a timely manner</li> <li>• Those in developing countries may not have access to adequate healthcare facilities</li> <li>• Individuals with low health literacy are less likely to access healthcare in a timely manner</li> <li>• Preventable and treatable conditions are more likely to progress, and health status reduce</li> <li>• People with limited access to healthcare will experience health inequities compared to individuals with substantial access to health care</li> </ul> <p><b>Socioeconomic status:</b></p> <ul style="list-style-type: none"> <li>• Considers a person's economic &amp; social position compared to others. Combines income, education &amp; occupation</li> <li>• Lower levels of education lead to reduced employment choices &amp; opportunities, which in turn leads to reduced opportunity for improving levels of income</li> <li>• Low income may limit opportunity for educational choices for children in a family</li> <li>• Low income impacts choices related to housing &amp; neighbourhood. The opportunity to live in a safe neighbourhood, with easy access to health promoting facilities</li> <li>• Linked with social gradient, those lower on the social gradient are more likely to experience poor health.</li> </ul>	<p>1 mark for each correct dot point.</p> <p>Maximum of 5 marks per factor</p>

<ul style="list-style-type: none"><li>• The steeper the gradient, the greater the difference between rich &amp; poor &amp; the greater the inequities</li><li>• Individuals experiencing lower socioeconomic status will likely experience health inequities compared to individuals of a higher socioeconomic status.</li></ul>	
	<b>Total 15 marks</b>



## ACKNOWLEDGEMENTS

**Question 6 & 7: Data:** Based on the data from the *National Drug & Alcohol Research Centre*

**Question 17 & 18: Infographic:**

[https://www.who.int/water\\_sanitation\\_health/monitoring/coverage/jmp-update-2017-graphics/en/](https://www.who.int/water_sanitation_health/monitoring/coverage/jmp-update-2017-graphics/en/)

**Question 22: Data:** <https://www.who.int/news-room/fact-sheets/detail/diarrhoeal-disease>