HEALTH STUDIES (HLT315113)

A-side from a few smaller issues the 2017 exam was considered to be a fair and reasonable one across the board. Overall the range of student responses was quite varied however with a number of issues appearing regularly throughout. Students must remember to always answer the question being asked. Many responses provided a range of interesting and otherwise correct information that had little or nothing to do with the question being presented. To achieve the best results possible, candidates must stay focussed on providing information that addresses each aspect of a question. Information that does not answer the question is simply a waste of valuable time. Better answers also supported their responses with relevant data, statistics and examples. We encourage students to make this a key part of their preparation for exams. Make sure that you not only know the content but you can also support it with a strong range of data and examples to demonstrate your depth of knowledge. Lastly, students are encouraged to avoid making broad, sweeping statements that are based on stereotypes, myths or misinformation. Such statements often come across as sexist or racist and do not enhance an answer on any level.

QUESTION 1: CRITERION 7

(a)

<table>
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<tr>
<th>Year</th>
<th>Males</th>
<th>Females</th>
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<tbody>
<tr>
<td>2009</td>
<td>Coronary Heart Disease</td>
<td>Coronary Heart Disease</td>
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<td>2014</td>
<td>Coronary Heart Disease</td>
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(b) While the leading cause of death for both males and females in 2009 was Coronary Heart Disease for males it accounted for 12047 deaths at a rate of 16.7% of and for females it accounted for 10476 deaths and 15.3% of fatalities. (1 mark)

In males the second leading cause of death was Lung cancer with 4761 deaths and 6.6% of fatalities while for females the second leading cause was Stroke with 6706 deaths and 9.8% of fatalities. (1 mark)

The third leading cause of death for males was Stroke with 4514 deaths and 6.2% of fatalities while Dementia and Alzheimer’s accounted for 5491 deaths at 8.0% (1 mark)

(c) While the leading cause of death for both males and females in 2014 was Coronary Heart Disease for males it accounted for 11082 deaths of and for females it accounted for 9091 deaths (1 mark)

In males the second leading cause of death in 2014 was Lung cancer with 4947 deaths while for females the second leading cause was Dementia and Alzheimer’s with 7859 deaths. (1 mark)

The third leading cause of death for males in 2014 was Stroke with 4279 deaths Stroke accounted for 6486 deaths in females. (1 mark)

(d) Highlight one major trend between 2009 and 2014 (2 marks) e.g. Coronary Heart Disease is the leading cause of death for both males and females in both years. Both sexes saw a drop in the death rate of this condition over this period of time. The number of deaths for males dropped by 965 and the number of deaths for females dropped by 1385.
QUESTION 2: CRITERION 1

Unfortunately many students failed to relate their chosen topic to the HEALTH of an adolescent – either focussing on populations in general or forgetting the health aspect of the question altogether.

Most popular factors chosen were SES, education, employment or peer influences.

Majority answered using appropriate effects on health however they were less clear about the interrelationships between the factors chosen with lack of clarity about the interrelationships between factors.

There was discrimination and stereotyping evident in some answers with responses implying that students attending private schools received a higher quality of education from more dedicated teachers than those students attending public schools where they are more likely to be bullied and unemployable! Broad statements on indigenous individuals were particularly inaccurate.

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<tbody>
<tr>
<td>A student:</td>
<td>identifies one example of an issue associated with the Socio-Cultural Environment and comprehensively discusses the positive and negative impacts of this issue on the Physical, Social, Mental/Emotional and Spiritual health of an adolescent.</td>
<td>A student:</td>
<td>identifies one example of an issue associated with the Socio-Cultural Environment and discusses the positive and negative impacts of this issue on the Physical, Social, Mental/Emotional and Spiritual health of an adolescent.</td>
<td>A student:</td>
<td>identifies one example of an issue associated with the Socio-Cultural Environment and identifies some positive or negative impacts of this issue on most of the dimensions of health.</td>
<td>A student:</td>
<td>is unable to discuss how a socio-cultural factor impacts the health (dimensions) of an adolescent.</td>
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<td>A student:</td>
<td>identifies a second example of an issue associated with the Socio-Cultural Environment and comprehensively discusses the positive and negative impacts of this issue on the Physical, Social, Mental/Emotional and Spiritual health of an adolescent.</td>
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<td>identifies a second example of an issue associated with the Socio-Cultural Environment and discusses the positive and negative impacts of this issue on the Physical, Social, Mental/Emotional and Spiritual health of an adolescent.</td>
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<td>A student:</td>
<td>is unable to discuss how a socio-cultural factor impacts the health (dimensions) of an adolescent.</td>
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<td>A student:</td>
<td>is able to clearly explain how the two chosen factors interrelate with each other providing examples when necessary.</td>
<td>A student:</td>
<td>provides a detailed explanation of how the two chosen factors interrelate.</td>
<td>A student:</td>
<td>provides a basic explanation of how the two chosen factors interrelate.</td>
<td>A student:</td>
<td>is unable to explain how the two chosen factors interrelate.</td>
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QUESTION 3: CRITERION 3

The preventable adolescent lifestyle issue chosen varied but most frequently referred to were binge-drinking, drink driving, smoking and methamphetamine use.

Most frequent mistake was students failing to answer the question sequentially or completely omitting a response to a specific dot point. This was particularly evident in relation to the final dot point about advocacy. The concept of advocacy in general appeared to be poorly understood or explained.
### Criterion 3: Identify and profile health issues, and demonstrate understanding of preventative, curative and treatment strategies

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<tr>
<td>A student:</td>
<td>• describes a high profile preventable lifestyle health issue and provides a comprehensive outline of the issues key features. Highlights a wide range of supporting data.</td>
<td>A student:</td>
<td>• describes in detail a high profile preventable lifestyle health issue by providing a strong outline of the issues key features. Two or more pieces of supporting data.</td>
<td>A student:</td>
<td>• describes a high profile preventable lifestyle health issue by providing a basic outline of the issues key features. At least two pieces of supporting data.</td>
<td>A student:</td>
<td>• fails to describe a high profile preventable lifestyle health issue, or provide an outline of an issues sufficient key features. Less than two pieces of supporting data.</td>
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<td>• identifies a wide range of supportive environments/services that relate to prevention, cure and treatment for chosen issue and provides a comprehensive description of these.</td>
<td>• identifies a range of supportive environments/services that relate to prevention, cure and treatment for chosen issue and provides a detailed description of these.</td>
<td>• identifies some supportive environments/services that relate to prevention, cure and treatment for chosen issue and provides a basic/sound description of these.</td>
<td>• is unable to identify the supportive environments/services that relate to prevention, cure and treatment for chosen issue.</td>
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<td>• is able to identify a wide range of strategies that young people could use to advocate for greater focus on prevention for their chosen health issue. Provides a comprehensive discussion around these strategies.</td>
<td>• is able to identify a range of strategies that young people could use to advocate for a greater focus on prevention their chosen health issue. Provides a detailed discussion around these strategies.</td>
<td>• is able to identify some strategies that young people could use to advocate for a greater focus on prevention for their chosen health issue. Provides a basic discussion around these strategies.</td>
<td>• is unable to identify the strategies that young people could use to advocate for more prevention strategies for their chosen health issue.</td>
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### QUESTION 4: CRITERION 3

This was definitely the more popular of the two Criteria 3 questions. Generally speaking this question was either answered clearly and knowledgeably using appropriate examples and statistics or alternatively answered very poorly using every day, general knowledge examples and language rather than specific subject-related terminology. Non-specific statistics were included in weaker answers. Weaker responses also tended to name specific harm reduction strategies such as “take a mate along” or “drink light beer” rather than analyse more theoretically rigorous strategies.

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<tr>
<td>A student:</td>
<td>• comprehensively discusses two strong reasons why a young person might engage in a chosen risk taking behaviour.</td>
<td>A student:</td>
<td>• is able to identify two strong reasons why a young person might engage in the chosen risk taking behaviour. Is able to provide a detailed discussion to support these points.</td>
<td>A student:</td>
<td>• is able to identify two reasons why a young person might engage in the chosen risk taking behaviour and provides a basic discussion to support.</td>
<td>A student:</td>
<td>• fails to identify two reasons why a young person might engage in the chosen risk taking behaviour.</td>
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<tr>
<td>• is able to provide a comprehensive discussion of three health related consequences of engaging in this behaviour. Identifies a wide range of appropriate statistics to highlight the impact it has on young people.</td>
<td>• is able to provide a detailed discussion of three health related consequences of engaging in this behaviour. Identifies a range of appropriate statistics to highlight the impact it has on young people.</td>
<td>• is able to provide a basic discussion of three health related consequences of engaging in this behaviour. Identifies appropriate statistics to highlight the impact it has on young people.</td>
<td>• is unable to discuss three health related consequences of engaging in this behaviour. Is unable to identify statistics to highlight the impact on young people.</td>
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<td>Question 5</td>
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| From 2010 to 2013 how much did crystal use increase in the ‘mainly used’ crystal group? | **Mainly used** –  
- 2010 – approximately 75,000-85,000 people/episodes  
- 2013 – approximately 200,000.  
- an overall increase of approximately 115000-125000 people/episodes | Full mark for increase as per question. ½ mark if just the 2010-2013 figures given |
| Using data, discuss a major concern represented on the graph | **Major concern** – Any major concern was accepted.  
_Eg All 3 groups who used crystal showed a fairly significant increase_  
**Major concern** – over twice as many people frequently using in 2013 compared with those getting treatment  
**Ever used** –  
- 2004 = 200000  
- 2013 = 280,000-290,000  
- _inc_ = 80000-90000  
**Mainly used** –  
- 2007 = 100000  
- 2013 = 200,000  
- _inc_ = 100000  
**Frequently used** –  
- 2007 = 20000-30,000  
- 2013 = 50000-60000  
- _inc_ = 20000-40000  
**Treatments** –  
- 2004 =15000-20000  
- 2013 = 24,000-28,000  
- _inc_ = 4,000-13000 | 1 pt for the concern and 1 pt for back up data |
2004 – *Ever Used* – Trend is that between 2004 - 2013 there was an overall increase.

- 200,000 'ever used',
- *increased* to 210,000 - 230,000
- *before decreasing* to a low of 190,000 in 2010.

Since then a dramatic *increase* to a high of approximately

- 270,000- 290,000 in 2013 –
- an overall increase of approximately 70,000-90,000 (people/episodes)

1 point for trend (many students did not identify the trend but just gave the figures)
2 points for back up data examples

What is the relationship between users who 'ever used', 'mainly used' and 'frequently used' crystal in relation to treatment episodes? Make reference to data.

Any relationship was accepted eg

Use and treatment followed similar patterns. From 2007 all 4 groups made a decline until 2010 then all groups increased

or

There were always more users than treatment episodes.

- *Ever used* – 200,000 - 225,000 to 190,000 to 290,000 inc = 65,000
- *Mainly used* – 100,000 to 90,000 to 200,000 inc = 100,000
- *Frequently used* – 20,000 - 24,000 to 15,000 to 50,000 - 60,000 – inc = 36,000 -40,000
- *Treatments* – 15,000-20,000 to 14,000 to 26,000 – inc = 6,000-10,000

1 point for a relationship and 3 points for back up data/ explanation

**QUESTION 6: CRITERION 3**

Q6 – Choose one NHPA –

- Obesity, CVD Health, Diabetes, Asthma & other Respiratory diseases, Accidents & Injury Prevention, Cancer, Mental Health, Dementia, Arthritis & other Musculo-skeletal disorder

Detail what the condition/disease is and discuss one lifestyle factor that could contribute towards developing the condition/disease

- Define the condition/disease eg obesity is the excess accumulation of fat under the skin and around the body's organs. An individual with a BMI of 30 plus is considered to be obese.
- Statistics to prove why the health issue is a NHPA
- Lifestyle factor – smoking, inactivity and obesity are the leading lifestyle factors for all NHPAs.
- Better answers included statistics to reinforce the significance of the lifestyle factor

Discuss whether the prevalence of this condition/disease is increasing or decreasing, make reference to statistics

- Students may indicate that a long term multi-pronged approach by both individual and community has successfully seen a decrease in incidence/death rates eg CVD has reduced significantly thanks to improved technology, treatment, awareness, support
- Other answers may indicate prevalence has increased eg cancer but thanks to early detection methods, the 5 year life span has increased significantly in numbers.
- Dementia increasing due to aging population
- Conditions like diabetes, obesity are growing particularly in certain groups eg ATSI are 6 times more likely to have diabetes than NI and low SES are showing the biggest increase in obesity rates thanks largely to the affordability of take away food which is high in saturated fat, salt and added sugar
Discuss two community preventative or curative or other treatment strategies associated with this NHPA

- Community strategies could have included awareness campaigns, support groups, technological advances, use of role models, government laws and policies, alternative therapies, research.

- Good answers demonstrated strong links to the identified risk factors and included statistical evidence regarding effectiveness

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<tr>
<th>Criterion 3 Identify &amp; profile health issues, &amp; demonstrate understanding of preventative, curative &amp; treatment strategies</th>
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<td>A+</td>
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<tr>
<td>A student: identifies an appropriate NHPA and provides a comprehensive outline of its key features. Is able to comprehensively discuss one lifestyle factor that contributes towards the development of this condition.</td>
<td>20 - 19 - 18 - 17</td>
<td>15 - 14 - 13 - 12</td>
<td>11 - 10 - 9 - 8</td>
<td>7 &amp; Below</td>
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<tr>
<td>A student: identifies an appropriate NHPA and provides a detailed outline of its key features. Is able to discuss in detail one lifestyle factor that contributes towards the development of this condition.</td>
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<tr>
<td>A student: identifies an appropriate NHPA and provides a basic discussion on one lifestyle factor that contributes towards the development of this condition.</td>
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<td>A student: fails to identify an appropriate NHPA or provide an outline of sufficient key features. Is unable to discuss one lifestyle factor that contributes towards the development of an NHPA condition.</td>
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**QUESTION 7: CRITERION 2**

Q7 – Within Australia, exists groups of people who experience poor health when compared to other Australians

Compare and contrast the health status of one group of your choice. Make reference to two factors that create health inequalities for this group in Australia

Australia is in the top 10 healthiest countries in the world with a current life expectancy of 82 however, some groups like ......................do not experience the same level of health.

Answers should refer to some indicators eg

- LE for ATSI is 10-12 years lower
- ATSI 6 x higher rate of diabetes
- Lower school retentions rates/higher unemployment
- Higher rates of obesity
- Higher rates of smoking, alcohol and drug abuse
- Higher imprisonment and subsequent mental health issues
- Higher rates of hospitalisation, violent and sexual crimes
Any two factors might include:
- Lack of access to health facilities
- Access to and level of education
- Socio-economic status
- Rural and remoteness
- Discrimination
- Language or cultural barriers
- Cost of health services
- Living conditions
- Occupation
- Government policies and laws
- Lifestyle eg drug and alcohol use, poor diet, low levels of physical activity

Discuss on physical, one sociocultural and one political factor that contributes to the group’s disadvantage
Answers should have clearly stated how the factor mentioned had disadvantaged their group. Eg reduced LE, increased mental health issues, suicides, higher rates of disease
- Physical – overcrowded housing or lack of housing, rural and remote, natural disasters eg drought
- Socio-cultural – lack of access to health care and information, discrimination, language or cultural barriers, occupation, access to and level of education
- Political – government initiative or policy eg Stolen Generation

Discuss one strategy that have been implemented to improve the inequalities in health status for your chosen group. Make reference to the SJP
The SJP’s of equity (fairness), diversity (acceptance of difference) and supportive environments (caring communities) aim to improve health outcomes for individuals and groups who have been disadvantaged by the environmental/lifestyle factors mentioned previously.
- Strategy – needed to be linked to at least one of the SJP’s and also the factor of disadvantage. Eg Close the Gap,
- Good answers indicated improvement in health outcomes as a result of the strategy
- Some good examples included:
  o Homeless – Share the Dignity, SWAG, The Castle (UTAS housing project)
  o ATSI – Deadly Brotha & Deadly Sista, Close the Gap
  o R & R – Heart Bus – Dr Gomes – QLD, RAW (Tas)
  o RFDS – featured heavily but few students elaborated on what they do
  o Males – Men’s Shed, Beyond Blue – Man Therapy (this campaign finished in 2013 – Beyond Blue have more up to date programs available than this one)

A number of students demonstrated extensive knowledge of the current health care system but their links with the SJP’s were not as strong. Some students did put complementary and alternative services into the one bundle ie CAMS – acupuncture, massage etc while others indicated that complementary worked alongside doctors eg physiotherapy, podiatry ie allied etc. Both were accepted.
**QUESTION 8: CRITERION 2**

Q8 – How does our current health care system work? In your answer discuss:

The two main components of Australia’s health care system, the public health system and private health system, including advantages and disadvantages of each.

Australia has a world class Public health care system which has played a significant part in our current LE of 82 years. The PHS has a strong focus on the prevention of disease/illness, promotion of health and protection of individuals

PHS has two key components – Medicare and the Pharmaceutical Benefits System

**Medicare** is Australia’s universal health scheme. It is a Commonwealth government program that guarantees all citizens (and some overseas visitors) access to a wide range of health services at little or no cost.

Medicare is funded through a mix of general revenue and the **Medicare levy**. The Medicare levy is currently set at 2.0% of taxable income with an additional surcharge of 1% for high-income earners without private health insurance cover. The benefits paid to patients under Medicare are generally 85% of the fee listed for the service in the Medicare Benefits Schedule (75% of the schedule fee for private patients in hospital). When providers are willing to accept the Medicare benefit as full payment for a service, they bill the government directly (bulk-billing) and the patient is not charged.

Medicare funds access to health care including:
- out-of-hospital medical services, including general practitioner (GP) and specialist services
- selected diagnostic imaging and pathology services
- dental care for children in limited circumstances
- eye checks by optometrists
- allied health services in limited circumstances, and
- medical services for private patients in public and private hospitals (excluding accommodation, theatre fees and medicines).

 guarantees public patients in public hospitals free treatment.
PBS (Pharmaceutical Benefits Scheme) is an Australian Government program that provides subsidised over 600 prescription drugs to residents of Australia, as well as certain foreign visitors covered by a Reciprocal Health Care Agreement.

The PBS seeks to ensure that Australian residents have affordable and reliable access to a wide range of necessary medicines. When a PBS medication is dispensed by a pharmacist, the patient pays the patient contribution and Medicare Australia pays the remainder of the agreed cost of the medication to the pharmacist. When purchasing a medication under PBS the maximum price a patient pays in 2016 was $38.30 for general patients. Concessional patients - i.e., low-income earners, welfare recipients, Health Care Cardholders, pay a patient contribution of $6.20 in 2016.

Safety net provisions in PBS reduce patient contributions when singles and families exceed in a calendar year the PBS safety net threshold: when a general patient reaches the general PBS threshold, their co-payment reduces to the concession price for the remainder of that calendar year; while concession patients who reach the concession PBS threshold do not pay anything on PBS medications for the remainder of the year. (SJP in action = equity)

Private Health Care - The government encourages individuals with income above a set level to privately insure. Otherwise these (higher income) individuals are charged a surcharge of 1% to 1.5% of income if they do not take out health insurance. This is to encourage individuals who are perceived as able to afford private insurance not to overtax the public health system, even though people with valid private health insurance may still elect to use the public system if they wish.

Health insurance funds private health and is provided by a number of health insurance organisations. The largest health fund with a 30% market share is Medibank. Private Health Insurance Rebate: The government subsidises the premiums for all health insurance cover, including hospital and ancillary (extras), by 10%, 20% or 30% depending on taxable income.

With PH hospital cover patients have the right to choose their own doctor, and decide whether they will be treated at a public or a private hospital that their doctor attends.

Private health hospital cover insures you against some or all of the additional costs of being a private patient in either a public or private hospital. Medicare will cover 75% of the Medicare Benefits Schedule (MBS) fee for associated medical costs. Provided you have the appropriate private health insurance policy, your health fund will cover the remaining 25% of the MBS fee. You will be charged any amount above the MBS fee the doctors have chosen to charge.

General treatment cover (also called ancillary cover or extras cover) provides insurance against some or all costs of treatment by ancillary health service providers. The extent of cover depends on the type of policy selected and may include services such as:
- dental treatment,
- chiropractic treatment,
- home nursing,
- podiatry,
- physiotherapy, occupational, speech and eye therapy,
- glasses and contact lenses,
- prostheses (e.g. hearing aids).

Advantages/disadvantages –
- A strong focus on prevention and early detection by encouraging people to have pap smears, breast checks, bowel checks, blood pressure and cholesterol checks means that many diseases can be avoided or caught in their early stages. This put a lot less pressure on the health care system in terms of $ costs from hospital and treatment and improved health outcomes for individuals.
• Public system often has long waiting lists, no choice of doctor or hospital and does not include C&A therapies. Private Health allows all of these to some degree therefore giving greater opportunity for quicker health recovery and overall improved health outcomes.

• Encouraging those who can afford Private Health cover by offering a rebate as incentive help reduces the financial burden on the health care system,

• Holistic approach to HC – not just the physical

• Maintaining universal health care is a challenge in all developed countries, including Australia, as demand for care continues to increase, along with costs, expectations and the possibility of cure.

• The PBS has faced increased scrutiny as its cost has increased – may not be sustainable

• Private health provide rebates for gym memberships which is an advantage but given that rates of obesity are highest in low SES where Private Health is largely unaffordable, few low SES gain these benefits

• Some limitations on Private Health Care hospital treatment include extra payments over and above what your healthcare insurance will provide. Depending on the extent of your private cover, you may be charged for some or all the costs of hospital accommodation, theatre fees, intensive care, drugs, dressings and other consumables, prostheses (surgically implanted), diagnostic tests, pharmaceuticals, and any additional doctor’s fees. – This is somewhat of a disincentive for people to take out Private Health cover. When people drop out of Private Health the fees increase and more people drop out, putting further pressure on the already overloaded Public Health system.

(These examples above may be linked in with dotpoint below)

A range of examples of how our current health system supports and does not support the SJPs

• A key feature of the PHS is the eligibility of low SES groups to have a Health Care card which allows them to be bulk billed when going to a GP, access to a range of complementary and alternative therapies and reduced prescription costs. (equity)

• Lack of equity is reflected in the low take up of Medicare in rural and remote areas particularly amongst the ATSI group

• Diversity – regardless of sex, religion, ethnicity all people are able to access Medicare

• Much of the health literacy associated with Medicare is available in a range of languages (Diversity)

• Lack of Indigenous medical personal reflects a lack of diversity within the medical profession

• Negatives can include overall cost and sustainability which means some drugs are not available on the PBS and therefore must be paid for by the consumer. This means that only those who can afford to pay will receive the drug (not Equity)

• Public patients often have to wait a long time for elective, specialist treatments leading to overall poorer health outcomes (not Equity)

• Lack of access to specialist facilities, support services in rural and remote areas leads to poorer health outcomes for individuals living in those areas. (lack of Equity & Supportive Environments)

• While Private Health Cover has lots of advantages in terms of health access, it is expensive and therefore people with less money are at a significant disadvantage and face long wait times. (not equity)

• Strong focus on the Social Model of Health ensures a broad spectrum of supportive services available through both the public and private system eg Palliative care (supportive environments)

How do complementary and alternative health care services differ in the public and private health care systems, and how does this have an effect on the population’s health?

Complementary (Allied) therapies such as:

• Physiotherapy
• Dental
• optical

are not normally funded under the Medicare (Public health system) except for special groups. eg young people under the age of 18 are provided with dental vouchers to ensure good dental health in their developing years. Other dental work like orthodontics are much more readily accessed through the Private health system – ie no
waiting however, some people can access orthodontics through Public system but must be placed on a waiting list. Those people on Healthcare cards are also provided with rebates or complementary health visits if their GP recommends them.

Alternative therapies are partially funded by Private Health refunds but not at all by the Public system. This means that a large proportion of the population misses out on the holistic benefits of these types of therapies which include massage (effective stress reduction and mental health improvement), hypnotherapy (known to be effective for reducing smoking), salt therapy (thought to be beneficial for respiratory disorders like asthma). This further reinforces the fact that ‘wealth buys health’ for a percentage of the population.

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<th>Criterion 2 - Analyse factors influencing the health status of a population</th>
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<tbody>
<tr>
<td>A student: • comprehensively discusses the two main components of the healthcare system. Provides a strong/clear outline of the advantages and disadvantages of each.</td>
<td>A student: • can discuss in detail the two main components of the healthcare system. Provides a strong outline of the advantages and disadvantages of each.</td>
<td>A student: • is able to provide a basic discussion of the two main components of the healthcare system and provide a sound outline of the advantages and disadvantages of each.</td>
<td>A student: • is unable to discuss the two main components of the healthcare system and is unable to outline the advantages and disadvantages of each.</td>
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<td>• provides a wide range of strong examples to explain how the healthcare system supports and does not support the SJP’s.</td>
<td>• provides a range of strong examples to explain how the healthcare system supports and does not support the SJP’s.</td>
<td>• is able to provide a range of basic examples to explain how the healthcare system supports or does not support the SJP’s.</td>
<td>is unable to provide a range of examples to explain how the healthcare system supports and does not support the SJP’s.</td>
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<td>provide a comprehensive discussion of how complementary and alternative care services differ in the public and private system. Clearly outlines how this affects the health of the population.</td>
<td>• is able to provide a detailed discussion of how complementary and alternative care services differ in the public and private system. Outlines how this affects the health of the population in a manner.</td>
<td>• is able to provide a basic discussion of how complementary and alternative care services differ in the public and private system. Outlines how this affects the health of the population.</td>
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**QUESTION 9: CRITERION 7**

a) (i) incidences of TB: 130 per 100,000
   - 130 (a range of 127-135 accepted) (½ mark)
   - per 100,000 (½ mark)

   ii) 1.5 million (figures just under this total were accepted)
   - 1.5 (½ mark)
   - million (½ mark)

b) (i) 80%
   (ii) 90%

(c) 2020 and 2025
   - 40% (1 mark)
   2025 and 2030
   - 15% (1 mark)
(d) Overall decreasing trend for both graphs from 2015 to 2035 (1 mark)
- Two correct statements comparing data from each graph. (1 ½ each)

QUESTION 10: CRITERION 2

Students often did not briefly outline indicators – just listed the two. Many gave random data, i.e. the highest LE for Australia was 92 years, however, some had LE at 74.5 years. Quite a few had IMR as a % and many made mistakes with /1000 or /100,000. Other students could not remember the data, but said it was higher or lower. The answers were generally in the C range or below.

The reasons these exist was often ignored, but good answers related the reasons well. Some reasons did not relate to the indicators that were mentioned.

Two components of PHC were often given but many answers did not say how it would contribute to reducing the burden of disease. A number of answers related to Medicare and PBS as two components that would help with the burden of disease which is incorrect.

<table>
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<tr>
<th>Criterion 2 - Analyse factors influencing the health status of a population</th>
<th>A+</th>
<th>A</th>
<th>A-</th>
<th>B+</th>
<th>B</th>
<th>B-</th>
<th>C+</th>
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<td>A student: • provides a comprehensive description of two indicators that are used to measure health status in a population.</td>
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<td>A student: • provides an outline of two indicators that are used to measure health status in a population and describes them in detail.</td>
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<td>• is able to provide accurate data to compare the indicators mentioned for Australia and a developing country. Provides one comprehensive reason as to why this difference exists.</td>
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<td>• is able to identify two components of PHC that would benefit a developing country. Provides a comprehensive discussion as to how these components reduce burden of disease that is supported by examples and/or data.</td>
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<td>• is able to identify two components of PHC that would benefit a developing country. Provides a short/basic/sound discussion as to how these components reduce burden of disease.</td>
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<td>• is unable to discuss two components of PHC that would benefit a developing country and reduce burden of disease.</td>
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QUESTION 11: CRITERION 1

Most answers noted the difference in the types of aid, but many students did not include examples. There were many who got Multi-lateral and Bi-lateral around the wrong way, but still knew what the four types were.

Second dot point was poorly answered. Most answers related to Criterion 2 or they said the word individuals, however the information presented was still about the community or the particular country, but they did at least try to relate to Cr 1.

Why Australia provides aid was either done well, or ignored.

As there was an issue with the terminology AusAid, any aid program that originated in Australia was accepted.
QUESTION 12: CRITERION 1

Most candidates could choose one SDG – while they could not always name it exactly or give the number but they knew the basics of the goal.

Some strategies were vague – e.g. dig wells to give water, provide education with no detail. How this improved the life of an individual was the same as Q11 – community based answers or used the word individual to show they were trying to address Criterion 1.

Evidence was given by some but few statistics were given that were indicating that this goal may be achieved.
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<td>Is able to provide more than one piece of evidence/statistics that indicate that this goal may be achieved by 2030 in a particular country <strong>and</strong> worldwide.</td>
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<td>Is able to provide one piece of basic evidence/statistics that indicate that this goal may be achieved by 2030 in a particular country <strong>or</strong> worldwide.</td>
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<td>Is unable to provide evidence/statistics that indicate that this goal may be achieved by 2030 in a particular country and/or worldwide.</td>
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