

2020 HSC Personal Development, Health and Physical Education Marking Guidelines

Section I, Part A

Multiple-choice Answer Key

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

Section I, Part B

Question 21

Criteria	Marks
<ul style="list-style-type: none"> • Sketches in general terms how a growing and ageing population can affect volunteer organisations • Provides an example 	3
<ul style="list-style-type: none"> • Provides some ways in which a growing and ageing population can affect volunteer organisations 	2
<ul style="list-style-type: none"> • Provides some relevant information 	1

Sample answer:

A growing and ageing population means that there is a greater need for volunteer organisations.

Many volunteers are ageing and may no longer be able to assist others. Also, older people are remaining in paid work for longer, leading to a reduced number of volunteers available.

For example, 'Meals on Wheels' are affected as there are a greater number of people needing the service, however, there are fewer volunteers to prepare and deliver meals.

Question 22

Criteria	Marks
<ul style="list-style-type: none"> • Identifies three current leading causes of mortality for males and females in Australia and all the corresponding trends in mortality rates over the last 10 years 	4
<ul style="list-style-type: none"> • Identifies three current leading causes of mortality for males and females in Australia and at least four corresponding trends in mortality rates over the past 10 years 	3
<ul style="list-style-type: none"> • Identifies current leading causes of mortality for males and females in Australia and at least two corresponding trends in mortality rates over the last 10 years 	2
<ul style="list-style-type: none"> • Identifies at least one leading cause of mortality for males and females 	1

Sample answer:

<i>Current leading cause of mortality</i>	<i>Trend in mortality rate for males over the last 10 years</i>	<i>Trend in mortality rate for females over the last 10 years</i>
Coronary heart disease	Decreased	Decreased
Dementia and Alzheimer's disease	Increased	Increased
Cerebrovascular disease	Decreased	Decreased

Answers could include:

- Lung cancer
- Chronic obstructive pulmonary disease
- Diabetes
- Cardiovascular disease
- Mental health – suicide

Question 23 (a)

Criteria	Marks
<ul style="list-style-type: none"> Identifies the predominant energy system for this athlete Accurately identifies the source of fuel, duration, cause of fatigue and rate of recovery for this energy system 	3
<ul style="list-style-type: none"> Identifies the predominant energy system for this athlete Accurately identifies some of the features of this energy system 	2
<ul style="list-style-type: none"> Provides some relevant information about an energy system 	1

Sample answer:

Predominant energy system used by this athlete	ATP-PC or Alactacid system
Source of fuel	Creatine phosphate (CP)
Energy system duration	6–12 seconds
Cause of fatigue	Depletion of creatine phosphate stores
Rate of recovery	2 minutes for 100% recovery

Question 23 (b)

Criteria	Marks
<ul style="list-style-type: none"> Shows how anxiety and arousal may have affected the athlete's performance in this 100-metre final in similar or different ways Provides relevant examples 	4
<ul style="list-style-type: none"> Sketches in general terms how anxiety and arousal may have affected the athlete's performance in this 100-metre final Provides examples 	3
<ul style="list-style-type: none"> Sketches in general terms how anxiety OR arousal may affect performance 	2
<ul style="list-style-type: none"> Provides some relevant information 	1

Sample answer:

This athlete may have elevated anxiety and arousal levels and while their effects on the athlete differ, the impact on the athlete's overall performance could be the same. Anxiety is a psychological state characterised by fear when a situation is perceived as threatening, and this Olympic final would cause heightened levels of anxiety. This may cause the athlete's concentration to drift, they may have a slower reaction time out of the starting blocks and their form and technique may be affected, increasing their time. A high level of arousal can increase the physiological effects for this athlete, such as increasing their heart rate, blood pressure and muscle tension. If not managed, this can lead to a false start, or reduced stride length, which can lead to a loss of power. This will increase their time as well.

Question 24

Criteria	Marks
<ul style="list-style-type: none"> Makes clearly evident the relationship between two flexibility training methods and improved performance of an athlete in one sport Provides relevant examples 	5
<ul style="list-style-type: none"> Describes how two flexibility training methods can improve the performance of an athlete in one sport Provides examples 	4
<ul style="list-style-type: none"> Outlines how flexibility training method/s can improve performance in one sport Provides example(s) <p>OR</p> <ul style="list-style-type: none"> Describes two flexibility training methods and their effects on the athlete Provides example(s) 	3
<ul style="list-style-type: none"> Outlines flexibility training method(s) 	
<ul style="list-style-type: none"> Provides some relevant information 	1

Sample answer:

PNF stretching involves lengthening a muscle against resistance, often provided by a partner. It involves static stretching then an isometric contraction and another static stretch. This flexibility training method is appropriate for soccer. When a player participates in regular PNF stretching of their hamstrings with a partner, this increases the muscle length and range of movement possible at the hip joint. This can improve performance when the player is kicking the ball by enabling them to generate more power so the ball travels further. Dynamic stretching uses continuous movement at speed and with momentum to gradually warm up muscle fibres and extend them through the range of movement required. A soccer player can use leg swings to increase the flexibility of muscles around the hip joint eg hamstrings, quadriceps. This will improve performance as a player can more effectively dribble and pass the ball, change direction and make tackles without sustaining injury.

Question 25

Criteria	Marks
<ul style="list-style-type: none"> Provides characteristics and features of the advantages and disadvantages of private health insurance for the individual 	5
<ul style="list-style-type: none"> Provides characteristics and features of the advantages and a disadvantage of private health insurance for the individual <p>OR</p> <ul style="list-style-type: none"> Provides characteristics and features of the disadvantages and an advantage of private health insurance for the individual 	4
<ul style="list-style-type: none"> Sketches in general terms the advantage(s) and/or the disadvantage(s) of private health insurance for the individual 	2–3
<ul style="list-style-type: none"> Provides some relevant information about private health insurance 	1

Sample answer:

Private health insurance has advantages for an individual as it can provide more health care options. Private health insurance covers most of the costs associated with treatment in a private hospital. It also covers some of the costs for a number of ancillary services eg physiotherapy and dental. Another advantage of having private health insurance is that an individual can choose their own specialist and access private accommodation in hospital. Individuals can also have shorter waiting times for elective treatments/surgery if they have private health insurance. There are disadvantages of having private health insurance, including the significant cost to the individual each year, especially for individuals with low socioeconomic status. Another disadvantage is that individuals may not access the full amount of entitlement available to them for their level of cover.

Question 26

Criteria	Marks
<ul style="list-style-type: none"> • Demonstrates a comprehensive understanding of health promotion based on building healthy public policy • Makes well-informed judgements about the extent to which health promotion based on building healthy public policy has contributed to improving the health of Australians • Provides relevant examples 	8
<ul style="list-style-type: none"> • Demonstrates a sound understanding of health promotion based on building healthy public policy • Makes a judgement about the extent to which health promotion based on building healthy public policy has contributed to improving the health of Australians • Provides relevant examples 	6–7
<ul style="list-style-type: none"> • Describes how building healthy public policy has been used in health promotion • Provides some link(s) between health promotion and improving the health of Australians • Provides example(s) 	4–5
<ul style="list-style-type: none"> • Outlines building healthy public policy and/or improving the health of Australians through health promotion 	2–3
<ul style="list-style-type: none"> • Provides some relevant information about health promotion 	1

Sample answer:

'Building healthy public policy' refers to legislation, fiscal measures, taxation and organisational change. In the National Tobacco Strategy, the Australian Government introduced a wide range of measures to reduce rates of mortality from cancer, particularly lung cancer. As cigarette smoking is the major risk factor for lung cancer, strategies aimed at decreasing the number of smokers, as well as those exposed to second hand smoke, were implemented. Non-smoking laws around playgrounds, mandatory graphic health warnings on cigarette packets, increasing the price of cigarettes to make them less affordable are all examples of public policy implemented. These policies had a significant effect on the health of Australians by lowering smoking rates and achieving a corresponding reduction in mortality and morbidity rates from lung cancer and cardiovascular disease in Australia. Mortality rates due to injury from motor vehicle accidents have fallen due to national public health policies as part of the National Road Safety Strategy. Motor vehicle accidents are attributed to risk factors such as speed, drink driving and mobile phone use. The implementation of policies such as restrictions on probationary licence holders, graduated licensing scheme, 40 km/h school zones, and heavy fines for mobile phone use have deterred these risk behaviours, making the roads safer. As a result, there has been a steady decline in mortality rates from motor vehicle accidents in Australia thus improving the health of Australians to a significant extent.

Question 27

Criteria	Marks
<ul style="list-style-type: none"> • Draws out the implications of different types of feedback and relates them to how they affect a learner's progress through the stages of skill acquisition • Provides a range of accurate examples 	8
<ul style="list-style-type: none"> • Makes evident the relationship between different types of feedback and how a learner progresses through the stages of skill acquisition • Provides relevant examples 	6–7
<ul style="list-style-type: none"> • Provides characteristics and features of appropriate types of feedback in some stages of skill acquisition • Provides examples 	4–5
<ul style="list-style-type: none"> • Sketches in general terms feedback and/or stages of skill acquisition 	2–3
<ul style="list-style-type: none"> • Provides some relevant information about feedback and/or skill acquisition 	1

Sample answer:

External and delayed feedback at the cognitive stage of learning to dribble in basketball will help the learner to understand the nature of the skill and the technique. The coach is able to observe the skill being performed, identify key errors, and then later provide points to improve the learner's technique. In the cognitive stage, gaining feedback from knowledge of results can help motivate the athlete to keep learning despite lots of errors, eg reducing the time to complete a dribbling drill. This will help to develop their understanding of the technique and the body movements required to dribble with fewer errors. This will help the learner move more quickly to the associative stage. If the learner is relying on internal and concurrent feedback in the cognitive stage, they may not be able to make corrections, resulting in ongoing errors. To progress from the associative to the autonomous stage, the learner should use concurrent feedback and internal feedback when dribbling. This will allow them to focus on the feel of the moment and start to self-correct errors. They should continue to receive external and delayed feedback from the coach, to refine their skills as well as improve their knowledge of performance, so they become quicker and more efficient. If the learner only has concurrent and internal feedback, they can remain in the associative stage for longer due to ongoing errors. In the autonomous stage, the learner's technique is more precise, relying more on internal feedback. However, delayed external feedback, eg video analysis, can be very useful to identify possible areas for improving speed and agility when dribbling in a game situation.

Section II

Question 28 (a) (i)

Criteria	Marks
<ul style="list-style-type: none"> • Sketches in general terms the current patterns of mortality for young people • Provides examples 	3
<ul style="list-style-type: none"> • Identifies feature(s) of patterns of mortality for young people 	2
<ul style="list-style-type: none"> • Provides some relevant information about the mortality of young people 	1

Sample answer:

Young men (15–24 years) have higher rates of mortality than young women and this is because of the higher rates of risk-taking behaviour of young men. The leading cause of mortality for young people is intentional self-harm (suicide) and this has been increasing over the past 10 years, with male death rates from suicide being three times higher than females. The second leading cause of death is land transport accidents, with males again having a higher fatality rate than females. The number of deaths from land transport accidents has been decreasing over time. The third highest cause of mortality for young people is accidental poisoning, commonly linked to alcohol or other drug use.

Question 28 (a) (ii)

Criteria	Marks
<ul style="list-style-type: none"> • Clearly shows how the health status of young people is similar or different to the health status of individuals in a different age group • Provides relevant examples 	5
<ul style="list-style-type: none"> • Shows some features of the similarities or differences in the health status of young people and that of individuals in a different age group • Provides examples 	4
<ul style="list-style-type: none"> • Shows some features of the health status of young people and of individuals in a different age group 	3
<ul style="list-style-type: none"> • Shows some features of the health status of young people 	2
<ul style="list-style-type: none"> • Provides some relevant information about health status 	1

Sample answer:

Young people aged 15–24 years have a very different health status to older Australians aged 65–74 years. A key difference is in the burden of disease (morbidity). For young people, mental health conditions such as suicide, self-inflicted injuries, anxiety disorders, depressive disorders, as well as alcohol use disorders, and asthma are the major causes of morbidity. For older Australians aged 65–74 years, the major causes of morbidity are coronary heart disease, lung cancer, chronic obstructive pulmonary disease, musculoskeletal conditions and diabetes. These causes of illness are often related to the long-term effects of health risk behaviours such as smoking, high fat diet, low levels of physical activity. The causes of death are also very different for young people and older Australians. Suicide was the leading cause of death among people aged 15–24 years, followed by land transport accidents, accidental poisoning and assaults. For people aged 65–74 years, the leading cause of death was lung cancer, followed by coronary heart disease, chronic obstructive pulmonary disease, cerebrovascular disease and colon cancer.

Question 28 (b)

Criteria	Marks
<ul style="list-style-type: none"> • Demonstrates a comprehensive understanding of the relationship between young people's health and developing connectedness, resilience and coping skills, and health literacy skills • Draws out the implications of developing these skills and relates them to improving young people's health • Provides relevant examples • Presents a logical and cohesive response 	11–12
<ul style="list-style-type: none"> • Demonstrates a sound understanding of developing connectedness, resilience and coping skills, and health literacy skills • Makes evident how developing these skills can assist young people attain better health • Provides relevant examples • Presents a logical response 	8–10
<ul style="list-style-type: none"> • Describes how at least two of the skills (developing connectedness, resilience and coping skills and health literacy skills) can assist young people to attain better health • Provides examples 	5–7
<ul style="list-style-type: none"> • Outlines how at least two of the skills (developing connectedness, resilience and coping skills, and health literacy skills) can assist young people to attain better health 	3–4
<ul style="list-style-type: none"> • Provides some relevant information about skills that enable young people to attain better health 	1–2

Answers could include:

- Skills in attaining better health:
 - developing connectedness
 - developing resilience and coping skills
 - developing health literacy skills.
- Major health issues that impact on young people:
 - mental health problems and illnesses
 - alcohol consumption
 - violence
 - road safety
 - sexual health
 - body image.

Question 29 (a) (i)

Criteria	Marks
<ul style="list-style-type: none">• Sketches in general terms how media coverage reflects which sports are valued in Australia• Provides examples	3
<ul style="list-style-type: none">• Sketches in general terms how media coverage reflects which sports are valued in Australia	2
<ul style="list-style-type: none">• Provides some relevant information about media coverage in sport	1

Sample answer:

The sports most frequently shown on Australian TV are AFL, rugby league and cricket, so these have the highest rating of all sports. Newspapers often mirror what is seen on TV and showcase the performances of athletes on the back pages of their daily news. This means that stories about AFL, rugby league and cricket appear prominently whereas sports such as basketball, hockey and netball which are not valued as highly in terms of being profitable, receive less media attention or are relegated further back into the sports section. Pay TV stations have tried to help these minor sports across their dedicated sports channels, however, these are not accessible to all people like free-to-air channels are.

Question 29 (a) (ii)

Criteria	Marks
<ul style="list-style-type: none"> Provides points for and/or against the influence of the media in the emergence of extreme sports as a form of entertainment Provides relevant examples 	5
<ul style="list-style-type: none"> Describes the influence of the media in the emergence of extreme sports as a form of entertainment Provides relevant examples 	3–4
<ul style="list-style-type: none"> Outlines the influence of the media and/or the emergence of extreme sports as a form of entertainment 	2
<ul style="list-style-type: none"> Provides relevant information about extreme sports 	1

Sample answer:

Extreme sports are those that involve a high level of risk for the participant for example rock climbing, base jumping and big wave surfing. In recent years, extreme sports have emerged as a form of entertainment with significant media coverage of these sports. Participants and spectators are drawn towards the danger involved and the boundaries pushed beyond what is considered to be within the traditional realms of sporting activity. For spectators, extreme sports satisfy the increasing need to be entertained in new and exciting ways. Competition often takes place in unpredictable terrain and weather conditions making it exciting to watch. Many participants achieve celebrity status through the media outlets as their stunts/videos meet the viral demand. This has led to the creation of the X-Games where many sponsors pay significant money to be associated with athletes that compete in these adrenalin pumping sports like BMX, skateboarding and motocross. Unfortunately, the enjoyment of extreme sports as entertainment and increased media coverage to satisfy this high demand has inadvertently pushed athletes to take more risks. As a result, difficult and dangerous stunts have become the norm and several athletes have experienced serious injuries or died as a result of competition. The media often encourage athletes to take greater risks to gain greater ratings. The main problem for athletes is that because these sports are often self-regulatory in regard to rules, safety requirements and responsibilities, once a trick/feat has been accomplished there is always a push to go higher, bigger or longer in their event. For example, motocross riders would need to perform more flips and greater jumps when competing to meet media demand.

Question 29 (b)

Criteria	Marks
<ul style="list-style-type: none"> • Demonstrates a comprehensive understanding of the consequences of sport as a commodity for spectators, participants and the city hosting the event • Draws out the implications of sport being seen as a commodity and relates these to the consequences for spectators, participants and the city hosting when a major event is being held • Provides relevant examples • Presents a logical and cohesive response 	11–12
<ul style="list-style-type: none"> • Demonstrates a sound understanding of the consequences of sport as a commodity for spectators, participants and the city hosting the event • Makes evident the consequences for spectators, participants and the city hosting when a major event is being held • Provides relevant examples • Presents a logical response 	8–10
<ul style="list-style-type: none"> • Describes the consequences of a major sporting event for participants, spectators and the city hosting the event • Provides examples 	5–7
<ul style="list-style-type: none"> • Outlines the consequences of a major sporting event for participants and/or spectators and/or the city hosting the event 	3–4
<ul style="list-style-type: none"> • Provides relevant information about sport as a commodity or a major sporting event 	1–2

Answers could include:

Sport as a commodity

- The economics of hosting major sporting events
- Consequences for spectators and participants
- Sport as big business
- Sponsorship and advertising.

Question 30 (a) (i)

Criteria	Marks
<ul style="list-style-type: none"> • Sketches in general terms how the indicators of readiness to return to play are used following an ankle injury • Provides examples related to the ankle 	3
<ul style="list-style-type: none"> • Sketches in general terms how an indicator of readiness to return to play is used following an ankle injury • Provides an example 	2
<ul style="list-style-type: none"> • Provides some relevant information about readiness to return to play 	1

Sample answer:

Athletes who have had an ankle injury should meet specific standards of function before returning to play. This will reduce the athlete's chance of re-injury to the ankle. Before returning to play, the athlete should ensure that the ankle is pain free for all movement, particularly the movements specific to their sport, eg a netball player should be able to run, jump and change directions without any pain in the ankle. The athlete must also ensure that the degree of mobility or range of movement at the ankle is at least the same as or, preferably, better than it was before the injury occurred. For example, the netball player should have full range of movement of their ankle, such as being able to write the alphabet with their foot.

Question 30 (a) (ii)

Criteria	Marks
<ul style="list-style-type: none"> Provides points for and/or against the ethical issues to consider before an athlete returns to play following an injury Provides relevant examples 	5
<ul style="list-style-type: none"> Describes the ethical issues to be considered before an athlete returns to play following an injury Provides relevant examples 	4
<ul style="list-style-type: none"> Sketches in general terms ethical issue(s) to be considered before an athlete returns to play following an injury 	2–3
<ul style="list-style-type: none"> Provides relevant information about an ethical issue for an athlete returning to play 	1

Sample answer:

There are a range of ethical issues to consider when deciding if an athlete is ready to return to training and competition.

Pressure to participate can come from both within the athlete as well as external sources. Many athletes may consider themselves as indispensable or have feelings of guilt about letting down teammates or fans. Pressure from within may help the athlete focus more on recovery and better adhere to programs and professional advice. External pressure may come from coaches, teammates, sponsors or the media. This pressure to participate may have a negative effect in causing an athlete to return to play prematurely, increasing the risk of re-injury.

The use of painkillers is another ethical issue when an athlete is returning to play. Painkillers are drugs used to mask the pain associated with injury. As such, their use can be warranted in the short-term for minor injuries. However, the ongoing use of painkillers may lead to increased healing time or re-injury. The use of painkillers for more serious injuries may lead to increased or irreparable damage. For example, a player with a Grade 1 hamstring tear may return to play following a painkilling injection and suffer a complete rupture of the muscle.

Question 30 (b)

Criteria	Marks
<ul style="list-style-type: none"> • Demonstrates a comprehensive understanding of sports policies and the sports environment • Provides well-informed judgements about how sports policies and the sports environment can promote safe participation for athletes • Provides relevant examples • Presents a logical and cohesive response 	11–12
<ul style="list-style-type: none"> • Demonstrates a sound understanding of sports policies and the sports environment • Provides some judgement about how sports policies and the sports environment can promote safe participation for athletes • Provides relevant examples • Provides a logical response 	8–10
<ul style="list-style-type: none"> • Describes how sports policies and the sports environment can promote safe participation for athletes • Provides examples 	5–7
<ul style="list-style-type: none"> • Outlines how sports policies and the sports environment can promote safe participation in sport 	3–4
<ul style="list-style-type: none"> • Provides some relevant information about sports policies or the sports environment 	1–2

Answers could include:

Sports policy and the sports environment

- Rules of sports and activities
- Modified rules for children
- Matching of opponents
- Use of protective equipment
- Safe grounds, equipment and facilities.

Question 31 (a) (i)

Criteria	Marks
<ul style="list-style-type: none"> • Sketches in general terms how equipment advances have been used to improve performance • Provides examples 	3
<ul style="list-style-type: none"> • Sketches in general terms how equipment advances have been used to improve performance OR <ul style="list-style-type: none"> • Sketches in general terms equipment advances in sport 	2
<ul style="list-style-type: none"> • Provides some relevant information about equipment advances 	1

Sample answer:

Equipment advances have significantly improved performance. Equipment such as swimsuits have seen world records fall due to the reduction in drag through the water. Golf clubs made from graphite and titanium possess a larger sweet spot accuracy, which increases consistency with each stroke. Golf balls made from synthetic fibres, eg tungsten, provide greater durability, improving distance, spin and control. In athletics, the rubber compound used in synthetic tracks increases the forward motion efficiency, which improves running time.

Question 31 (a) (ii)

Criteria	Marks
<ul style="list-style-type: none"> • Makes clearly evident the relationship between training innovations and improved performance for an athlete • Provides relevant examples 	5
<ul style="list-style-type: none"> • Provides characteristics and features of training innovations and how they can improve an athlete's performance • Provides examples 	4
<ul style="list-style-type: none"> • Provides characteristics and features of training innovations that can improve an athlete's performance • Provides example(s) 	3
<ul style="list-style-type: none"> • Sketches in general terms training innovations that can improve an athlete's performance 	2
<ul style="list-style-type: none"> • Provides some relevant information about training 	1

Sample answer:

Training innovation has seen athletics performance make considerable gains. Although the innovations are expensive, it provides medical /coaching staff with an abundance of information. Lactate threshold testing procedures mean blood samples are taken once an athlete accumulates a level of lactic acid similar to that achieved in competition. This point is characterised by increased ventilation rate and deteriorating performance. Another type of training innovation is 'biomechanical analysis'. This technique uses video analysis, photography or motion replays in order to fine tune movements like throwing or running and make movement more efficient. The athlete's technique is manipulated in order to execute at a high level, hence making an improvement in performance.

Question 31 (b)

Criteria	Marks
<ul style="list-style-type: none"> • Demonstrates a comprehensive understanding of the elements of a training session, activities relevant to these elements and suitable for a group of athletes for the sport selected • Provides an argument for the selection of ONE activity the coach could use for most elements of the training session • Provides relevant examples • Presents a logical and cohesive response 	11–12
<ul style="list-style-type: none"> • Demonstrates a sound understanding of elements of a training session, activities relevant to these elements and suitable for a group of athletes for the sport selected • Provides reasons for the selection of activities the coach could use for elements of the training session • Provides relevant examples • Provides a logical response 	8–10
<ul style="list-style-type: none"> • Describes a suitable activity for some of the elements of the training session for the sport selected • Provides examples <p>OR</p> <ul style="list-style-type: none"> • Provides reasons for different elements of a training session • Provides examples 	5–7
<ul style="list-style-type: none"> • Outlines an activity for some of the elements of the training session • Provides examples 	3–4
<ul style="list-style-type: none"> • Provides some relevant information about training sessions 	1–2

Answers could include:

Elements to be considered when designing a training session

- Health and safety considerations
- Providing an overview of the session to athletes
- Warm up and cool down
- Conditioning
- Evaluation
- Skill instruction and practice.

Question 32 (a) (i)

Criteria	Marks
<ul style="list-style-type: none"> • Sketches in general terms how the quality of the early years of life can contribute to health inequities in Australia • Provides relevant examples 	3
<ul style="list-style-type: none"> • Identifies some ways that the quality of the early years of life can contribute to health inequities 	2
<ul style="list-style-type: none"> • Provides some relevant information about the early years of life 	1

Sample answer:

Some people have limited access to health care and education about health. This can result in poorer pre-natal health care of the mother which can lead to a low birth weight baby, premature birth and/or higher rate of infant mortality. Some mothers smoke or drink alcohol during pregnancy, placing the baby at risk of health complications. Infants or young children can miss out on having scheduled immunisations, which can increase their risk of illnesses in their school years, or when socialising.

Question 32 (a) (ii)

Criteria	Marks
<ul style="list-style-type: none"> • Makes the relationship evident between socioeconomic factors and the health inequities experienced by different population groups in Australia • Provides relevant examples 	5
<ul style="list-style-type: none"> • Describes how socioeconomic factors can contribute to the health inequities experienced by different population groups in Australia • Provides examples 	3–4
<ul style="list-style-type: none"> • Outlines socioeconomic factors that can contribute to health inequities experienced by a population group 	2
<ul style="list-style-type: none"> • Provides some relevant information about health inequities 	1

Sample answer:

Socioeconomic factors that can contribute significantly to health inequities for different population groups include a person's income and their level of education. This is very evident for homeless people who can find it very difficult to obtain employment or to maintain employment. If the homeless person is young, this can also affect their ability to be engaged in secondary or tertiary education, which further reduces their ability to gain employment. A lower level of education for homeless people can also lead to increased health risk taking behaviours, because they may be unaware of the dangers eg smoking or alcohol use, which can place them at greater risk of illnesses such as cancer and cardiovascular disease. Being unemployed for an extended period of time has a huge impact on a person's financial resources, and they will then find it very difficult to find affordable housing and to access education. People who are homeless and/or unemployed have a much poorer health status, as they often need to prioritise basic needs such as food, water and shelter over their health care needs. This can place them at greater risk of chronic diseases such as asthma and cancer. They can also have higher rates of communicable diseases like influenza, from living in overcrowded shared housing facilities. As homeless or unemployed people may not have the financial resources to access preventative health screening, this can increase their mortality rate from diseases such as breast or colon cancer.

Question 32 (b)

Criteria	Marks
<ul style="list-style-type: none"> • Demonstrates a comprehensive understanding of the social justice framework and the factors which may cause health inequities in Australia • Makes the relationship evident between the social justice framework and how this can address the factors causing health inequities in Australia • Provides relevant examples • Presents a logical and cohesive response 	11–12
<ul style="list-style-type: none"> • Demonstrates a sound understanding of the social justice framework and the factors which may cause health inequities in Australia • Makes evident how the social justice framework can be applied to address some of the factors causing health inequities in Australia • Provides relevant examples • Provides a logical response 	8–10
<ul style="list-style-type: none"> • Describes the social justice framework and how it can be applied to address some causes of health inequities in Australia • Provides examples 	5–7
<ul style="list-style-type: none"> • Outlines the social justice framework and/or factors causing health inequities in Australia 	3–4
<ul style="list-style-type: none"> • Provides some relevant information about social justice or factors causing health inequities 	1–2

Answers could include:

- A social justice framework for addressing health inequities:
 - empowering individuals in disadvantaged circumstances
 - empowering disadvantaged communities
 - improving access to facilities and services
 - encouraging economic and cultural change.
- Factors that create health inequities eg access to services and transport, socioeconomic factors, social attributes, government policy and priorities.

2020 HSC

Personal Development, Health and Physical Education

Mapping Grid

Section I Part A

Question	Marks	Content	Syllabus outcomes
1	1	High levels of preventable chronic disease; skin cancer	H2
2	1	Measuring health status	H1
3	1	Motivation	H8
4	1	Recovery strategies	H8
5	1	Responsibility for health services and facilities	H5
6	1	Nature of skill	H9
7	1	High levels of preventable chronic disease, CVD	H2
8	1	Characteristics of a skilled performer	H9
9	1	High levels of preventable chronic disease, risk factors	H2
10	1	Types of training, training methods, anaerobic training	H17
11	1	Nutritional considerations	H11
12	1	Health promotion, Ottawa Charter	H4, H14
13	1	Supplementation	H11
14	1	Equity of access to health facilities and services	H15
15	1	Physiological adaptations in response to aerobic training	H10
16	1	Groups experiencing health inequity	H2, H3
17	1	Equity of access to health facilities and services, social justice principles	H14
18	1	Types of training, training methods	H10
19	1	Breast cancer, epidemiology, impact of emerging new treatments	H15, H16
20	1	Physiological adaptations, principles of training, types of training, training methods	H7, H8, H16

Section I Part B

Question	Marks	Content	Syllabus outcomes
21	3	Impact of a growing and ageing population; carers and volunteer organisations	H5
22	4	Current trends in the major causes of mortality	H2
23 (i)	3	Energy systems; ATP/PC (alactacid)	H7
23 (ii)	4	Anxiety and arousal	H17
24	5	Types of training and training methods, flexibility training	H8
25	5	Advantages and disadvantages of private health insurance	H15
26	8	Ottawa Charter, potential for prevention and early intervention, health priorities in Australia	H4
27	8	Learning environment; feedback; stages of skill acquisition	H9

Section II

Question	Marks	Content	Syllabus outcomes
28 (a) (i)	3	Patterns of mortality of young people	H2
28 (a) (ii)	5	Comparisons of health status with that of other age groups	H2
28 (b)	12	Skills in attaining better health for young people	H5, H15
29 (a) (i)	3	Differences in coverage for different sports across various print and electronic media	H12
29 (a) (ii)	5	Emergence of extreme sports as entertainment	H12
29 (b)	12	The economic impact of hosting major sporting events; consequences for spectators and participants	H12
30 (a) (i)	3	Indicators of readiness to return to play	H8
30 (a) (ii)	5	Return to play, ethical considerations	H8
30 (b)	12	Sports policy and the sports environment	H13, H17
31 (a) (i)	3	Equipment advances	H8
31 (a) (ii)	5	Training innovations	H8
31 (b)	12	Elements to be considered when designing a training session	H10, H17
32 (a) (i)	3	Factors that create health inequities, quality of early years of life	H3
32 (a) (ii)	5	Factors that create health inequities, socioeconomic factors	H3, H5
32	12	A social justice framework for addressing health inequities	H3, H14, H15