

2022 HSC

Personal Development, Health and Physical Education

Marking Guidelines

Section I, Part A

Multiple-choice Answer Key

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

Section I, Part B

Question 21 (a)

Criteria	Marks
<ul style="list-style-type: none"> • Outlines ONE anaerobic training method appropriate for an athlete who is competing in a high intensity, short duration event • Provides a relevant example 	3
<ul style="list-style-type: none"> • Outlines ONE anaerobic training method 	2
<ul style="list-style-type: none"> • Provides relevant information 	1

Sample answer:

Anaerobic interval training can be done by completing sets of 50 m freestyle sprints with a moderate work to rest ratio, eg swimming 20 × 50 m freestyle sprints, leaving every 60 seconds. This will involve the swimmer going as fast as possible, followed by a short rest period.

Question 21 (b)

Criteria	Marks
<ul style="list-style-type: none"> • Describes the effects of regular anaerobic training on an athlete's performance • Provides a relevant example 	4
<ul style="list-style-type: none"> • Describes an effect of anaerobic training on an athlete's performance • Provides an example 	3
<ul style="list-style-type: none"> • Outlines how anaerobic training can affect an athlete's performance 	2
<ul style="list-style-type: none"> • Provides relevant information 	1

Sample answer:

A sprinter can participate in regular short-interval running training sessions using parachutes for extra resistance. This involves working at an intensity above 85% of maximum heart rate, with short rest periods, leading to muscle hypertrophy. This will assist the sprinter to experience greater power and explosiveness eg at the start and initial phases of their race, as well as maintaining their speed towards the end of a race.

Question 22

Criteria	Marks
<ul style="list-style-type: none"> Provides a detailed comparison of the use of personal and prescribed judging criteria when assessing the performance of athletes Provides relevant examples 	5
<ul style="list-style-type: none"> Provides a sound comparison of the use of personal and prescribed judging criteria when assessing the performance of athletes Provides relevant examples 	4
<ul style="list-style-type: none"> Describes personal and prescribed judging criteria when assessing the performance of athletes Provides example(s) 	3
<ul style="list-style-type: none"> Outlines personal and/or prescribed judging criteria when assessing the performance of athletes 	2
<ul style="list-style-type: none"> Provides relevant information 	1

Sample answer:

Personal criteria is developed by an individual, eg the athlete or coach, to assess key aspects of a performance whereas prescribed criteria are often developed by a governing body of a sport so everyone uses the same criteria to assess the performance level. When using personal criteria the assessment result is likely to be less reliable as each person assessing is using different criteria. For example, three selectors can be looking for different skills and assessing these differently, leading to variation in the players selected for a team. Personal criteria are very subjective and open to personal bias. Prescribed criteria are more objective and have less bias because everyone assessing is using the same criteria or scoring system, so the results would be similar and allow for more reliable comparison. Prescribed judging criteria are most likely to be used to determine a winner, eg a diving judging panel would use prescribed criteria to score each dive for elements such as height, body positioning and angle of entry. This is more reliable than personal opinions about how the dive looked to the viewer.

Question 23

Criteria	Marks
<ul style="list-style-type: none"> Provides a detailed explanation of how individuals, communities and governments can work in partnership in health promotion to improve the health of Australians Provides relevant examples 	5
<ul style="list-style-type: none"> Explains how individuals, communities and governments can work in partnership in health promotion to improve the health of Australians Provides relevant example(s) 	4
<ul style="list-style-type: none"> Describes how individuals, communities and/or governments can work in partnership in health promotion Provides example(s) 	3
<ul style="list-style-type: none"> Outlines how health promotion has been used in Australia 	2
<ul style="list-style-type: none"> Provides relevant information 	1

Sample answer:

Individuals, communities and governments can work in partnership in health promotion to improve the health of Australians regarding road injuries. The 'Stop, Revive, Survive' strategy relies on drivers executing their personal skills to stop driving every two hours, take a break and reduce their chances of a fatigued-related accident. Local community groups, such as the Lions Club, work in partnership with individuals by creating environments to support drivers by providing Driver Reviver stations on main roads within their communities during peak holiday seasons. This will help reduce mortality from road accidents caused by fatigue.

Another example that reflects individuals, communities and governments working in partnership is the Healthy Spaces and Places Project. This is where governments and communities can work collaboratively to plan and design built environments that enable Australians to be more physically active to decrease the number of people who are overweight or obese. eg creating more cycle lanes on roads for individuals to use to increase physically active transport options. This can help reduce the morbidity for conditions like cardiovascular disease and diabetes within a community.

Question 24 (a)

Criteria	Marks
• Outlines the extent in Australia of ONE of the listed conditions	3
• Demonstrates an understanding of the extent in Australia of ONE of the listed conditions	2
• Provides relevant information	1

Sample answer:

There has been an increase in the number of Australians experiencing mental health issues such as anxiety and depression in the last two years. Australia's young people have the highest prevalence of mental health problems compared to any other age group.

Question 24 (b)

Criteria	Marks
• Explains how sociocultural determinants can affect ONE group at risk of the selected condition	4
• Describes sociocultural determinants and makes links to ONE group at risk of the selected condition	3
• Outlines the effect of sociocultural determinant(s) or ONE group at risk of the selected condition	2
• Provides relevant information	1

Sample answer:

Sociocultural determinants such as a person's family, friends, culture and the media can affect a person's mental health. Elderly people are a group at risk of mental health problems, eg depression, because they can experience greater isolation or experience grief due to the loss of a family member eg spouse. Elderly people may live alone and have minimal interaction with friends, and this can lead to increased periods of isolation causing feelings of loneliness and disconnection. This can contribute to mental health problems such as depression.

Question 25

Criteria	Marks
<ul style="list-style-type: none"> Provides a comprehensive analysis of the relationship between increasing funding for early intervention and prevention strategies for cancer and future health care expenditure in Australia Provides relevant and detailed examples 	8
<ul style="list-style-type: none"> Provides an analysis of the relationship between increasing funding for early intervention and prevention strategies for cancer and future health care expenditure in Australia Provides relevant examples 	6–7
<ul style="list-style-type: none"> Explains how increasing the funding for early intervention and prevention strategies for cancer can affect future health care expenditure in Australia Provides example(s) 	4–5
<ul style="list-style-type: none"> Outlines features of funding for early intervention and prevention strategies for cancer in Australia OR <ul style="list-style-type: none"> Outlines features of health care expenditure in Australia 	2–3
<ul style="list-style-type: none"> Provides relevant information 	1

Sample answer:

The cost of health care services to treat cancer in Australia is substantial and rising due to our ageing population. However, there is great potential to reduce this with increased funding for prevention and early intervention and this is evident with strategies for breast cancer. For example, breast screening every two years for women aged over 40 years will help in the early detection of breast cancer, which then increases the options for successful treatment and greatly improves the survival rate. If the current funding increased, more services would be available, which means more women could be screened and diagnosed early. This means more effective treatment options, which may prevent breast cancer from progressing would result in a significant reduction in future health care expenditure for treatment services such as ongoing chemotherapy, radiation, surgery and palliative care over the next 5–10 years of life.

Lung cancer is another example where increasing the current funding for early intervention and prevention strategies would decrease the future health care expenditure. This can be seen through the effects of increased funding for smoking cessation programs, quality education programs for young people and media education campaigns for the broader community to stop the uptake and reduce the ongoing use of tobacco. Increased funding for these prevention strategies would reduce the number of Australians developing lung cancer. Fewer people with lung cancer would then greatly decrease the cost of future health care expenditure to treat people with lung cancer in hospital or outpatient clinics.

Question 26

Criteria	Marks
<ul style="list-style-type: none"> • Demonstrates a comprehensive understanding of practice methods and the influence of a learner's ability, confidence and prior experience • Makes informed judgements about the extent to which practice methods should vary according to the ability, confidence and prior experience of learners • Provides relevant and detailed examples 	8
<ul style="list-style-type: none"> • Demonstrates a detailed understanding of practice methods and the influence of a learner's ability, confidence and prior experience • Makes some judgement about the extent that practice methods should vary according to the ability, confidence and prior experience of learners • Provides relevant examples 	6–7
<ul style="list-style-type: none"> • Explains how practice methods should vary according to the ability, confidence and prior experience of learners <p>OR</p> <ul style="list-style-type: none"> • Explains how ability, confidence and prior experience can influence practice methods for learners • Provides example(s) 	4–5
<ul style="list-style-type: none"> • Outlines how practice methods should vary for different learners <p>OR</p> <ul style="list-style-type: none"> • Outlines how ability and/or confidence and/or prior experience can influence practice methods for learners 	2–3
<ul style="list-style-type: none"> • Provides relevant information 	1

Sample answer:

The practice methods used by learners will vary significantly, depending on their confidence, prior experience and ability. Beginners make regular mistakes and have not developed the kinesthesia required to interpret what needs to improve. If they are new to learning a skill eg a tennis serve, they will have low confidence given the frequent mistakes and lack of success. They may have no prior experience and limited ability. Therefore, beginners should use massed practice as it is suitable for simple and discrete skills. The learning time exceeds rest time and allows continued, repeated practice of the skill. For example, the beginner tennis player can perform serve after serve to help consolidate their learning and build their ability. Breaks are still necessary to prevent fatigue and allow for delayed feedback from the coach, but successful repetition will develop their confidence and ability.

Advanced learners have greater confidence, ability and more prior experience, so distributed practice methods can be used more readily and effectively. Distributed practice allows for smaller learning sessions with frequent breaks. For example a learner can spend 15 mins on a drill focusing on a few aspects of the serve, then a drill focusing on ground strokes, before returning to a drill on other aspects of the serve. This allows learning of more complex skills in a fatigue-reduced environment, where coaches can share feedback with learners and implement it immediately. Distributed practice suits more complex skills as it allows the learner to maintain concentration for longer. Hence, practice methods will invariably change depending on the level of confidence, prior experience and ability of the learner.

Section II

Question 27 (a) (i)

Criteria	Marks
<ul style="list-style-type: none">• Describes the nature of ONE major health issue affecting young people in Australia• Provides examples	3
<ul style="list-style-type: none">• Outlines a health issue affecting young people in Australia	2
<ul style="list-style-type: none">• Provides relevant information	1

Sample answer:

Alcohol is a socially accepted drug among young people and contributes to leading causes of death for young people such as suicide and land transport accidents. It is often consumed within social gatherings, without adult supervision. Young people often use alcohol as a means of escaping from daily stress and 'having a good time' within social gatherings where it is often consumed in excessive quantities. This increases young people's risk taking and leads to alcohol-related injuries including motor vehicle accidents.

Question 27 (a) (ii)

Criteria	Marks
<ul style="list-style-type: none"> Provides a detailed explanation of the impact of TWO strategies that have been implemented to target a major health issue affecting young people Provides relevant examples 	5
<ul style="list-style-type: none"> Provides a sound explanation of the impact of TWO strategies that have been implemented to target a major health issue affecting young people Provides relevant examples 	4
<ul style="list-style-type: none"> Outlines the impact of TWO strategies that have been implemented to target a major health issue affecting young people Provides example(s) <p>OR</p> <ul style="list-style-type: none"> Describes TWO strategies that have been implemented to target a major health issue affecting young people Provides example(s) 	3
<ul style="list-style-type: none"> Outlines strategy(ies) that have been implemented to improve the health of young people 	2
<ul style="list-style-type: none"> Provides relevant information 	1

Sample answer:

Restricting the sale of alcohol to those aged under 18 years has significantly reduced the access that young people have to drinking it. Without direct access to alcohol, and with major deterrents in place for those who supply it, young people are not as readily exposed to alcohol-related harm. Laws governing the advertising of alcohol have been implemented to reduce young people's exposure to media messaging, which has been constructed to target their susceptible, developing minds. By preventing alcohol advertising during prime television viewing time, when young people make up the dominant audience, young people are not being exposed to messages that often promote alcohol consumption as a desirable pastime. The present legislation prevents pre-teens in particular from being exposed to the messaging at a younger age when they are experimenting with their values, attitudes and behaviours.

Question 27 (b)

Criteria	Marks
<ul style="list-style-type: none"> • Demonstrates a comprehensive understanding of the developmental aspects that can affect the health of young people • Provides well-informed judgements about how a young person's health can be affected by developmental aspects • Presents a logical and cohesive response • Provides a range of relevant examples 	11–12
<ul style="list-style-type: none"> • Demonstrates a sound understanding of the developmental aspects that can affect the health of young people • Provides some judgement about how a young person's health can be affected by developmental aspects • Presents a logical response • Provides relevant examples 	8–10
<ul style="list-style-type: none"> • Describes how a young person's health can be affected by developmental aspect(s) • Provides examples 	5–7
<ul style="list-style-type: none"> • Outlines how a young person's health can be affected by developmental aspect(s) • Provides example(s) 	3–4
<ul style="list-style-type: none"> • Provides relevant information 	1–2

Answers could include:

- Revising roles within relationships
- Clarifying self-identity and self-worth
- Developing self-sufficiency and autonomy
- Establishing education, training and employment pathways
- Establishing personal support structures
- Determining behavioural boundaries.

Question 28 (a) (i)

Criteria	Marks
<ul style="list-style-type: none"> • Describes the cultural significance that sport or physical activity has for a particular group in society • Provides examples 	3
<ul style="list-style-type: none"> • Outlines the cultural significance that sport or physical activity has for a particular group in society 	2
<ul style="list-style-type: none"> • Provides relevant information 	1

Sample answer:

Rugby union has cultural significance for people from New Zealand, many of whom now live in Australia. Rugby union in New Zealand is enjoyed and followed by the majority of the nation from grassroots level to the world-leading national All Blacks men's team. By performing the traditional Maori Haka war cry before each international match and showcasing a traditionally attacking and entertaining brand of play, the success of the All Blacks serves as a source of national pride for a nation that has won many world cups.

Question 28 (a) (ii)

Criteria	Marks
<ul style="list-style-type: none"> Provides a detailed explanation of how physical activity or sport influences ways of thinking about the body in TWO different cultural groups Provides relevant examples 	5
<ul style="list-style-type: none"> Provides a sound explanation of how physical activity or sport influences ways of thinking about the body in TWO different cultural groups Provides examples 	4
<ul style="list-style-type: none"> Outlines how physical activity or sport influences ways of thinking about the body in TWO different cultural groups Provides example(s) <p>OR</p> <ul style="list-style-type: none"> Describes how physical activity or sport influences ways of thinking about the body in a cultural group Provides example(s) 	3
<ul style="list-style-type: none"> Outlines a way that physical activity or sport influences thoughts about the body in a particular group(s) 	2
<ul style="list-style-type: none"> Provides relevant information 	1

Sample answer:

In Asia and South Asia, where Hinduism and Buddhism are important religions, yoga is a core philosophical component within both religions. Yoga emphasises the connection between the mind, body and spirit, with its focus on body postural positioning, breath control and meditation. The idea that the body needs to be carefully looked after is central to their beliefs. Alternatively, Western cultures view the body as something that needs to be physically perfected to be aesthetically pleasing to oneself and others. Vigorous strength-based activities with a focus on muscle growth may underpin such ideals but may also lead individuals to seek out health-compromising methods beyond physical activity such as performance-enhancing drugs, restrictive dietary plans and cosmetic surgery.

Question 28 (b)

Criteria	Marks
<ul style="list-style-type: none"> • Demonstrates a comprehensive understanding of the growth of female participation in traditionally male-dominated sports in Australia and sport in the media • Provides a comprehensive analysis of how the growth of female participation in traditionally male-dominated sports in Australia has affected the representation of sport in the media • Presents a logical and cohesive response • Provides a range of relevant examples 	11–12
<ul style="list-style-type: none"> • Demonstrates a detailed understanding of the growth of female participation in traditionally male-dominated sports in Australia and sport in the media • Provides an analysis of how the growth of female participation in traditionally male-dominated sports in Australia has affected the representation of sport in the media • Presents a logical response • Provides relevant examples 	8–10
<ul style="list-style-type: none"> • Describes the growth of female participation in traditionally male-dominated sports in Australia and its effect on sport in the media • Provides examples 	5–7
<ul style="list-style-type: none"> • Outlines the growth of female participation in traditionally male-dominated sports in Australia and/or the representation of sport in the media • Provides example(s) 	3–4
<ul style="list-style-type: none"> • Provides relevant information 	1–2

Answers could include:

- Relationship between sport and the mass media
 - the representation of sport in the media
- Challenges to the male domain, eg woman in traditional male sports
- Sport as a traditionally male domain
 - implications for participation
 - sport and the construction of masculinity and femininity
 - the role of the media in constructing meanings around femininity and masculinity in sport
- Deconstructing media messages, images and amount of coverage.

Question 29 (a) (i)

Criteria	Marks
<ul style="list-style-type: none"> Distinguishes between TWO different types of skin injury Provides relevant examples 	3
<ul style="list-style-type: none"> Demonstrates an understanding of skin injuries 	2
<ul style="list-style-type: none"> Provides relevant information 	1

Sample answer:

A skin abrasion occurs when the outer layer of skin is removed via a scraping motion, such as a cyclist grazing their elbows and knees. Lacerations, also known as cuts, occur when the skin is sliced open, resulting in bleeding, with more severe occurrences requiring stitches. This might occur when two rugby league players accidentally clash heads.

Question 29 (a) (ii)

Criteria	Marks
<ul style="list-style-type: none"> Provides a detailed explanation of the effects of rest, compression and elevation on the body's inflammatory response following a soft tissue injury Provides relevant examples 	5
<ul style="list-style-type: none"> Provides a sound explanation of the effects of using rest, compression and elevation on the body's inflammatory response following a soft tissue injury Provides examples 	4
<ul style="list-style-type: none"> Provides some explanation of the effect(s) of using rest, compression and elevation on the body's inflammatory response following a soft tissue injury Provides example(s) 	3
<ul style="list-style-type: none"> Outlines ways to manage a soft tissue injury and/or the inflammatory response following a soft tissue injury 	2
<ul style="list-style-type: none"> Provides relevant information 	1

Sample answer:

The inflammatory response phase occurs in the first 24–72 hours after a soft tissue injury. It is characterised by an increase in blood flow to the injured site. This brings with it swelling, redness, tenderness and pain. As such, incorporating rest, compression and elevation is useful to reduce the effects of the inflammatory response and improve injury recovery time. For example, if a netball player sprains a ligament in their ankle, they will be removed from the court and placed in a comfortable position to stop moving the ankle. Resting like this will decrease blood flow to the injured area, and also decrease pain. Elevation of the injured area above the level of the heart, will further reduce blood flow to the ankle, helping reduce swelling. This will be likely to involve the player lying down comfortably with the ankle propped up. This can also assist in reducing pain. Applying a compression bandage or brace firmly around the ankle will also help to reduce swelling and decrease tissue damage.

Question 29 (b)

Criteria	Marks
<ul style="list-style-type: none"> • Demonstrates a comprehensive understanding of physical preparation and the prevention of injuries in TWO different sports • Provides a comprehensive analysis of how adequate physical preparation can prevent injuries in TWO different sports • Presents a logical and cohesive response • Provides a range of relevant examples 	11–12
<ul style="list-style-type: none"> • Demonstrates a detailed understanding of physical preparation and the prevention of injuries for TWO different sports • Provides an analysis of how adequate physical preparation can prevent injuries in TWO different sports • Presents a logical response • Provides relevant examples 	8–10
<ul style="list-style-type: none"> • Describes adequate physical preparation that can prevent injuries in TWO different sports • Provides relevant examples 	5–7
<ul style="list-style-type: none"> • Outlines physical preparation strategy(ies) required to prevent injuries in sport • Provides example(s) 	3–4
<ul style="list-style-type: none"> • Provides relevant information 	1–2

Answers could include:

- Physical preparation
 - pre-screening
 - skill and technique
 - physical fitness
 - warm up, stretching and cool down

Question 30 (a) (i)

Criteria	Marks
<ul style="list-style-type: none">• Outlines TWO characteristics of an overtrained athlete• Provides relevant examples	3
<ul style="list-style-type: none">• Demonstrates an understanding of characteristics of an overtrained athlete	2
<ul style="list-style-type: none">• Provides relevant information	1

Sample answer:

A characteristic of overtraining can be decreases in competition performances eg increasingly slower times recorded for the same event, despite an increase in training volume. Additionally, if an athlete is increasingly irritable and has a loss of motivation, these are psychological signs that an athlete may be overtrained.

Question 30 (a) (ii)

Criteria	Marks
<ul style="list-style-type: none"> Provides a detailed explanation of TWO strategies that could be implemented to effectively manage an overtrained athlete Provides relevant examples 	5
<ul style="list-style-type: none"> Provides an explanation of TWO strategies that could be implemented to effectively manage an overtrained athlete Provides examples 	4
<ul style="list-style-type: none"> Provides some explanation of TWO strategies that could be implemented to manage an overtrained athlete Provides example(s) 	3
<ul style="list-style-type: none"> Outlines ONE strategy that could be implemented to manage an overtrained athlete 	2
<ul style="list-style-type: none"> Provides relevant information 	1

Sample answer:

The athlete's training load and intensity have to be reduced significantly and the type and number of sessions, as well as the load and intensity need to be planned carefully. This is so the athlete has adequate time for their body to recover after a training session before adding more stress to their working muscles at subsequent sessions. Once the athlete and coach agree that the player is ready to return to training and competition, monitoring is crucial. It is important the athlete completes fitness testing before returning to normal training and competition so that data can be obtained, tracked and monitored when training resumes. If the athlete shows signs of overtraining, the coach can adjust the volume and intensity of training to allow adequate recovery and minimise the risk of injury to the athlete. It is important the coach continues to monitor the athlete's mental wellbeing through open communication between the athlete and their coach.

Question 30 (b)

Criteria	Marks
<ul style="list-style-type: none"> • Demonstrates a comprehensive understanding of types of training, training methods and the considerations for planning a training year • Makes well-informed judgements about the extent to which the types of training and training methods used should vary when planning a training year for ONE sport • Presents a logical and cohesive response • Provides a range of relevant examples 	11–12
<ul style="list-style-type: none"> • Demonstrates a detailed understanding of the types of training, training methods and considerations for planning a training year • Discusses the extent to which the types of training and training methods used should vary when planning a training year for ONE sport • Presents a logical response • Provides relevant examples 	8–10
<ul style="list-style-type: none"> • Describes appropriate types of training methods when planning a training year for ONE sport • Provides examples 	5–7
<ul style="list-style-type: none"> • Outlines how types of training and/or training methods for ONE sport vary • Provides example(s) <p>OR</p> <ul style="list-style-type: none"> • Outlines considerations when planning a training year 	3–4
<ul style="list-style-type: none"> • Provides relevant information 	1–2

Answers could include:

- Strength training: resistance training; weight training; isometric training
- Aerobic training: continuous; fartlek; long interval
- Anaerobic training: developing power through resistance/weight training; plyometrics; short interval
- Flexibility training: static; dynamic; ballistic
- Skill training: drills practice; modified and small games; games for specific outcomes
- Planning a training year
 - phases of competition (pre-season, in-season and off-season)
 - subphases (macro and micro cycles)
 - peaking
 - tapering
 - sport specific subphases: fitness components, skill requirements.

Question 31 (a) (i)

Criteria	Marks
<ul style="list-style-type: none"> • Outlines TWO social attributes that have contributed to health inequities experienced by a population group in Australia • Provides examples 	3
<ul style="list-style-type: none"> • Demonstrates some understanding of social attribute(s) that have contributed to health inequities experienced by a population group in Australia 	2
<ul style="list-style-type: none"> • Provides relevant information 	1

Sample answer:

Social exclusion is evident for individuals who are homeless as they can feel disempowered, embarrassed or ashamed, and they may disconnect from mainstream society. This can affect a homeless person's confidence and ability to access health care services.

Discrimination can also contribute to health inequities for people who are homeless as they may be treated differently by prospective employers, making it more difficult to secure employment.

Question 31 (a) (ii)

Criteria	Marks
<ul style="list-style-type: none"> • Provides a detailed explanation of how improving access to services and transport can reduce health inequities experienced by a population group • Provides relevant examples 	5
<ul style="list-style-type: none"> • Provides a sound explanation of how improving access to services and transport can reduce health inequities experienced by a population group • Provides examples 	4
<ul style="list-style-type: none"> • Provides some explanation of how improving access to services and transport can reduce health inequities experienced by a particular population group • Provides example(s) 	3
<ul style="list-style-type: none"> • Outlines ways access to services and/or transport can be improved for a particular population group 	2
<ul style="list-style-type: none"> • Provides relevant information 	1

Sample answer:

To close the inequity gap, people living in geographically remote populations need to be provided with greater access to services, especially health services that focus on preventative health. For example, increasing the number of GPs that are available in remote communities will increase the availability for people to see a GP for preventative health screening for chronic diseases like diabetes and CVD. This improved access will mean that risk factors like being overweight can be identified and addressed early before the condition develops. Improving transport options, such as shuttle buses to collect people from their property and transport them to a health facility, can help to increase access to services for this population group. Improving transport increases the use of health facilities for both prevention and treatment for conditions. Alternatively, taking the health service to the people helps overcome the significant access barrier and increases participation in health screening like mammograms.

Question 31 (b)

Criteria	Marks
<ul style="list-style-type: none"> • Demonstrates a comprehensive understanding of the health status of disadvantaged groups and the ways that enabling, mediating and advocating processes can improve their health • Provides a comprehensive analysis of how enabling, mediating and advocating processes can lead to sustainable health improvements for disadvantaged groups • Presents a logical and cohesive response • Provides a range of relevant examples 	11–12
<ul style="list-style-type: none"> • Demonstrates a detailed understanding of the health status of disadvantaged groups and the ways that enabling, mediating and advocating processes can improve their health • Provides an analysis of how enabling, mediating and advocating processes can lead to sustainable health improvements for disadvantaged groups • Presents a logical response • Provides relevant examples 	8–10
<ul style="list-style-type: none"> • Describes how enabling and/or mediating and/or advocating processes can lead to health improvements for disadvantaged groups • Provides examples 	5–7
<ul style="list-style-type: none"> • Outlines ways that enabling and/or mediating and/or advocating processes can lead to health improvements for a disadvantaged group • Provides example(s) 	3–4
<ul style="list-style-type: none"> • Provides relevant information 	1–2

Answers could include:

- Actions that improve health
 - enabling (using knowledge and skills for change)
 - mediating (working for consensus)
 - advocating (speaking up for specific groups, their needs and concerns)
- Populations experiencing health inequities
 - Aboriginal and Torres Strait Islander peoples
 - homeless
 - people living with HIV/AIDS
 - incarcerated
 - aged
 - culturally and linguistically diverse backgrounds
 - unemployed
 - geographically remote populations
 - people with disabilities.

2022 HSC

Personal Development, Health and Physical Education

Mapping Grid

Section I Part A

Question	Marks	Content	Syllabus outcomes
1	1	Energy systems	H7
2	1	Ottawa Charter Action areas	H4
3	1	Measures of epidemiology	H2
4	1	Private health insurance	H5
5	1	Nature of the skill	H9
6	1	Cardiovascular disease	H1
7	1	Motivation	H11
8	1	Environmental determinants; cardiovascular disease; groups at risk	H3
9	1	Feedback	H9
10	1	Equity of access to health care facilities	H3
11	1	Recovery strategies	H8
12	1	Psychological strategies	H11
13	1	Growing and ageing population; health care services	H2
14	1	Stages of skill acquisition; assessment of skill and performance	H9
15	1	Principles of training; progressive overload	H10
16	1	Supplementation	H11
17	1	Principles of training; physiological adaptations	H10
18	1	Aboriginal and Torres Strait Islander peoples; nature of health inequities	H3
19	1	Complementary health care approaches; range of products and services; cancer	H14
20	1	Epidemiology; cancer; potential for prevention and early intervention	H15

Section I Part B

Question	Marks	Content	Syllabus outcomes
21 (a)	3	Anaerobic training and training methods	H8, H17
21 (b)	4	How would anaerobic training affect performance?	H8, H17
22	5	Personal versus prescribed judging criteria	H9
23	5	Benefits of partnership in health promotion	H5, H14
24 (a)	3	Preventable chronic disease, injury and mental health problems; extent of the problem	H2, H3
24 (b)	4	Sociocultural determinants; groups at risk	H2, H3

Question	Marks	Content	Syllabus outcomes
25	8	Health care expenditure versus expenditure on early intervention; cancer; potential for prevention and early intervention	H5, H15
26	8	Appropriate practice methods for learners; characteristics of the learner; how instruction may vary	H8, H9

Section II

Question	Marks	Content	Syllabus outcomes
27 (a) (i)	3	Major health issues affecting young people; nature of the issue	H2
27 (a) (ii)	5	Actions targeting health issues relevant to young people	H14
27 (b)	12	Developmental aspects that affect the health of young people	H6, H15
28 (a) (i)	3	Cultural significance of physical activity or sport for particular groups	H12
28 (a) (ii)	5	Physical activity, sport and cultural identity	H12
28 (b)	12	The relationship between sport and the mass media; women in traditional male sports	H12
29 (a) (i)	3	Skin abrasions, lacerations and blisters	H13
29 (a) (ii)	5	Managing soft tissue injuries	H13
29 (b)	12	Physical preparation; different sports	H8, H17
30 (a) (i)	3	Identify an overtrained athlete	H7
30 (a) (ii)	5	What do you do if you identify an overtrained athlete?	H8
30 (b)	12	Training types and planning a training year	H10, H17
31 (a) (i)	3	Factors that create health inequities; social attributes	H3
31 (a) (ii)	5	Factors that create health inequities; access to services and transport	H3
31 (b)	12	Actions that improve health	H5, H15