MA99 EDUCATION

Health for Individuals and Communities: Topic Notes

01

NSW HEALTH AND MOVEMENT SCIENCE 11-12 SYLLABUS 2023

FOR HSC 2028 AND LATER

In this focus area: young people's meanings of health · the health status of young people · skills for strengthening the individual · advocacy · health promotion and the Ottawa Charter · the Sustainable Development Goals

1. Young people's meanings of health

Young people define health in their own way, shaped by family, peers, culture, technology and global events. Their priorities can differ from those of older generations and from official definitions. Investigating what health means to young people is a research task. A good investigation forms a clear research question, chooses a suitable method to collect data (survey, interview or focus group), considers ethical issues such as consent and privacy, and judges the validity, reliability and credibility of the data before drawing conclusions.

Judging data

Validity: does the data actually measure what the question is asking about?

Reliability: would the same method give consistent results if repeated?

Credibility: is the source trustworthy and free of bias?

2. The health status of young people

Most young Australians are healthy, but some issues stand out. Injury, mental health and risky health behaviours are the main concerns.

Dated evidence: the health of young people

Among 15 to 24 year olds, injuries account for about 71 per cent of deaths, and suicide is the leading single cause at about 31 per cent of deaths (Australian Institute of Health and Welfare, 2022 to 2024). Mental health and substance use conditions are the leading cause of disease burden among young people (Australian Institute of Health and Welfare).

Life expectancy for Aboriginal and Torres Strait Islander people is about 8.8 years lower for males and 8.1 years lower for females than for non-Indigenous Australians (Australian Bureau of Statistics, 2020 to 2022).

Every health issue has risk factors that make it more likely and protective factors that reduce the risk. Aboriginal and Torres Strait Islander young people experience poorer health on many measures because of the way the determinants of health have acted over time, including the effects of dispossession and socioeconomic disadvantage.

3. Skills for strengthening the individual

Personal skills protect and enhance health. Building these skills helps young people look after their own health and support others.

SKILL	WHAT IT MEANS
Self efficacy	Belief in your ability to succeed and to take control of your own health.
Health literacy	Finding, understanding and using reliable health information.

SKILL	WHAT IT MEANS
Help seeking behaviours	Knowing when and how to ask for support.
Resilience	Bouncing back and coping with setbacks and stress.
Problem solving and coping	Working through challenges and managing pressure in healthy ways.
Connectedness	Feeling supported by family, friends and community.

4. Advocacy for young people's health

Advocacy means speaking and acting to support a cause. Young people advocate for their own and others' health, and they are supported by organisations and communities.

Government and non-government organisations promote the health of young people, including Aboriginal and Torres Strait Islander young people. Examples include the Advocate for Children and Young People, the National Aboriginal Community Controlled Health Organisation, and Children and Young People with Disability Australia. Working in partnership with communities makes health promotion more effective and culturally appropriate.

5. Health promotion and the Ottawa Charter

Health promotion is the process of helping people to increase control over and improve their health. Different approaches to health have shaped it over time.

APPROACH	FOCUS
Biomedical	Treating and curing illness through medicine and technology.
Sociocultural	The social and cultural conditions that shape health.
Salutogenic	What keeps people well, rather than what makes them sick.
Ecological	The links between people and their whole environment.

The Ottawa Charter, from the World Health Organization, is the leading framework for health promotion. It sets out five action areas that work together.

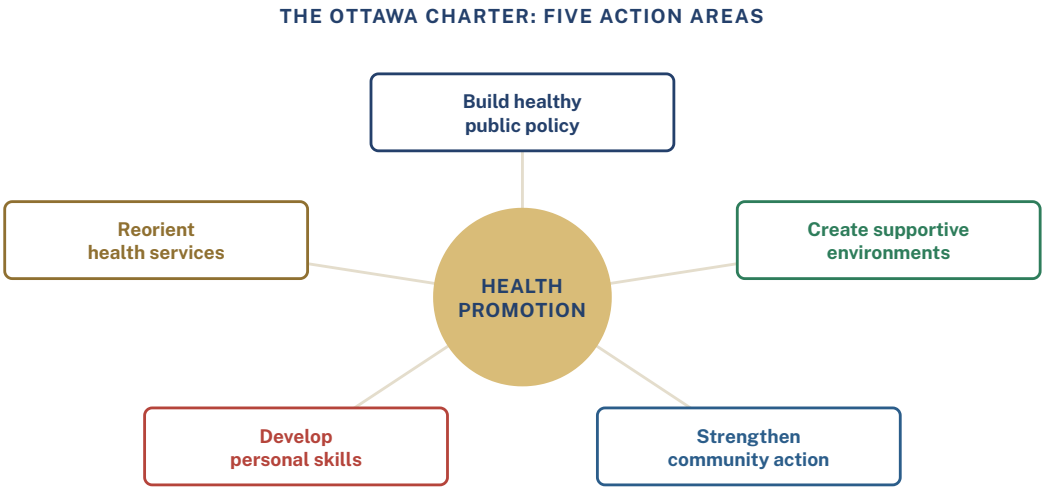


Figure 1 · The five action areas of the Ottawa Charter work together to promote health.

- **Build healthy public policy · Create supportive environments · Strengthen community action · Develop personal skills · Reorient health services**

6. The Sustainable Development Goals

The United Nations Sustainable Development Goals (SDGs) are 17 global goals for a fairer and healthier world by 2030. Goal 3, good health and wellbeing, is directly about health, but many others, such as those on poverty, education and equality, also shape health because they act on the determinants.

The World Health Organization applies a health lens to the goals, and Australia uses them to guide policy. They can be used to promote young people's health in local communities, for example by improving access to healthy food, safe spaces and mental health support.

Exam focus: focus area 1, young people and promotion

Use the Ottawa Charter by name: name an action area and give a real example of it in practice.

Support claims with dated data on young people's health, and state the source.

Link promotion to the determinants: explain how a strategy works on a determinant to improve health.

Check your understanding

1. Why might a young person define health differently from their grandparent?
2. State the leading single cause of death among 15 to 24 year olds.
3. Explain how self efficacy protects health.
4. List the five action areas of the Ottawa Charter.
5. Explain how a Sustainable Development Goal could improve young people's health.

About this resource

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Scope

NSW Health and Movement Science, Year 11. Written to the NSW Health and Movement Science 11-12 Syllabus 2023, Health for Individuals and Communities, for students sitting the HSC in 2028 and later years. Every worked context uses current Australian health data from the AIHW and ABS, each figure dated and sourced, and invented athletes and communities for worked examples, and every number was recomputed from its inputs before printing.

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Health for Individuals and Communities: Practice Questions

01

NSW HEALTH AND MOVEMENT SCIENCE 11-12 SYLLABUS 2023

FOR HSC 2028 AND LATER

1. Instructions

Time: about 45 minutes. Total: 29 marks. Answer all questions. Write your answers in the spaces provided. Use the correct syllabus terms, and support points with dated data where you can.

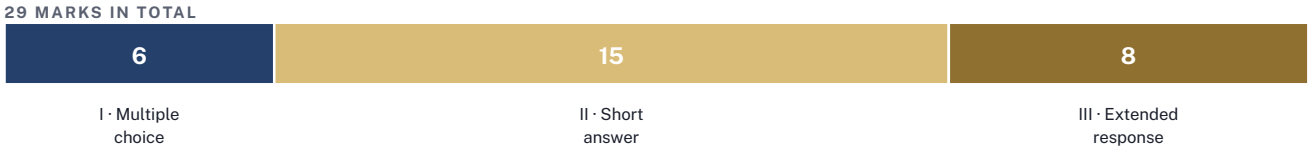


Figure 1 · How the 29 marks are split. Your time should follow the same split.

2. Section I · Multiple choice

FOUNDATION One mark each.

Question 1

1 MARK

The World Health Organization defines health as a state of complete physical, mental and social wellbeing, and

A the ability to run fast
B having no worries
C not merely the absence of disease
D a high income

Question 2

1 MARK

The health continuum shows that health is

A dynamic and changes over time
B fixed at birth
C the same for everyone
D only physical

Question 3

1 MARK

Which measure counts the number of new cases of a condition in a period?

A prevalence
B mortality
C morbidity
D incidence

Question 4

1 MARK

The social justice principles are participation, equity, access and

A riches
B rights
C results
D resources

Question 5

1 MARK

Which is one of the five action areas of the Ottawa Charter?

A develop personal skills
B prescribe more medication
C increase taxes
D build more hospitals

Question 6

1 MARK

The leading single cause of death among 15 to 24 year olds in Australia is

A cancer
B heart disease
C diabetes
D suicide

3. Section II · Short answer

STANDARD Use the verb and support with evidence.

Question 7

2 MARKS

Outline what is meant by the dynamic nature of health.

Question 8

3 MARKS

The Australian Burden of Disease Study 2024 found that overweight including obesity contributed 8.3 per cent of the burden and tobacco 7.6 per cent. Calculate the difference, and describe what this shows.

Question 9

4 MARKS

Explain how two determinants of health can interact to create a health inequity for a population group.

Question 10

6 MARKS

Explain how the Ottawa Charter could be used to promote the health of young people.

4. Section III · Extended response

EXAM STYLE Write a sustained response in the spaces provided.

Question 11

8 MARKS

Analyse how the determinants of health contribute to the health inequities experienced by Aboriginal and Torres Strait Islander people.

End of set.

Attempt record

Date each attempt and record the section marks separately. A single total hides which section is costing you. Note one change for the next attempt.

DATE	SECTION I	SECTION II	SECTION III	TOTAL OUT OF 29	THE ONE CHANGE I AM MAKING

DATE	SECTION I	SECTION II	SECTION III	TOTAL OUT OF 29	THE ONE CHANGE I AM MAKING

5. Marking guidance

Mark your answers after you have finished, not while you write. The sample answers show one way to reach full marks; other accurate, relevant points earn marks too.

5.1 Multiple choice answer key

Q	ANSWER	Q	ANSWER
1	(C)	4	(B)
2	(A)	5	(A)
3	(D)	6	(D)

5.2 Section II

QUESTION 7 · 2 MARKS

MARKS	CRITERIA
2	Clearly outlines that health changes over time and along the continuum, with reference to circumstances.
1	Makes a general statement about health changing.

Sample response

Health is dynamic because it is not fixed but changes over time and from day to day. An individual moves back and forth along the health continuum as their circumstances, behaviours and environment change.

QUESTION 8 · 3 MARKS

MARKS	CRITERIA
3	Correct difference (0.7 percentage points) and describes that overweight and obesity contributed more of the burden than tobacco.
2	Correct difference calculated.
1	Some relevant statement.

Sample response

Difference = 8.3 minus 7.6 = 0.7 percentage points.

This shows that overweight, including obesity, contributed slightly more of the disease burden than tobacco in 2024, although both are major preventable risk factors.

QUESTION 9 · 4 MARKS

MARKS	CRITERIA
4	Names two determinants and clearly explains how their interaction produces poorer health for a group.
2 to 3	Names two determinants with some explanation of the link to health.
1	Identifies a determinant with a general statement.

Sample response

A low income (a socioeconomic determinant) can limit a family's ability to afford fresh food and to live near services (a broad feature of society and environment). Together these make a healthy diet and regular checkups harder, so poorer diet and later diagnosis follow.

Because these determinants act together and unevenly across groups, the group with fewer resources experiences avoidable, unfair differences in health, that is, a health inequity.

QUESTION 10 · 6 MARKS

MARKS	CRITERIA
5 to 6	Names several action areas and explains, with young-person examples, how each promotes health.
3 to 4	Names action areas with some relevant explanation and example.
1 to 2	Identifies an action area with a general statement.

Sample response

Developing personal skills could teach young people health literacy and help seeking, for example through school programs. Creating supportive environments could make schools and sports clubs smoke free and inclusive.

Strengthening community action could involve young people in designing local mental health services, and building healthy public policy could fund youth mental health support. Reorienting health services could make clinics more youth friendly. Used together, the action areas work on the determinants of young people's health.

5.3 Section III

QUESTION 11 · 8 MARKS

MARKS	CRITERIA
7 to 8	Analyses how several determinants interact to produce inequities, supported by dated data and syllabus terms, in a sustained response.
5 to 6	Describes determinants and inequities with some analysis and evidence.
3 to 4	Outlines some relevant determinants or inequities.
1 to 2	Makes general statements.

Sample response

Aboriginal and Torres Strait Islander people experience a life expectancy about 8.8 years lower for males and 8.1 years lower for females than non-Indigenous Australians (ABS, 2020 to 2022), a clear health inequity.

This results from determinants acting together over time. Socioeconomic determinants such as lower average income, education and employment interact with the broad features of society, including the ongoing effects of dispossession, and with reduced access to culturally safe services. These shape health behaviours and biomedical factors, producing higher rates of chronic disease. A strong answer weaves these determinants together and judges how their interaction, rather than any single cause, produces the inequity.

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