MA99 EDUCATION

Health in an Australian and Global Context: Topic Notes

01

NSW HEALTH AND MOVEMENT SCIENCE 11-12 SYLLABUS 2023 FOR HSC 2027 AND LATER

In this subtopic: digital health records · telehealth · health data and its uses · privacy and data security · the digital divide.

1. Digital health records

A digital health record stores a person's health information electronically so it can be shared, with consent, between treating providers. This supports continuity of care, because a specialist or hospital can see relevant history, such as current medications and past test results, without relying on the patient to recall or repeat it.

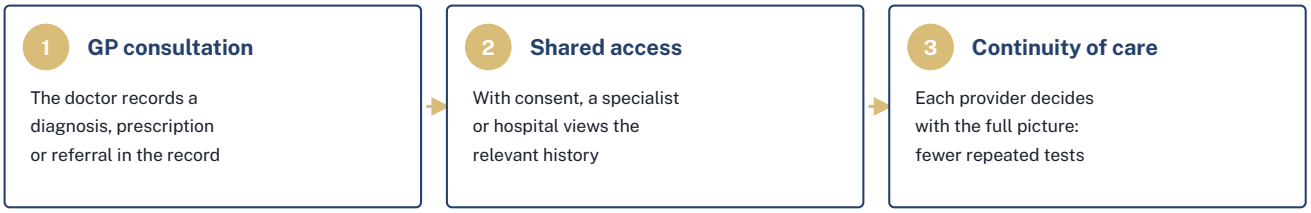


Figure 1 · A shared digital health record lets information follow the patient between providers.

Key idea: continuity of care

Continuity of care means a patient's treatment is coordinated and consistent across every provider they see, rather than fragmented between separate, disconnected visits.

A shared digital record is one of the clearest ways technology directly supports this outcome.

2. Telehealth

Telehealth uses video or phone consultations to deliver care remotely. It is especially significant for improving access for people in rural and remote areas, where reaching a specialist in person can mean a full day's travel.

BENEFIT	LIMITATION
Reduces travel time and cost, particularly for specialist care in rural and remote areas.	Not suited to conditions that require a physical examination or hands-on treatment.
Increases the number of appointments a service can offer in a given period.	Requires a reliable internet connection and a device, which not everyone has.
Can reduce the spread of infectious illness by avoiding unnecessary in-person visits.	Some patients, particularly older people, find a video consultation less comfortable than an in-person one.

3. Health data and its uses

Large-scale health data, drawn from sources such as digital health records, wearable devices and national surveys, allows patterns in population health to be identified more quickly than through periodic reports alone. This supports planning: governments and health services can identify an emerging issue, such as a rise in a particular condition in a specific region, and respond earlier.

Dated evidence: digital health in Australia

Australia's national digital health record system allows a person to control who can access their health information and to opt out entirely. About 24.2 million My Health Records existed in December 2024 (Australian Digital Health Agency, My Health Record statistics, December 2024).

4. Privacy, security and the digital divide

The growing use of health data raises two connected challenges. Privacy and data security concerns can make some people reluctant to share health information digitally, even where sharing would improve their care, particularly for sensitive conditions. The digital divide describes unequal access to the internet, devices and digital literacy needed to use these services, which means the same technology that improves access for some can increase inequity for others, including some older Australians and some people in areas with poor internet coverage.

Remember

Always weigh a benefit of technology against a named limitation; a one-sided answer will not reach the top band on an evaluate question.

The digital divide is a determinant-of-health issue: it interacts with socioeconomic characteristics and location in the same way other determinants do.

Exam focus: technology and data in healthcare

Use "continuity of care" as the specific outcome digital health records are assessed against. For telehealth, always pair a benefit with a limitation; markers reward a balanced, judged response. Explain the digital divide as an equity issue linked to the determinants of health, not simply as a technology problem.

Check your understanding

1. Explain what a digital health record is and how it supports continuity of care.
2. Identify two benefits and one limitation of telehealth.
3. Explain how large-scale health data can support health service planning.
4. Explain what is meant by the digital divide.
5. Explain how the growing use of health data and technology could both improve and challenge equity in healthcare.

About this resource

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Scope

NSW Health and Movement Science, Year 12. Written to the NSW Health and Movement Science 11-12 Syllabus 2023, Health in an Australian and Global Context, for students sitting the HSC in 2027 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 in an Australian and Global Context: Practice Questions

01

NSW HEALTH AND MOVEMENT SCIENCE 11-12 SYLLABUS 2023 FOR HSC 2027 AND LATER

1. Instructions

How to use this set

- Working time: about 45 minutes. Total: 24 marks, at the HSC rate of about 1.8 minutes a mark.
- Section I: 6 multiple choice questions. Section II: 3 short answer items, 10 marks. Section III: one extended response, 8 marks.
- Sit it in one go with no notes, then mark it against the guidance at the back before you read the sample answers as explanations.

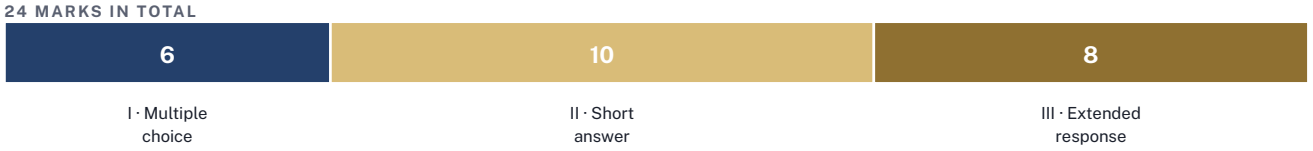


Figure 1 · How the 24 marks are split. Your time should follow the same split, about 1.8 minutes a mark.

2. Section I · Multiple choice

6 marks. Attempt Questions 1 to 6. Choose the best answer. Each question is worth 1 mark.

Question 1

1 MARK

Burden of disease combines fatal burden with

A mortality alone
B healthcare expenditure
C non-fatal burden (years lived with illness)
D life expectancy

Question 2

1 MARK

Which is a group experiencing inequities in health?

A Aboriginal and Torres Strait Islander people
B All Australians equally
C Only people over 65
D Only people in cities

Question 3

1 MARK

Medicare is mainly funded through

A private health insurance premiums only
B out of pocket payments only
C state government grants only
D general taxation and the Medicare levy

Question 4

1 MARK

Telehealth is particularly significant for improving access for

A people in major cities only
B people in rural and remote areas
C people who prefer in-person care
D hospitals only

Question 5

1 MARK

The digital divide refers to

A unequal access to internet, devices and digital literacy
B a disagreement between doctors
C a type of health insurance
D a measure of burden of disease

Question 6

1 MARK

Which Ottawa Charter action area is illustrated by tobacco excise?

A Develop personal skills
B Reorient health services
C Strengthen community action
D Build healthy public policy

3. Section II · Short answer

10 marks. Attempt Questions 7 to 9. Answer in the spaces provided. Use the verb in each question to decide how much to write, and support every point with a named example or dated data.

Question 7

2 MARKS

Outline what is meant by a group experiencing inequities in health.

Question 8

4 MARKS

A country spends $220 billion on health in one year, and $35 billion of it is paid out of pocket by individuals (hypothetical data, MA99). Calculate what percentage of expenditure is out of pocket, and explain one implication of this for equity.

Question 9

4 MARKS

Explain how telehealth could both improve and limit access to healthcare for a person in a rural area.

4. Section III · Extended response

8 marks. Attempt Question 10. Answer in the spaces provided.

Question 10

8 MARKS

Evaluate the effectiveness of Australia's approach to promoting and improving the health of its population, referring to national strategies and global goals.

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 24	THE ONE CHANGE I AM MAKING

DATE	SECTION I	SECTION II	SECTION III	TOTAL OUT OF 24	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. The criteria for the extended responses are MA99's own, written in the style of HSC marking guidelines.

5.1 Section I

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

5.2 Section II

Question 7 · 2 marks

A group experiencing inequities in health is a group that experiences a disproportionate burden of poor health relative to the general population, such as Aboriginal and Torres Strait Islander people or people in rural and remote areas.

Question 8 · 4 marks

Percentage = 35 divided by 220, multiplied by 100, which is about 15.9 per cent. This shows that a meaningful share of health costs still falls directly on individuals, which can create a barrier to access for people on lower incomes, undermining equity even where a universal health system exists.

Question 9 · 4 marks

Telehealth could improve access by letting a person in a rural area consult a specialist by video without travelling a full day to a major city, saving time and cost. It could limit access if the person's internet connection is unreliable, or if the condition requires a physical examination that cannot be done remotely, meaning an in-person appointment is still needed regardless.

5.3 Section III

Criteria for an 8 mark response

MARKS	CRITERIA
7 to 8	A clear judgement, relationships explained, and specific evidence throughout.
5 to 6	A judgement with relevant evidence; some relationships explained.
3 to 4	Mostly descriptive with general evidence.
1 to 2	Relevant points only.

Question 10 · a sample response

Australia's approach to promoting population health combines national strategies, such as tobacco control, with alignment to global frameworks such as the Sustainable Development Goals. The tobacco control strategy is a clear example of effectiveness: applying several Ottawa Charter action areas together, including tobacco excise, plain packaging, smoke free environments and public education, has contributed to a long-term decline in Australia's smoking rate: daily smoking among people aged 14 and over fell from 19.5 per cent in 2001 to 5.6 per cent in 2025 (Australian Institute of Health and Welfare, National Drug Strategy Household Survey 2025). Alignment with the Sustainable Development Goals, particularly the goal of good health and wellbeing, gives Australia's domestic strategies a broader frame of reference and connects national action to global measures of progress. The approach is less effective at closing health inequities for specific groups experiencing inequities in health, since national, population level strategies do not automatically reach groups facing distinct barriers, such as Aboriginal and Torres Strait Islander communities or people in remote areas, who require additional, targeted action beyond a general national campaign. On balance, Australia's approach is effective at improving average population health over time, evidenced by measures such as declining smoking rates and generally favourable international comparisons, but it is not yet fully effective at reducing the gap between the healthiest and least healthy groups within the population.

5.4 After you mark it

Circle every question where you lost more than a third of the marks. Those are your next session, in that order.

IF YOU LOST MARKS ON	GO TO
Section I	The Glossary and the Summary for that focus area, then the same items again in a week
Short answer items with a calculation	Set out the division before the answer; the working earns a mark on its own
Explain, analyse and evaluate items	The Exemplar for that focus area: compare your first sentence with its opening judgement
Extended responses	The Topic Notes section the question names, then rewrite your response

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