BOSTES | BOARD OF STUDIES TEACHING & EDUCATIONAL STANDARDS NSW

2014 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	A
5	A
6	C
7	C
8	A
9	A
10	B
11	B
12	A
13	B
14	D
15	D
16	D
17	C
18	C
19	D
20	D

Section I, Part B

Question 21

Criteria	Marks
• Sketches in general terms two groups most at risk of CVD in Australia	3
• Sketches in general terms one group most at risk of CVD in Australia OR • Recognises and names two groups most at risk of CVD and provides a common reason for both groups	2
• Recognises and names one or more groups most at risk of CVD in Australia	1

Answers could include:

- **Groups at risk**: ATSI, low SES, people from rural and remote areas, smokers, people who are obese, older people

Question 22

Criteria	Marks
• Provides characteristics and features of the responsibilities of the three levels of government for the delivery of health services	4
• Sketches in general terms the responsibilities of the levels of government in the delivery of health services OR • Provides characteristics and features of the responsibilities of one or two levels of government for the delivery of health services	2–3
• Recognises and names the responsibilities of the levels of government in delivering health services • OR • Provides examples of government health-related responsibilities	1

Answers could include:

- **Commonwealth:** eg policy development, legislation/laws, funding to state government, Medicare (levy and scheme) and PBS, repatriation hospitals, health promotion strategies
- **State/Territory:** eg health services such as hospitals, mental health services, women's health, Aboriginal health, dental health, health promotion
- **Local:** eg enacting policy such as health and hygiene regulations, environmental health and community health services, early childhood centres, sexual health clinics, counselling, health promotion, waste disposal, meals on wheels

Question 23

Criteria	Marks
• Makes evident the nature and extent of health inequities in one group in Australia other than ATSI • Provides well-supported reasons for the inequities in one group in Australia other than ATSI	5
• Provides reasons for the nature and extent of health inequities in one group in Australia other than ATSI • Provides examples	4
• Sketches in general terms the nature and/or extent of a health inequity in one group in Australia other than ATSI OR • Sketches in general terms the reasons for health inequities in one group in Australia other than ATSI	2–3
• Provides examples of health inequities and/or a group experiencing a health inequity	1

Answers could include:

- Groups experiencing inequity other than ATSI: socioeconomically disadvantaged people, people living in rural and remote areas, the elderly, people with disabilities, overseas-born people
- Inequities: differences in life expectancy, differences in mortality and morbidity rates for preventable chronic disease (eg CVD, cancer, diabetes), injury (eg motor vehicle, workplace) and mental health problems (eg depression)
- Sociocultural, socioeconomic and environmental determinants

Question 24

Criteria	Marks
• Provides explicit reasons why individuals, communities and governments should work in partnership on health promotion initiatives • Provides relevant examples to demonstrate the reasons for partnerships	8
• Provides reasons why individuals, communities and governments should work in partnership on health promotion initiatives • Provides relevant examples	6–7
• Sketches in general terms the benefits of partnerships between individuals, communities and governments in health promotion OR • Provides characteristics and features of the roles of individuals, communities and governments • Provides examples	4–5
• Sketches in general terms the role individuals and/or communities and/or governments play in health promotion OR • Sketches in general terms the benefits of partnerships in health promotion OR • Sketches in general terms a health promotion initiative which involves individuals or communities or government • Provides an example	2–3
• Recognises and names a health promotion initiative OR • Recognises and names a role for individuals, communities and governments	1

Answers could include:

- Increases the potential effectiveness of the health promotion initiative by:
  - Sharing responsibility for health promotion initiatives increases access to expertise and resources
  - Stakeholders needs and interests being addressed in the health promotion initiative
  - Empowering individuals and communities to participate in the development and delivery of health promotion initiatives
- Increasing resources available: finance, expertise, time, physical resources
- More cost effective
- Increased capacity to address complex health problems

Question 25

Criteria	Marks
• Sketches in general terms the post-performance dietary considerations of an endurance athlete	3
• Recognises and names post-performance dietary considerations of an endurance athlete	2
• Provides an example of a post-performance dietary consideration	1

Answers could include:

- Carbohydrates, protein, fats
- High glycaemic index
- Rehydration: water, electrolytes

Question 26

Criteria	Marks
• Makes evident the differences between anxiety and arousal and how they affect performance • Provides an example	4
• Sketches in general terms how anxiety and arousal can affect performance OR • Provides features and characteristics of anxiety and arousal • Provides an example	2–3
• Provides features of anxiety or arousal OR • Provides examples of anxiety and/or arousal	1

Answers could include:

- Physiological effects of anxiety and arousal on athletic performance
- Psychological effects of anxiety and arousal on athletic performance
- Inverted U hypothesis and effects on performance

Question 27

Criteria	Marks
• Provides characteristics of the two anaerobic energy systems • Shows a similarity and the differences of both anaerobic energy systems	5
• Shows the differences or a similarity of both anaerobic energy systems • Provides characteristics of the two anaerobic energy systems	3–4
• Sketches in general terms the characteristics of an anaerobic energy system	2
• Recognises and names an anaerobic energy system OR • Provides a characteristic of an anaerobic energy system	1

Answers could include:

- Source of fuel
- Efficiency of ATP production
- Duration that the system can operate
- Cause of fatigue
- By-products of energy production
- Process and rate of recovery

Question 28

Criteria	Marks
• Makes evident how the appraisal of skill and performance attributes can be valid and reliable • Provides relevant examples that demonstrate how appraisal is valid or reliable	8
• Makes evident how the appraisal of skill and performance attributes can be valid and reliable • Provides examples of valid and reliable appraisal	6–7
• Provides characteristics and/or features of validity and reliability when appraising skill and performance • Provides relevant examples	4–5
• Sketches in general terms about validity and/or reliability when appraising skill and performance	2–3
• Recognises and names a method for appraising skill and performance OR • Provides an example of skill or performance appraisal	1

Answers could include:

- Assessment of skill and performance
  - characteristics of skilled performers, eg kinaesthetic sense, anticipation, consistency, technique
  - objective and subjective performance measures
  - validity and reliability of tests
  - personal versus prescribed judging criteria

Section II

Option 1: The Health of Young People

Question 29 (a)

Criteria	Marks
• Makes evident the nature of the health status of young people • Clearly shows how the health of young people may be similar to and/or different from other age groups in the Australian population in a well-supported response • Provides relevant examples	8
• Identifies issues relating to the health status of young people • Shows how this may be similar to and/or different from other age groups in the Australian population • Provides relevant examples	6–7
• Provides characteristics and features of the health of young people in comparison to other age groups in the Australian population • Provides a relevant example	4–5
• Sketches in general terms the health of young people and the other age groups in the Australian population	2–3
• Provides an example of an issue that may affect the health of young people	1

Sample answer:

The health of young people is generally good when compared with the health status of other age groups. However, it is important to note that most Australians enjoy good health, and self-assessments of health by respondents to Australian government reports support this. A large proportion of people reported that their health was good, very good or excellent.

Young people generally have the best health status of all Australian age groups, despite general consensus that young people are experiencing greater health issues, due to lifestyle behaviours (eg excessive alcohol intake).

Therefore, the patterns of morbidity and mortality rates for young people are decreasing except for mental health issues (which may be due to greater awareness and diagnosis). A range of factors can have an impact on young people's health levels, both before and after their adolescent years. Between 1–10 years of age children may develop health behaviours that can impact on their later years. However, injury and poisoning (which include motor vehicle accidents, suicides or intentional self-harm and drug-related deaths) followed by cancer and other tumours are the most common causes of mortality in the age groups 1–14 years and 15–24 years. The changes in leading causes of mortality as age increases reflect both longer exposure to various environmental and behavioural factors and the underlying ageing processes. Among those aged 25–44 years, the overall health of individuals declines, as health behaviours in early life will begin to influence and impact on their health. Injury and poisoning are the leading causes of death in males, but cancer and other tumours take over as the leading cause of death among females.

In both sexes, cancer is the most common cause of death among those aged 45–64 years, followed by cardiovascular disease, which includes both coronary heart disease and stroke. For females, breast cancer is the leading cause of mortality, and for males, cardiovascular disease is the leading cause of mortality. Cancer and other tumours, and cardiovascular disease are again the two most common causes among those aged 65–84 years, but cardiovascular disease dominates the 85 and over age group. Throughout these stages of the lifespan, the health of individuals continues to decline when compared with young people. It is important to note that older people are living longer and some of the aforementioned health problems are associated with longevity (or age).

Reductions in mortality have occurred across all age groups. Injury is the leading cause of mortality and morbidity for children and adolescents, with almost 90% of children vaccinated against communicable diseases, such as rubella. The leading causes of morbidity in older age groups are suicide, self-inflicted injuries, road accidents and drug abuse for males and breast cancer, type 2 diabetes, lung cancer and mental health disorders the leading causes of morbidity for females. These significantly contribute to the morbidity of this age group.

Question 29 (b)

Criteria	Marks
• Makes judgements about the nature of social actions and public policies that affect the health of young people • Relates how social actions and public policies have affected the health of young people • Provides relevant examples	11–12
• Makes evident the nature of social actions and/or public policies that affect the health of young people • Identifies issues and provides points for and against social actions and public policies that influence the health of young people • Provides relevant examples	8–10
• Provides characteristics and features of social actions and/or public policies that have an impact on the health of young people • Provides an example	5–7
• Sketches in general terms the nature or extent of a social action and/or public policy that has an impact on the health of young people	3–4
• Recognises and names a social action and/or public policy AND/OR • Provides an example of a social action and/or public policy that has an impact on the health of young people	1–2

Sample answer:

Society has a responsibility in promoting the health of its young people, as individuals alone cannot improve their own health. Creating supportive environments and coordinated social action ensure that young people without social support are provided with a social network that promotes better health. In Australia, our society works towards improving the health, especially the mental, social and physical health of its young people in a number of ways. The following examples are strong strategies that have used social actions and public policies together to bring forth powerful strategies that promote the health of young people: creating supportive environments and networks such as clubs, the healthy canteens and programs for teenage mothers; providing free access to general health services and immunisation programs such as the HPV vaccine; providing access to specialised health services (eg local suicide prevention task forces in rural and remote areas); promoting the importance of cultural diversity through school and community-based activities (such as cultural days); addressing all issues of racism, harassment and discrimination in schools and other youth-based organisations through policy and procedures; and providing 24-hour help lines or information on the internet for a generation of technologically-minded young people. Another good example of collaborations between government and communities is the NSW Government project ‘Youth Week’ where the government and communities work together to assist young people in feeling connected to society and give youth an opportunity to showcase or display their talents (ie Youth Week’s Battle of the Bands). This aims to improve youth self-esteem and therefore their mental health.

Young people can also take their own social actions, without the use of public policies, through developing their own organisations to improve health. An example of such an organisation is Oaktree Foundation, that aims to reduce poverty in developing communities through education, and in doing so improves the mental, social and physical health of young people in those communities.

Public policies provide a direction that focuses important resources towards improving society, especially in the area of health. Traditionally, young people have not been given high priority in the planning of health services. This is due, in part, to their perceived good health and also to the assumption that their health needs can be catered for adequately within either adult or child health services. However, there are specific health problems and distinct needs relevant to young people that differ from those of children or adults. The NSW youth policy is one example of an important public policy that aims to promote a healthy lifestyle and a safe environment for young people by: mainstreaming health care services to be more responsive to young people's needs; establishing youth specific and friendlier health services, including outreach services; developing partnerships between government and non-government agencies; improving health literacy for young people; and conducting more research into the health needs of young people.

Option 2: Sport and Physical Activity in Australian Society

Question 30 (a)

Criteria	Marks
• Clearly shows how physical activity and sport influence the lives and identity of Indigenous Australians • Draws upon changes to the lives and identity of Indigenous Australians • Provides relevant examples	8
• Shows how physical activity and sport influence the lives and identity of Indigenous Australians • Provides relevant examples	6–7
• Narrates a series of physical activity and/or sport events that have influenced the lives and/or identity of Indigenous Australians • Provides examples	4–5
• Sketches in general terms the physical activity and/or sport habits of Indigenous Australians	2–3
• Recognises and names physical activity and/or sport habits of Indigenous Australians OR • Provides examples of Indigenous Australian physical activity or sport participation	1

Sample answer:

Before colonisation, Indigenous Australians participated in a variety of physical activities that reflected their daily survival activities of hunting and fishing, and their affiliation with the land.

For this reason, early Indigenous Australians did not hold an organised notion of sport as held by the British settlers. Games included throwing spears at targets and using boomerangs, and basic movement skills, such as the running, jumping and climbing activities that formed a part of everyday life. 'Sport' competitions were organised by elders and included activities such as tree-climbing races and throwing spears for distance. These physical skills were paramount to the people's survival and, as such, were highly valued and encouraged. As a means of solving intertribal disputes, wrestling competitions were organised. Young boys participated in practice fights to improve their wrestling skills. Young Indigenous men held great personal and social value in being physically skilled.

Pre-colonisation games involving catching, throwing and kicking using various types of balls were played. They were informal, often lasting many hours or days, with few rules and no referees. Both males and females played these games and their purpose was to promote interaction between tribal members and encourage participation. The major focus of 'organised' games was enjoyment rather than a result.

In post-colonial Australia, sport and physical activity played a significant but different role in establishing the lives and identity of Indigenous Australians because their traditional ways of being were being eroded. In the early 1900s, boxing provided an avenue for a number of Aboriginal men to find recognition and identity in the new Australian Anglo-Saxon dominated society but remain linked to their traditional existence-driven physical activity/sport.

Later in the 20th century, the importance of Australian football to Indigenous Australians and their communities became dominant. Local successes of region against region, and having ASTI local boys targeted by AFL teams, assisted in bonding local communities and establishing an identity for both Indigenous Australians and their regions. The AFL has recognised the significant contribution of Indigenous athletes to its sport and their culture each year by commemorating their contributions in the Indigenous round.

At the 1994 Commonwealth Games and the 2000 Olympics in Sydney, Cathy Freeman draped herself in the Aboriginal flag after winning the 400 metres. This demonstrated her identification with her community and culture. Her Aboriginality was an important aspect of her own identity, and her achievements in sport have assisted in establishing an identity for many other Indigenous Australians in a period of great social and health inequality between Indigenous and non-Indigenous Australians.

Question 30 (b)

Criteria	Marks
• Makes judgements about the effects of commodification on specific Australian sports • Draws out the results of commodification of sport in specific Australian sporting contexts • Provides relevant examples to show the consequences of commodification in Australian sport	11–12
• Makes a judgement about the effect of commodification on specific Australian sports • Provides examples that relate to the commodification of sport	8–10
• Provides characteristics and features of the effects of commodification of Australian sport • Provides examples of sport being used as a commodity	5–7
• Sketches in general terms the commodification of sport • Provides an example of sport being used as a commodity	3–4
• Recognises and names instances of commodification that have occurred in sport OR • Provides an example or instance of sport being used as a commodity	1–2

Sample answer:

Modern sporting organisations are an industry that produce and sell major products and services, entertainment and advertising and each element is based on the profit motive, which may not always be ethical, or in the best interests of the sport.

One of the most influential consequences for sporting organisations that have adopted a business focus has been the evolution of professional sport. This has been predominantly driven by media using television coverage and pay-to-view television. It has significantly altered the behaviour of sporting organisations since the 1970s and player behaviour both on and off the field.

In Australia, this was most evident when Kerry Packer reinvented cricket as the World Series of Cricket. It was a deliberate change in the sporting culture of cricket designed to suit television audiences. It also saw cricketers getting paid salaries for the first time and giving up other paid employment to just play cricket in the televised matches.

Other sports such as Rugby League were completely overhauled with new teams and competitions when NewsLimited wanted to run a ‘Super League’ competition. Similar to cricket, rugby league players starting getting paid salaries that meant they were no longer required to work other jobs. Often, young and influential players now have large amounts of money and time on their hands and this may result in inappropriate behaviour off the field.

From a national perspective, the development of the Australian Institute of Sport led athletes to receive scholarships to pursue elite training. The establishment of professionalism in sport has improved the standards of sport at all levels including additional government funding and increased business sponsorships. It has also raised the profile of major sports and players, fuelled by strong media interest.

National competitions where a player's earnings could rapidly increase to six figures were a further development. A player could be bought and sold by a rival club and the price was dependent on the player's ability or star quality. This level of investment has seen the emergence of large stadiums, which provide tiered seating, food, drink, toilets, security, first aid and medical services, gift shops, cleaners and ticket collectors. All of these facilities cost and generate enormous sums of money, and the revenue from them is channelled back into the sporting organisations and the wider economy. On a broader scale, the sport phenomenon impacts on everyday Australians who purchase sporting goods and services to play a chosen sport for their own leisure or community. Many people are influenced by product brands worn by their sporting role models whether it be a brand of tennis racquet or football boots.

Answers could include:

- Sponsorship, advertising and sport
- Economics of hosting major events
- Development of professional sport
- Consequences for spectators and participants

Option 3: Sports Medicine

Question 31 (a)

Criteria	Marks
• Makes judgements about the effectiveness of taping to prevent sports injuries • Provides points for and against the use of preventative taping • Provides relevant examples	8
• Provides points for and/or against the use of preventative taping • Provides relevant examples	6–7
• Provides characteristics and features of preventative taping • Provides relevant examples	4–5
• Sketches in general terms the role of preventative taping	2–3
• Provides an example of how taping is used in sport	1

Sample answer:

Taping can play a significant role in preventing injury. Taping can protect, support or strengthen a joint during movement. Sports such as basketball, soccer and netball that require agility, speed, power can place considerable stress on joints. These sports demand explosive movements and frequent changes of direction, so the joints at times will endure high levels of stress. With this in mind, there is potential for injury so therefore prophylactic (preventative) taping can be employed to prevent injury.

If an injury has been sustained taping is required and is a necessity during the rehabilitation process. Taping permits an athlete to participate in body conditioning exercises to maintain fitness as much as they can during recuperation. For example, a knee injury may be healed, but requires testing in training. In these circumstances, support can be provided while the injured area becomes accustomed to the demands of the full activity and therefore prevent any further injury from occurring.

However, there are some disadvantages to the use of taping to prevent injury. Individuals can develop a reliance on taping which can restrict a range of motion and reduce an athlete's proprioception.

Despite some limitations, most professional athletes such as AFL and NRL players are required by their clubs to use preventative taping measures on high mobility joints (such as ankles) to prevent injury.

Question 31 (b)

Criteria	Marks
• Provides an argument that supports the use of rehabilitation procedures for sporting injuries • Makes evident the relationship between the rehabilitation procedure and management of sporting injuries • Provides relevant examples	11–12
• Provides reasons why rehabilitation procedures are used for sporting injuries • Provides relevant example(s)	8–10
• Provides characteristics and features of rehabilitation procedures • Provides a relevant example	5–7
• Sketches in general terms rehabilitation procedures for sports injuries	3–4
• Recognises and names rehabilitation procedures OR • Provides an example of a rehabilitation procedure	1–2

Sample answer:

To ensure an athlete can return to play as soon as possible following a hamstring injury, a variety of rehabilitation processes should be implemented. These should include progressive mobilisation, graduated exercise (including stretching, conditioning and total body fitness), training and the use of heat and cold. When each step is correctly addressed, it will increase the likelihood of a speedy reintroduction to sport.

Progressive mobilisation is necessary to enhance the range of movement available at the hamstring. A hamstring tear causes severe damage to muscle and connective tissues ie tendons and ligaments, leading to scar tissue formation and immobilisation. Active and passive movement techniques can be introduced soon after the injury to prevent muscle inactivity. An example of an active and passive movement exercise for someone who has experienced a hamstring tear might include flexion and extension of the knee by the athlete and physiotherapist respectively. It is important that the athlete is ready to undertake this phase by ensuring the movements are slow, circulation to the area is increased beforehand and movement remains pain free. Therefore progressive mobilisation is a key stage in the initial rehabilitation process as it prevents muscle stiffness.

After the injured site has been mobilised, graduated exercise is introduced in the form of stretching, conditioning and total body fitness. Stretching is beneficial as it reduces muscle tension, increases circulation, increases deltoid muscle and tendon length and improves the range of motion at the injured site. Stretching can be in the form of PNF and static stretches at this stage, ensuring technique is correct and there is no pain. Conditioning of a shoulder injury is vital because inactivity leads to muscle atrophy. Therefore, it is imperative that strength in the muscle is regained and the muscle slowly overloaded with further resistance to initiate further strength gains. Some examples of suitable resistance exercises for someone recovering from a shoulder injury might include anterior deltoid raises with low resistance or rotator cuff exercises. Total Body fitness is the final step in the graduated exercise process. It is essential that overall fitness is restored, not just the recuperation of the shoulder dislocation. The choice of total body fitness exercises will depend on the type and severity of the injury. In the case of a shoulder dislocation, some fitness exercises might include light resistance training

through the use of elastic bands and low intensity swimming. Graduated exercise is relevant because it assists in the recovery process of the shoulder dislocation.

Although an athlete may have returned to full fitness, strength and condition, they are still not fit enough to return to competition. Instead, they must undertake training to ensure speed, agility and muscle coordination are restored to full capacity. For example an AFL player who has sustained a hamstring tear may return to the lower grades before re-entering the senior team. It has been found that this will ensure physiological readiness to return to full competition.

The use of cold is vital in the initial treatment of a shoulder dislocation, while the use of heat is helpful prior to commencing the progressive mobilisation phase. Cold therapies ie cryotherapy, include the use of ice and ice baths to minimise swelling and pain at the shoulder dislocation site immediately post injury and for up to 48 hours post injury. Heat is used to increase circulation, increase tissue healing and relax the injured muscle. Heat can be applied superficially via heat packs after the first 48 hours post injury. Research shows that the use of heat and cold is a key component of the rehabilitation process of a shoulder dislocation as it assists and speeds up the healing of the injured site.

It can be seen that rehabilitation procedures are vital to ensuring an athlete is at their peak when returning to play following a soft and hard tissue injury.

Option 4: Improving Performance

Question 32 (a)

Criteria	Marks
• Makes evident how different types of training can improve performance in various sports • Provides relevant examples of training used to improve performance in specific sports	8
• Provides characteristics and features of how different types of training are used to improve performance in various sports • Provides relevant examples	6–7
• Sketches in general terms how different type(s) of training can improve performance in various sports • Provides relevant examples	4–5
• Recognises and names the different type(s) of training used to improve performance in a specific sport • Provides examples	2–3
• Provides an example of training types	1

Sample answer:

The type of training required to improve performance in power and speed type events is anaerobic training. Power can be developed using resistance training, while speed can be successfully developed using plyometrics and short interval sets. The end result is increased movement velocity in sport eg pitching a ball faster in baseball.

Plyometrics is a form of dynamic exercise used by athletes in all types of sports to increase strength and explosiveness. Plyometrics consists of a rapid stretching of a muscle (eccentric action), immediately followed by a concentric or shortening action of the same muscle. The stored elastic energy within the muscle is used to produce more force than can be provided by a concentric action alone. The training features of plyometric training to improve power and speed are: 6–10 exercises, 10–30 reps per exercise, repetition velocity is fast to maximal, intensity is moderate to high, two to four sessions a week. For example performing box jumps in a rapid manner will lead to enhanced neuromuscular system, leading to a faster rate of muscle contraction and consequently improved power. This would be beneficial for a 100 m sprinter who needs muscles to contract as fast as possible for a quick explosive start.

Strength training can be used to improve performance in activities of short duration, eg 100 m sprinting. Resistance training and weight training can improve strength through enlargement of muscle fibres, greater recruitment and faster activation of muscle fibres. Recruitment and enlargement of muscle fibres improves the force applied while keeping velocity constant, which increases power. Training features of resistance training to improve strength are: 4–6 sets, 4–6 reps, load 80–100% of 1RM, 3–5 minute rest and the speed of the movement is slow. For example if a shot-putter practises shoulder press following the features already stated, his/her ability to perform the shot-put will improve.

Question 32 (b)

Criteria	Marks
• Supports the argument for the inclusion of each periodisation phase when planning a training year • Makes evident the relationship between phases of a training year and improved performance • Provides relevant examples	11–12
• Provides reasons why each periodisation phase of a training year is important in improving performance • Provides relevant examples	8–10
• Provides characteristics and features of periodisation phases of a training year • Provides relevant examples	5–7
• Sketches in general terms some of the phases of a training year	3–4
• Recognises and names the phases of a training year AND/OR • Provides examples of periodisation events	1–2

Sample answer:

The process of periodisation is defined as division of the annual training plan into smaller and more manageable parts to ensure correct peaking for the main competition of the year. The annual plan is divided sequentially into the three main phases; pre-season, in-season and off-season. Built within the phases are; macrocycle (multi-week training cycle) and microcycle (weekly training cycle), peaking, tapering and sport specific subphases. The combination of different training cycles within the annual plan will depend on the specific goals of the competition cycle, but are often needed to ensure athletes are prepared to perform in the in-season and minimise the risk of injury.

Periodisation is important in reducing the risk of overtraining, and allows the athlete to peak at a predictable time, usually coinciding with an important competition (big state championships). Another important reason for this approach to training is that different physiological systems vary in their retention rate after training. Therefore, by varying the training loads as the season progresses, the desired adaptations, which are associated with peak performance, are more likely to be achieved.

The pre-season phase (macrocycle) is the lead up to the competitive season. Typically this phase will contain a variety of training means designed to develop fundamental performance characteristics such as motor performance skills and fitness which create the foundation of the athlete's training base. Towards the end of the pre-season phase the athlete will participate in specific preparation (eg skill based preparation). Specific preparation will involve sport specific activities (eg training games), which are marked by higher training loads that are designed to elevate the athlete's performance capacity prior to transitioning into the in-season. The pre-season is very important since it provides the base for the in-season training and performance, and without thorough preparation will reduce an athlete's performance in the beginning stages of competition.

The in-season phase (macrocycle) attempts to optimise the athlete's preparedness for this period. This is accomplished by maintaining, or slightly improving, the athlete's physiological and sport specific skills established during the pre-season period. Generally, this period is marked by a reduction in training workloads that target general preparation in conjunction with increasing the emphasis on training activities that target sport specific fitness while elevating technical and tactical skills around the needs of the competitive schedule (eg strategic training based on attacking patterns of play to serve more goals). This period ensures that the team or athletes mentally and physically prepare for competitions and regular sporting events.

The off season phase (macrocycle) is a linking period. The transition period serves to bridge between two macrocycles, annual training plans or multi year training structures. This period is marked by a large reduction in training stressors and is designed to only be used to maintain fitness and technical skills, while allowing the athlete to recover from previous training activities and allow them to be refreshed mentally and physically (eg cross-training or engaging in core stability exercises like Pilates in preparation for the next competition phase).

Option 5: Equity and Health

Question 33 (a)

Criteria	Marks
• Provides points that support the need for enabling, mediating and advocating processes when working towards improving the health of disadvantaged Australians • Provides relevant examples	8
• Provides characteristics and features of enabling, mediating and advocating processes for improving health of disadvantaged Australians • Provides relevant examples	6–7
• Sketches in general terms the enabling, mediating and advocating processes for improving health of disadvantaged Australians • Provides relevant examples	4–5
• Sketches in general terms actions that improve health for disadvantaged Australians	2–3
• Recognises and names actions that improve the health of disadvantaged Australians OR • Provides an example of an action that improves health	1

Sample answer:

Enabling is the process whereby people gain more control over functions that influence their health. It empowers individuals to take control of their own health. Enabling should involve disadvantaged groups in the decision-making process to allow them to have a say in the actions that are taken to meet their needs. For example, strategies such as providing access to information (using a variety of community languages) and supporting their suggested actions (eg opening a facility for an extended period of time).

Mediating may be needed if there is conflict that results from different disadvantaged groups having their own interests or perspectives on health issues. Any introduced changes can affect people's way of life, living conditions, organisational structures and the distribution of limited health resources. The health needs of the whole population must be balanced with those of disadvantaged groups, whose health is often far worse (eg Indigenous Australians have lower life expectancy and higher infant mortality rates compared to non-Indigenous Australians). To reconcile these conflicts, health promotion practitioners and social groups need to advocate the case for change and redistribution of resources. These decisions will show greater empathy for disadvantaged groups by taking into consideration social, economic and cultural conditions.

Advocating involves speaking up for groups to help assist change. It can be in the form of campaigns in the media, lobbying politicians or pressure groups. Many disadvantaged groups have little access to political forums in which their needs and issues can be addressed. Migrants who do not speak English will be less aware of the health resources and services available or how to initiate changes in government policies that could lead to improved health outcomes. Such disadvantaged groups need advocates to promote their concerns, so that their inequities don't go unnoticed. For example, the NSW Community Relations Commission has been a vocal advocate for migrant groups.

Question 33 (b)

Criteria	Marks
• Makes judgements about the impact of Australian government interventions and the media on health inequities experienced by different population groups • Provides relevant examples	11–12
• Identifies issues and provides points for the impact of Australian government interventions and media on health inequities experienced by different population groups • Provides relevant examples	8–10
• Provides characteristics and features of the impact of Australian government interventions and the media on health inequities experienced by different population groups • Provides relevant examples	5–7
• Sketches in general terms aspects of the impact of Australian government interventions or the media on health inequities experienced by different population groups	3–4
• Recognises and names Australian government interventions OR media outlets that address health inequities • Provides examples of how the media address health inequities	1–2

Sample answer:

ASTI people suffer many health inequities that include lower life expectancy, high rates of cardiovascular disease, diabetes and lung cancer. The government intervention of 'Closing the Gap' has focused on smoking among Indigenous people, which has seen a reduction in smoking rates. This has decreased the prevalence of smoking related illness such as lung cancer.

Specific Indigenous based health services such as community support services and screening programs have assisted in closing the life expectancy gap between Indigenous and non-Indigenous people. For example, the life expectancy of ATSI was 25 years less than the Australian population 20 years ago. However, in 2013 there was only an 11 year difference. Therefore, the range of Australian government interventions has been effective in reducing health inequities of Indigenous Australians.

It is important for the media to provide a balanced perspective of ATSI people. The media should aim to increase public awareness and appreciation of ATSI traditions, cultural values and beliefs. Furthermore, the media's role is to support anti-discrimination laws and challenge societal stereotypes and racism (for example Adam Goodes and AFL). There is evidence that the media's role in addressing health inequities could be improved through highlighting important health and social information with cultural sensitivity.

The media's role is also to provide society with an empathetic perspective on the issues faced by aged people. As a whole the media tends to focus on negative issues of aged people being the cause of traffic accidents. However, the media should be presenting the aged in a more positive and sensitive manner for example, highlighting issues around support services and pension payments.

The Commonwealth Government has implemented many interventions that have assisted in addressing health inequities of the aged. A specific government intervention is the Pharmaceutical Benefits Scheme (PBS), which gives the aged reliable and affordable access to a range of medicines. This is an effective intervention as it assists all aged people regardless of their socioeconomic status to obtain essential medication.

Another government initiative targeting the aged is the home and community care (HACC) initiative, which provides services to support frail older people. These services such as nursing care, therapy and showering can help people live as independently as possible. This initiative is highly beneficial for the aged as it ensures that the elderly have sufficient care and support in maintaining a satisfactory level of health.

Answers could include:

- People with disabilities
- Geographically remote populations
- Homeless
- People living with HIV/AIDS
- Incarcerated
- Culturally linguistically diverse
- Unemployed
- ATSI
- Aged

Personal Development, Health and Physical Education

2014 HSC Examination Mapping Grid

Section I
Part A

Question	Marks	Content	Syllabus outcomes
1	1	Measuring health status	H2
2	1	Higher levels of preventable chronic disease	H2
3	1	Measuring health status	H2
4	1	Health promotion based on Ottawa Charter	H4, H5, H15
5	1	Higher levels of preventable chronic disease	H2
6	1	Identify priority health issues	H1, H14
7	1	Groups experiencing health inequities	H2, H3
8	1	Identify priority health issues	H1
9	1	Growing and ageing population	H15
10	1	Health promotion based on Ottawa Charter	H4
11	1	Motivation	H11
12	1	Physiological adaptations and training	H7
13	1	Learning environment – nature of skill	H9
14	1	Learning environment – practical method	H9
15	1	Stages of skill acquisition	H8, H9
16	1	Nutritional consideration	H11
17	1	Recovery strategies	H7, H10, H17
18	1	Principles of training	H8
19	1	Types of training and training method	H8
20	1	Principles of training	H7, H8

Section I
Part B

Question	Marks	Content	Syllabus outcomes
21	3	Preventable chronic disease	H15
22	4	Responsibility of government with health care	H5
23	5	Nature and extent of health inequities	H2, H3
24	8	Benefits of health promotion partnerships	H4, H5, H14
25	3	Post-performance dietary considerations	H7, H10
26	4	Anxiety and arousal	H7, H11
27	5	Energy systems	H7
28	8	Assessment of skills and performance	H9, H16

Section II

Question	Marks	Content	Syllabus outcomes
29 (a)	8	Epidemiology of the health of young people	H2
29 (b)	12	Actions targeting the health of young people	H2, H15
30 (a)	8	The meaning of physical activity and sport to Indigenous Australians	H12
30 (b)	12	Sports as a commodity	H12
31 (a)	8	Taping and bandaging	H8, H13
31 (b)	12	Rehabilitation procedures	H13
32 (a)	8	Types of training	H7, H8, H10
32 (b)	12	Planning considerations	H17, H10, H8
33 (a)	8	Enabling, mediating and advocating process	H3, H14
33 (b)	12	Health inequity intervention	H1, H5, H14