**HEALTH AND HUMAN DEVELOPMENT**

2015 Trial Examination 1 – TEACHER ADVICE

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**Teacher Advice**

The end-of-year examination will require students to recall and apply information in situations with which they are not familiar. Practising these skills is vital in achieving a high standard. This task has been developed within the scope of the Study Design and Assessment Handbook. Although the content of the VCAA examination will differ from the content within this paper, it will provide students with opportunities to practise these skills.

The marking guide at the end of this paper provides advice on marking the paper that reflects the detail required on the VCAA examination.

**Student preparation**

Students should be adequately prepared with regards to all relevant key knowledge and key skills dot points before sitting the task.

As well as having an understanding of key knowledge points and the ability to carry out the key skills, students should be able to explain or define all words within the dot points. Many of these definitions are found in the Advice for Teachers. Although these definitions do not have to be memorised, the meaning cannot be compromised by the students’ interpretation.

When presented with data, the data should be used at some stage in the related questions. This shows a greater level of understanding of data as opposed to making generalised comments.

If a question asks for similarities or differences between countries or population groups, students should make reference to both countries / groups in their answer.

Students should be aware of the difference between health status and determinants of health. If a question is about health status, students should link their answer back to a health indicator or a particular condition. For example, sun exposure is an example of a determinant of health, not an aspect of health status. Increased rates of skin cancer would be an example of an aspect of health status in this scenario.

If asked how a given scenario may impact on ‘health’, students can refer to the three dimensions of health (i.e. physical, social and mental). If a question relates to ‘health status’ students should link back to a health indicator (e.g. life expectancy, burden of disease, incidence or prevalence of specific conditions).

When linking nutrients to a condition within the NHPAs, students should explain how the nutrient can protect or put people at risk of developing the condition. Some nutrients, (for example, fibre), play a number of roles in relation to addressing conditions within the NHPAs.

Ensure the correct names are used for the NHPAs. For example, ‘cardiovascular health’, not ‘cardiovascular disease’.

Use the mark allocation as a guide as to how much detail is required about health promotion strategies. Students should ensure they discuss the strategy itself (as opposed to benefits of the strategy) if this is what the question has asked.

Students should have knowledge of the conditions that are the focus of each NHPA.

When identifying principles of the social model of health in a VicHealth funded project, the use of quotes from the case study can assist in demonstrating understanding.

Students no longer have to know the values of VicHealth, but rather the role, mission and priorities.

When a question asks for a possible impact on human development, students should be sure to link their answer back to one aspect of human development.

The various aspects include an environment where people:

* can develop to their full potential and lead productive, creative lives in accord with their needs and interests
* have their choices expanded and capabilities enhanced
* have access to education
* can lead long healthy lives
* have access to a decent standard of living
* participate in the life of the community
* participate in the decisions that affect their lives.

The use of brackets can be useful to identify health and human development if a question asks for possible impacts on both.

Students should discuss factors in the manner that they are written in the question. For example, if a question is asking about ‘peace’, students should discuss differing levels of peace, instead of discussing conflict.

Students should know the correct names for each of the Millennium Development Goals.

When analysing impacts on sustainable human development, ensure students refer to all three concepts involved: health; human development; and sustainability. These concepts can be written in brackets to show to which concept they refer, for example: drinking dirty water may lead to cholera (health).

Students should be able to demonstrate the interrelationships between health, human development and sustainability. That is, how they can impact on each other.

AusAID should no longer be referred to as this content has been superseded. Ensure students are familiar with the priorities of the Department of Foreign Affairs and Trade (DFAT):

* economic development, including encouraging trade and private sector investment
* health, including supporting the fight against HIV/AIDS, malaria and tuberculosis
* education
* empowering women and girls
* effective governance
* humanitarian aid

The new priorities of the World Health Organisation are required knowledge for 2015. They are:

* Universal health coverage
* International health regulations
* Increasing access to medical products
* Social, economic and environmental determinants
* Non-communicable diseases
* Health-related Millennium Development Goals.

When discussing how global health can be impacted, students should discuss health concerns of populations that go beyond the borders of any individual countries. Linking to physical, social and / or mental health does not represent global health and should be avoided in these questions.

Students should be aware of a range of examples of how different international organisations (including the United Nations, World Health Organisation, Australian Government and non-government organisations) work to promote global health and sustainable human development.

**Time**

This examination has been developed to be completed in a 120 minute timeframe with an additional 15 minutes of reading time at the beginning of the session.

**Materials**

Students only require a pen to complete this task.

**Conditions**

This task should be completed under test conditions.

Students should not have access to any notes, mobile phones, calculators or any other electronic device.

**Notes**

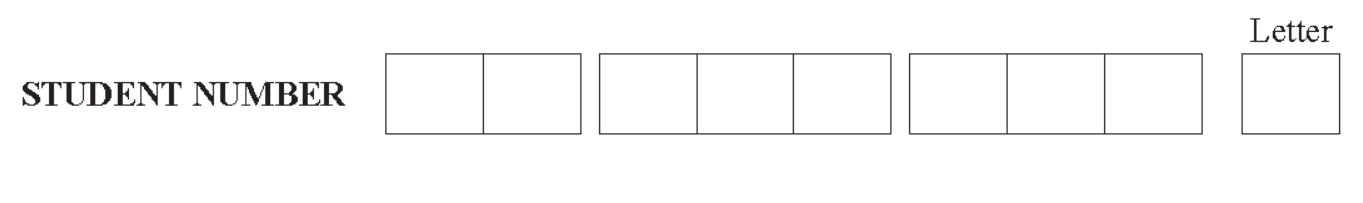
Q 11 b can be changed to include ‘peace’ along with political stability. Students should have an understanding however, that political stability is distinct from peace although the two concepts are interrelated.

SUPERVISOR TO ATTACH PROCESSING LABEL HERE



**Victorian Certificate of Education**

**Trial Exam 1 - 2015**



**HEALTH AND HUMAN DEVELOPMENT**

**Written examination**

**Wednesday 4 November 2015**

**Reading time: 3.00 pm to 3.15 pm (15 minutes)**

**Writing time: 3.15 pm to 5.15 pm (2 hours)**

**QUESTION AND ANSWER BOOK**

**Structure of book**

*Number of Number of questions Number of marks*

*questions to be answered*

13 13 100

• Students are permitted to bring into the assessment room: pens, pencils, highlighters, erasers, sharpeners and rulers.

• Students are NOT permitted to bring into the examination room: blank sheets of paper and/or white out liquid/tape.

• No calculator is allowed in this examination.

**Materials supplied**

• Question and answer booklet.

• Additional space is available at the end of the booklet if you need extra paper to complete an answer.

**Instructions**

• Write your **student number** in the space provided above on this page.

• All written responses must be in English.

**Students are NOT permitted to bring mobile phones and/or any other unauthorised electronic**

**devices into the assessment room.**

**Instructions**

Answer **all** questions in the spaces provided.

**Question 1** (3 marks)

1. Describe the mental dimension of health. 2 marks

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1. Define morbidity. 1 mark

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**Question 2** (15 marks)

The following data relate to selected countries in 2013.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | % of population with access to safe water | Life Expectancy at birth | Health adjusted life expectancy (HALE) at birth | Male adult mortality rate (per 100 000) | Female adult mortality rate (per 100 000) | Gross National Income (per capita) |
| Angola | 54 | 52 | 44 | 372 | 322 | $6 770 |
| Australia | 100 | 83 | 73 | 78 | 45 | $42 640 |
| Canada | 100 | 82 | 72 | 81 | 52 | $42 610 |
| Democratic Republic of the Congo | 46 | 52 | 44 | 379 | 320 | $680 |
| Malawi | 85 | 60 | 51 | 362 | 290 | $750 |
| Norway | 100 | 82 | 71 | 73 | 47 | $66 620 |

Source: WHO, 2015.

1. Describe health status in Australia compared with one of the developed countries shown in the

above table. 2 marks

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**QUESTION 2** – continued

1. i. Making reference to data relating to Australia, explain the difference between life expectancy

and health adjusted life expectancy (HALE). 3 marks

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ii. Identify two values that underpin the health system and explain how focussing on each can

contribute to the high life expectancy experienced in Australia. 4 marks

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1. Besides the information shown in the table, identify two characteristics of developed countries

like Australia. 2 marks

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1. Based on the information provided, identify the country that would have the lowest human

development index (HDI) and justify your choice. 2 marks

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**QUESTION 2** – continued

**TURN OVER**

1. Explain how the difference in Gross National Income (GNI) per capita could impact on the level

of human development experienced in Australia compared to Malawi. 2 marks

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**Question 3** (4 marks)

Complete the following table.

|  |  |  |
| --- | --- | --- |
|  | **Function in relation to health** | **Major food source** |
| **Sodium** |  |  |
| **Fibre** |  |  |

**Question 4** (10 marks)

The following graph shows the proportion of people who had diabetes (‘Known diabetes’ and ‘Newly diagnosed diabetes) or were at risk of diabetes mellitus (‘At risk of diabetes’) based on age and Indigenous status in 2012-13.



Source: ABS, 2013.

1. Briefly explain what is meant by ‘diabetes’. 1 mark

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1. Using data from the graph, outline the relationship between age group and the proportion of people

experiencing diabetes. 2 marks

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1. i. Approximately, what proportion of Indigenous Australians aged 55+ had diabetes or were at risk

of the disease in 2012-13 compared with non-Indigenous Australians in the same age group? 1 mark

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**QUESTION 4** – continued

**TURN OVER**

ii. Using one behavioural and one social determinant of health as the basis of your response,

explain possible reasons for the difference identified in part c.i. 4 marks

Behavioural\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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1. Outline one indirect and one intangible cost of diabetes to the individual. 2 marks

Indirect\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Question 5** (5 marks)

Medicare is a federal government initiative.

1. What is Medicare? 1 mark

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Medicare is partially funded through general taxation.

1. Identify and outline the other two ways by which Medicare is funded. 2 marks

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**QUESTION 5** – continued

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Private health insurance contributes vital funds to the health system.

1. The federal government has implemented a number of incentives to encourage individuals to

take out private health insurance including Lifetime Health Cover and the Private Health

Insurance Rebate. Briefly explain each of these incentives. 2 marks

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Private Health Insurance Rebate\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Question 6** (9 marks)

Osteoporosis is a significant contributor to burden of disease in Australia.

1. Identify the NHPA that includes a focus on osteoporosis. 1 mark

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Food intake is one of the key risk factors in developing osteoporosis.

1. Explain how the Australian Dietary Guidelines may assist in reducing the risk of osteoporosis. 2 marks

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1. Briefly explain one way that Nutrition Australia works to decrease the risk of

osteoporosis in Australia. 2 marks

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**QUESTION 6** – continued

**TURN OVER**

1. Besides food intake, identify two factors and explain how each can increase the risk of

osteoporosis. 4 marks

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**Question 7** (11 marks)

The following case study relates to a VicHealth funded project.

New water fountains have been sprouting up around Melbourne as part of a VicHealth initiative to increase Victorians' access to free drinking water.

VicHealth CEO Jerril Rechter said the fountains, which have a tap for refilling reusable water bottles, would make it easier for people to make a healthy choice.

"In partnership with the City of Melbourne, we have installed 60 fountains with refill taps around the city, in areas where people are taking part in physical activity and recreation, or where there is a high volume of pedestrians.”

Lord Mayor Robert Doyle said he feels passionately about Melburnians and visitors having access to free drinking water.

"Our [website](http://www.melbourne.vic.gov.au/CommunityServices/EmergencyManagement/Pages/SummerSense.aspx" \t "_blank) features a drinking fountain map and you can also download the free smartphone app Choose Tap to find the water fountain closest to you."

"It’s good for the environment, good for the pocket and good for the body," he said.

Minister for Health, The Hon. Jill Hennessy, said having public spaces set up in such a way that encourages the community to drink water instead of sugary drinks was a great initiative.

"With nearly two thirds of Victorians overweight or obese, it’s so important that we encourage people to choose healthier options and reduce their risk of developing type-2 diabetes, heart disease and other illnesses," Minister Hennessy said.

Source: VicHealth, 2015.

1. Explain two ways that the water fountain project reflects VicHealth’s mission. 4 marks

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**TURN OVER**

**QUESTION 7** – continued

1. Discuss how the water fountain project reflects the social model of health. 4 marks

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1. Identify the VicHealth priority evident in the water fountain project. 1 mark

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1. Explain how water consumption can promote health. 2 marks

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**Question 8** (7 marks)

The following data relate to the Millennium Development Goal target ‘reduce by two thirds, between 1990 and 2015, the under-five mortality rate’.

Source: UNDP, MDG Report, 2015.

1. Using information from the graph, evaluate the progress made toward reaching the target relating

to reducing the under 5 mortality rate. 3 marks

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**TURN OVER**

**QUESTION 8** – continued

1. Identify the Millennium Development Goal that focusses on reducing the under 5 mortality rate. 1 mark

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1. Explain why the goal identified in part b. is important. 3 marks

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**Question 9** (4 marks)

The United Nations plays a number of roles in promoting global health and sustainable human development globally.

1. Define sustainability according to the United Nations. 2 marks

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1. Outline how, and in which circumstances the United Nations provides humanitarian assistance. 2 marks

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**Question 10** (9 marks)

Literacy relates to the ability to read and write. Globally in 2012, over 900 million adults and youth were unable to read or write, with the majority of these people being women.

1. Explain a program that could promote literacy among women. 3 marks

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1. Use increasing literacy rates among females to show the interrelationships between health, human development and sustainability. 6 marks

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**Question 11** (6 marks)

According to the World Health Organisation’s mortality strata, Australia is classified as Strata A whereas Pakistan (a developing country in Asia) is classified as Strata D.

1. Identify the differences in mortality that have resulted in the different strata classifications for

Australian and Pakistan. 2 marks

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Differences in income and political stability contribute to many differences in health and human development globally.

1. Explain how income and political stability may contribute to the differences identified in part a. 4 marks

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**Question 12** (7 marks)

The World Health Organisation (WHO) Agenda contains six priorities that assist it in promoting global health.

1. Explain what is meant by global health. 2 marks

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**QUESTION 12** – continued

**TURN OVER**

One of the WHO priorities is ‘International Health Regulations’ (IHR).

1. i. Briefly explain this priority. 1 mark

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ii. Explain how this priority can promote global health. 2 marks

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1. Identify another priority of the WHO Agenda and explain how it can promote human

development. 2 marks

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**Question 13** (10 marks)

The following case study relates to a Red Cross program in the Solomon Islands (a developing country in the Pacific Ocean).

Diarrhoea, malaria, chest infections and skin diseases are common in many Solomon Island villages. These high levels of illnesses predominantly result from the communities' use of open water sources, often contaminated by animals or by the villagers themselves, and a lack of understanding around basic hygiene practices and health. The Solomon Islands also has one of the highest incidences of malaria outside Africa.

To help tackle these ongoing health problems, Solomon Islands Red Cross (a non-government organisation) developed a community-based health program, with support from Australian Red Cross (also a non-government organisation) and funding from the Australian Government.

Known as Tugeda Iumi Waka fo Helti Komuniti (Together You and Me Work for Healthy Communities), the program aims to provide communities with the knowledge, skills and long-term support to improve their health and hygiene practices.

The three-year program builds on people's abilities to address and resolve their own problems. Volunteers trained by Red Cross educate their own communities about hygiene and sanitation practices, using participatory learning techniques and a series of visual aids to overcome literacy issues.

Training is also provided on efficient management of water resources and the construction of improved toilets. When this 'software' is in place, Red Cross provides necessary 'hardware', such as tanks and construction materials, which families and communities then use to build basic infrastructure.

The program has also resulted in a change in the relationships between men and women. Where traditionally women have been marginalised in many of these communities, the program has actively worked to include them as equals, involving them as program staff and community-based volunteers. This has helped to develop a new-found respect for the women's skills and knowledge.

The women of the communities, for example, have repeatedly demonstrated strong business skills, taking the small ($65) cash grants that are part of the program, and growing that money by up to 800 percent through projects ranging from baking and selling bread to rearing farm animals.

Source: Adapted from <http://www.redcross.org.au/development-solomon-islands-profile.aspx>

This program represents non-government organisation aid.

1. Identify another type of aid and briefly explain it. 2 marks

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**QUESTION 13** – continued

**TURN OVER**

1. Evaluate the program in the Solomon Islands according to two elements of sustainable programs. 4 marks

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1. Identify two priorities of the Australian Government’s aid program and explain how contributing

funds to the program in the Solomon Islands may assist in working towards each. 4 marks

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**END OF QUESTION AND ANSWER BOOK**

**Extra space for responses**

**Clearly number all responses in this space.**

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**HEALTH AND HUMAN DEVELOPMENT**

2015 Trial Examination 1 - ANSWER GUIDE

**\*** Please note that these answers are a guide only and do not represent every possible correct answer.

1. a. Two marks are awarded for answers that accurately reflect the definition of mental health:

State of well-being in which the individual realises his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community.

One mark can be awarded if part of this definition is provided.

b. Students receive one mark for briefly explaining what is meant by morbidity:

Morbidity refers to ill-health in an individual and the levels of ill-health in a population or group.

Note that both parts of this definition must be included for one mark.

1. a. Students must discuss two aspects of health status in Australia compared with one other developed country. Students can choose from Canada and Norway. Note that students should only discuss one of these countries. Data should also be used for full marks. Note that although impacting on health status, ‘the proportion of the population with access to safe water’ and the ‘Gross National Income per capita’ are not a part of health status, and a discussion of these concepts should not receive marks. Examples include:

* Australia has a higher life expectancy at birth than Canada (83 and 82 respectively) and also has a lower male mortality rate than Canada (78 and 81 deaths per 100 000 people).
* Australia has a HALE of 73 compared to 71 in Norway. Females in Australia have a lower mortality rate than females in Norway - 45 and 47 per 100 000 respectively.

b. i. Students receive one mark for explaining what life expectancy relates to, one mark for explaining HALE and one mark for using data relating to Australia. Note that students can explain ‘life expectancy at birth’ or ‘life expectancy’ in general terms. Examples worth three marks include:

* Life expectancy is an indication of how long a person can expect to live from birth, if death rates do not change. HALE is a measure of burden of disease based on life expectancy at birth, but including an adjustment for time spent in poor health. It is the number of years in full health that a person can expect to live, based on current rates of ill health and mortality. A person born in Australia could expect to live to 83 years with 73 years of that in full health.
* In 2013, life expectancy at birth in Australia was 83. This means, that on average, a baby born in 2013 could expect to live to the age of 83, provided that death rates do not change. HALE in Australia in 2013 was 73. This means that on average, a person born in 2013 could expect to live 73 years in full health, provided that morbidity and mortality rates do not change.

ii. Students receive one mark for each value they identify and a further mark for explaining how focussing on the value could contribute to a high life expectancy. An understanding of the value should be evident to receive two marks. Examples could be:

* Accessible: many potentially fatal conditions require urgent medical attention. By being accessible, health care can increase the survival rate of patients, which increases life expectancy.
* Continuous: those with serious conditions often require consultations with a range of health professionals. by making the system continuous, the treatment plan will be well co-ordinated which can lead to greater improvements in health, which can increase life expectancy.
* Safe: many conditions require hospital treatment. By providing a safe environment in hospitals, the risk of further health issues can be reduced, which can reduce the risk of death and increase life expectancy.
* Effective: treatment of disease often requires carefully planned treatment in a timely manner. By being effective, the greatest number of people possible will be treated, which enhances health overall and increases life expectancy.
* Efficient: the cost-effective use of resources may mean that more money can be spent on new technologies. This may save lives that otherwise wouldn’t have been saved, which increases life expectancy.
* Sustainable: by ensuring sustainable funding of the health system, it can continue to function effectively which improves health and increases life expectancy.
* Responsive: a responsive health system works to decrease waiting times in emergency departments. This means that people are treated sooner which can enhance outcomes and increase life expectancy.

c. Students receive one mark for each characteristic of developed countries they identify. Note that no discussion is required here, but it should relate to developed countries. Examples include:

* High levels of education
* Access to sanitation
* High levels of gender equality
* Low U5MR
* Low maternal mortality rates
* Low rates of infectious diseases
* Stable governments
* Serviceable international debt
* Low rates of unemployment
* Wide range of industries

1. Students receive one mark for identifying ‘Democratic Republic of the Congo’ and another mark for their justification. If students discuss factors besides life expectancy at birth and Gross National Income per capita, then they do not have a sound understanding of HDI and should not be awarded full marks. An example could be:

Democratic Republic of the Congo has the equal lowest life expectancy at birth (52) and the lowest Gross National Income per capita at $680. These indicators are used to determine the HDI.

e. Students receive two marks for explaining how the difference in GNI per capita can impact on the level of human development. Data does not have to be used in this answer, but students should allude to the fact that Australia’s GNI per capita is higher than that in Malawi. Students can link to any aspect of human development in their answer. Examples include:

* The higher GNI per capita in Australia can mean that people are more able to afford health care than those in Malawi. This increases people’s ability to lead a long, healthy and productive life in accordance with their needs and interests, as they won’t be as sick.
* Lower GNI per capita in Malawi compared with Australia can mean that the government in Malawi may not be able to provide subsidised education, which means children do not have access to knowledge and do not develop the choices and capabilities that children in Australia do.
* Compared to Australia, the lower GNI per capita in Malawi may mean that people struggle to afford the resources required for a decent standard of living such as food, water, health care and education.

1. Students receive one mark for each square they correctly complete for a total of four marks. Note that although the nutrition content focusses on the relationship between nutrients and five specific conditions, this question does not specifically ask students to link to one of those conditions so other health functions can be accepted. Examples include:

|  |  |  |
| --- | --- | --- |
|  | **Function in relation to health** | **Major food source** |
| **Sodium** | * Increases the risk of hypertension. * Excess can cause calcium to be lost from bones increasing the risk of osteoporosis. * Maintains fluid levels between cells. | * Salt * Olives * Pork * Processed pastries * Cheese * Meat * Fish |
| **Fibre** | * Increases feelings of fullness which can reduce overeating and the risk of obesity. * Reduces glucose absorption which can reduce weight gain. * Assists in cleansing the digestive system and can reduce the risk of colorectal cancer | * Whole grains * Bran flake cereal * Baked beans * Wholemeal bread * Fruit such as apples * Vegetables such as peas |

1. a. Students receive one mark for briefly explaining diabetes. Students should not receive a mark for merely naming different types of the disease. An example could be:

* Diabetes is a condition characterised by an inability of the body to metabolise glucose.
* Diabetes is a condition that occurs when the glucose consumed cannot enter the cells to be used for energy.
* Diabetes occurs when glucose cannot enter the cells and is filtered through the kidneys.

b. Students receive one mark for outlining the relationship between age and the proportion of people with diabetes, and another mark for using data from the graph. Note that data can come from the Indigenous or non-Indigenous graphs. Examples include:

* As age groups increase, the proportion of people with diabetes increases. In non-Indigenous people, the rate increases from around 0% in those aged 18-24 to around 10% in those aged 55+.
* Rates of diabetes gradually increase as age groups increase. Around 0% of Indigenous Australians aged 18-24 had diabetes compared with around 35% in those aged 55+.

c. i. Students receive one mark for identifying the proportion of those aged 55+ that experienced diabetes or were at risk of the disease compared with non-Indigenous Australians for one mark:

Around 42% of Indigenous Australians had diabetes or were at risk of the condition, compared to around 17% of non-Indigenous people in the same age group.

ii. Students receive one mark for each relevant factor they identify and another mark for explaining how it could lead to the higher rates of diabetes / risk of diabetes among Indigenous Australians compared to non-Indigenous Australians. Examples include:

Behavioural:

* Food intake – Indigenous Australians are more likely to consume high fat foods than non-Indigenous which can contribute to impaired glucose regulation and type 2 diabetes.
* Physical activity – Indigenous Australians are less likely to be engaged in adequate physical activity levels than non-Indigenous Australians. This can contribute to weight gain and an increased risk of type 2 diabetes.
* Alcohol consumption – Indigenous Australians are more likely to misuse alcohol than non-Indigenous Australians. This can lead to weight gain and type 2 diabetes.

Social:

* Access to health care – Indigenous Australians are less likely to be able to access culturally appropriate health care than non-Indigenous Australians. This can mean that Indigenous Australians are not made aware of warning signs which can then progress without intervention.
* Education – Indigenous Australians experience lower levels of education than the rest of the population. This can result in unhealthy food intake and lack of exercise which can result in weight gain and an increased risk of type 2 diabetes.
* Income – Indigenous Australians often have lower incomes than non-Indigenous Australians. This can contribute to food insecurity. If Indigenous Australians rely on processed foods, they may consume more energy than required which can contribute to weight gain and higher rates of type 2 diabetes.

d. Students receive one mark for outlining an indirect cost to the individual and one mark for outlining an intangible cost of diabetes to the individual, for a total of two marks. As this question asks students to ‘outline’, marks should not be awarded if the cost is simply stated (e.g. ‘lost income’ should not receive a mark). Examples could be:

Indirect

* If the person cannot work due to their diabetes and is self-employed, they may lose their income.
* Diabetes can lead to mobility issues which means the person may have to pay for someone to do their shopping.

Intangible

* The individual may feel scared about losing a limb as a result of their diabetes.
* The person may feel frustrated at having to change their diet.

1. a. Students receive one mark for stating that Medicare is Australia’s universal health insurance scheme (or words to that affect).

b. Students receive one mark for each source of funding they outline for a total of two marks. Note that students must do more than simply state the ‘Medicare Levy’. An answer worth two marks could be:

* The Medicare Levy is an extra 2% tax paid by most Australian taxpayers.
* The Medicare Levy Surcharge is an extra tax paid by higher income earners who do not have private health insurance.

c. Students receive one mark for briefly explaining each incentive. For example:

Lifetime Health Cover

* People who take out private health insurance prior to the age of 31 pay a lower premium than those who take it out later.
* Those who delay taking out private health insurance pay an extra 2% on their premiums for every year they are over the age of 30 when they take out the policy.

Private Health Insurance Rebate

* Many people are eligible for a refund on part of their private health insurance premiums.
* Depending on income, some people are able to have part of their premiums refunded.

1. a. Students receive one mark for identifying ‘Arthritis and musculoskeletal conditions’.

b. Students receive one mark for identifying an aspect of the Australian Dietary Guidelines and another mark for explaining how it can reduce the risk of osteoporosis. Note that students should not receive a mark for making a general statement such as ‘by promoting healthy eating’. Answers should link to a specific aspect of the guidelines. Examples include:

* If people follow guideline 2 “Enjoy a wide variety of nutritious foods from the five food groups every day”, they will consume adequate amounts of calcium rich foods such as broccoli and milk. This can reduce the risk of osteoporosis.
* Guideline 3 states to limit intake of foods containing saturated fat, added salt, added sugar, and alcohol. Excessive sodium consumption (from too much salt) can lead to low levels of calcium in the body which contributes to osteoporosis. Following this guideline can reduce the risk of excessive sodium consumption and osteoporosis.
* The Australian Dietary Guidelines provide tables that show how many serves individuals should have from the five food groups according to age and sex. This can assist in increasing dairy and calcium rich foods, such as milk and cheese, which can reduce the risk of osteoporosis.

c. Students receive one mark for identifying a role of Nutrition Australia and a further mark for explaining how it could assist in reducing the risk of osteoporosis. Note that for this year, students can refer to the Healthy Living Pyramid or Healthy Eating Pyramid. Examples include:

* The Healthy Living (or Eating) Pyramid. This is a food selection model that encourages people to consume dairy products in ‘moderate amounts’. Dairy foods are major sources of calcium which can protect people from developing osteoporosis.
* Nutrition Australia prepares, designs and distributes publications and resources that address a range of issues including calcium intake. These resources could assist in increasing calcium and phosphorus intake, which form the hardening agent for bones and decrease the risk of osteoporosis.
* Nutrition Australia conduct menu assessments. This advice assists organisations such as schools in improving the nutritional quality of their menus. This could include increasing the number of products that are calcium-rich which can reduce the risk of osteoporosis.

d. Students receive one mark for identifying each relevant factor and another mark for explaining how it can increase the risk of osteoporosis for a total of four marks. Examples include:

* Age – as individual’s age, their bone density decreases which increases the risk of osteoporosis.
* Lack of sun exposure – vitamin D may be deficient with a lack of sun exposure which can decrease bone density and increase the risk of osteoporosis.
* Tobacco use – chemicals in tobacco can cause calcium to be lost from the bone which increases the risk of osteoporosis.
* Alcohol intake – excessive intake can cause nutrients to be excreted instead of absorbed. This can mean that bones do not build adequate density which can contribute to osteoporosis.
* Physical inactivity – being physically active can build bone density. Being physically inactive, on the other hand, can decrease bone density and increase the risk of osteoporosis.
* Sex / hormones –females are more likely to develop osteoporosis than males due to a decrease in the hormone oestrogen, that occurs during menopause.
* Genetics – individuals with a family history are more likely to develop osteoporosis.
* Access to health care – lack of access to health care may mean that people do not have their bone density monitored, and therefore do not implement interventions to decrease the rate of loss, therefore leading to osteoporosis.
* Education – lack of education may mean that people do not understand the importance of consuming adequate calcium and receiving enough sun exposure, which can contribute to osteoporosis.

1. a. Students receive one mark for making reference to an aspect of VicHealth’s mission and another mark for explaining how it is reflected in the water fountain project. Examples could be:

* VicHealth is working in partnership with the City of Melbourne to promote good health. They are working to promote water consumption which promotes physical health.
* The water fountain project is providing free water, which is attractive for people with limited financial resources. This is showing that they recognise that social conditions influence people’s health.
* The water fountain program is promoting fairness by making the fountains available for everyone in the city.
* The water fountain program is supporting local government initiatives to promote water consumption which reflects ‘support initiatives that assist individuals, communities, workplaces and broader society to improve wellbeing’.
* By increasing water consumption, the number of chronic conditions such as type 2 diabetes and cardiovascular disease will decrease, which assists in meeting the mission point ‘seek to prevent chronic conditions for all Victorians’.

b. Students receive four marks for making four points about how the water fountain project reflects the social model of health. Students can make four short points, or fewer points in more detail. Answers can refer to the principles of the social model or refer to more general characteristics of the model. Examples worth two marks include:

* The program is working to provide drinking water for the public at no cost. This encourages people to make healthy lifestyle choices which can reduce the risk of diseases occurring in the first place and so reflects the social model of health.
* By making the water free, the program is inclusive regardless of income which is removing social barriers to accessing the program which reflects the social model of health.
* By placing water fountains all around the city, the program is targeting everyone in the community, not just those who are sick. This is an aspect of the social model of health.
* Involves intersectorial collaboration – VicHealth is working with the local government to implement the water fountain program.
* Addresses the broader determinants of health – the program is working to change the physical environment to promote healthy behaviours by having easy access to water fountains.
* Empowers individuals and communities – by having access to free water fountains to refill bottles, people do not have to rely on purchasing commercial drinks, which empowers them.

c. Students receive one mark for identifying ‘promote healthy eating’. Although water consumption is technically ‘drinking’, eating and drinking are grouped together in this priority and students should be able to identify this as the priority that relates to this program.

d. Students receive two marks for explaining how water consumption can promote health for two marks. Examples include:

* Water consumption can reduce the risk of dehydration which can prevent headaches and lack of energy.
* Water does not contain energy which can assist individuals with maintaining a healthy body weight, and reduces the risk of conditions such as cardiovascular disease.
* Adequate water consumption can mean that body systems are functioning effectively. This can assist in the individual feeling energised, which can increase the likelihood of socialising, which promotes social health.

1. a. Students receive one mark for each region they evaluate in relation to the progress made. Data should be used to be eligible for full marks. Examples worth three marks could be:

* Eastern Asia has made the most progress, decreasing their U5MR from 53 to 11 deaths per 1000 live births. Oceania has made the least progress decreasing from 74 to 51 deaths per 1000 live births. Sub-Saharan Africa reduced their U5MR from 179 to 86 deaths per 1000 live births.
* Northern Africa has reached the target by reducing the U5MR by 67%. South Eastern Asia has not quite reached the target, but has decreased the U5MR by 62%. Oceania still has a long way to reach the target, only reducing the U5MR by 31%.

b. Students receive one mark for identifying ‘Reduce child mortality’.

c. Students should make three points about why reducing child mortality is important for a total of three marks. For example:

Children often die from diseases that are easily preventable through inexpensive means such as vaccination. If children are healthy, they are more likely to grow into healthy adults and contribute to the country’s economy and society. This can assist in breaking the cycle of poverty.

1. a. Students receive two marks if they accurately define sustainability and one mark if their definition is close. For two marks, students should write:

Sustainability relates to meeting the needs of the present without compromising the ability of future generations to meet their own needs.

b. Students receive one mark for outlining how the UN provides humanitarian assistance and another mark for outlining in which circumstances it provides such aid. An example could be:

The UN provides humanitarian assistance by sending resources, such as clean water and food, to those in need. This is provided after events such as earthquakes and conflict.

1. a. Students receive three marks for making three points about a literacy program that has, or could be implemented, in a developing country. The explanation should include a focus on girls. Examples include:

* An education scholarship program could be implemented by a non-government organisation. The scholarships could provide funding to educate girls. School related costs such as transport, accommodation, text books and stationery are also provided. The education is geared towards a meaningful job, which the non-government organisation could also assist in securing.
* UNICEF provides learning materials and textbooks to all students and teachers in the Female Literacy Centres in Afghanistan, in addition to supplying classroom materials such as black board and floor mats. UNICEF also sponsors and organizes periodic trainings for teachers.

b. Students must use increasing literacy rates among females to show the interrelationships between the three concepts. As well as linking to each concept, three interrelationships must be shown for six marks. Health, human development and sustainability should be addressed. If no interrelationships are shown (i.e. how the three concepts can impact on each other), full marks should not be awarded. Examples include:

* Increasing literacy rates can enhance the capabilities of females in terms of employment opportunities. This gives people choices relating to factors that affect their lives (human development). By having greater choice in relation to employment, females are more likely to get a paying job. This income can be used to purchase health care, which can mean that common conditions can be treated, enhancing physical health. If people have optimal physical health, they can continue to work and provide resources for the next generation, such as education (social sustainability). If future generations are educated, they are likely to be able to access resources such as health care and employment, which increases their ability to lead long, healthy and productive lives, in accordance with their needs and interests (human development).
* Increased literacy means that females will have a greater understanding of health promotion messages. This can assist in reducing risky sexual activity for example, which can reduce the risk of HIV infection (health). With lower rates of HIV, females are more able to care for their children and provide them with the resources they require for a decent standard of living (human development) such as education and a secure home. Being able to access education means that the children will be able to access paid employment in the future which means they can contribute to their country’s economy through taxation (economic sustainability). With these funds, the government can establish a health system which enables people to be treated for common conditions which enhances physical health.

1. a. Students should make reference to the differences in child mortality and adult mortality in their answer. U5MR and male adult mortality rates (for those aged 15-59) are the actual indicators used and students should be encouraged to use these:

Australia has a very low under 5 mortality rate and low adult mortality rate for males aged 15-59 whereas Pakistan has a high under 5 mortality rate and high adult mortality rate for males aged 15-59.

b. Two marks are awarded for linking both income and political stability to the differences in child and adult mortality identified in part a. for a total of four marks. Examples include:

Income

* Higher incomes in Australia mean that more people are able to access basic health care which means that many conditions can be treated therefore reducing child and adult mortality rates compared to Pakistan where incomes are lower.
* Lower incomes in Pakistan may mean that people are not able to access resources such as clean water and food. This can increase the risk of infectious diseases which can contribute to higher child and adult mortality rates compared to Australia where incomes are higher.

Political stability

* Political stability in Australia means that there is an absence of conflict. This means that both children and adults are less likely to be killed as a result of violence, contributing to a lower mortality rate than Pakistan, where there may have been political instability and conflict.
* If Pakistan does not experience political stability, then resources may be used in an attempt to maintain power. This can mean that less money is used for resources that can promote health, such as clean water and health care. The risk of death increases without such resources, which can contribute to higher child and adult mortality rates in Pakistan, compared to Australia.

1. a. Students receive two marks for explaining what is meant by global health. One mark can be awarded if the explanation includes one aspect of the definition, or if it does not have exactly the same meaning:

The health of populations in a worldwide context that go beyond the perspectives and concerns of individual countries. Global health is about an international collaborative approach to achieving equity in health for all people worldwide.

b. i. Students receive one mark for briefly explaining what the WHO priority ‘International Health Regulations’ relates to. Examples could be:

* The IHR require countries to report certain disease outbreaks and public health threats to WHO.
* The IHR outline the rights and responsibilities of countries in relation to reporting public health events, and establish a number of procedures that WHO must follow in its work to uphold global public health security.

ii. Students receive two marks for linking this priority to the promotion of global health. Note that students should not receive marks for linking to physical, social or mental health as these relate more to the individual and do not show an understanding of this concept. Examples could be:

* If countries report the outbreak of disease to the WHO, strategies can be put in place to halt its spread. This can prevent the conditions from crossing borders and can reduce the risk of people in all countries from contracting the disease. This can result in lower mortality rates globally.
* By the WHO following procedures in the event of disease outbreak, conditions such as Ebola can be contained. This can prevent the spread of diseases on an international scale which can save millions of lives around the world.

c. Students receive one mark for identifying another priority of the WHO Agenda and another mark for explaining how it can impact on human development for a total of two marks. Examples include:

* Universal health coverage – this means that everyone can access health care when required which can treat many conditions. As a result, people are more able to lead long, healthy productive lives in accordance with their needs and interests.
* Increasing access to medical products – being able to access essential medicines is a key part of this priority. When people can access medicines, they are more able to go to school and receive an education which provides access to knowledge, and enhances choices and capabilities.
* Social, economic and environmental determinants – these include increasing access to education, income and housing. These resources are required by people to access a decent standard of living to lead lives they value.
* Non-communicable diseases – this aims to address conditions, such as cardiovascular disease, that lead to many deaths and use a lot of health resources. If this is achieved, many lives would be saved, which increases the ability of people to lead long, healthy and creative lives in accordance with their needs and interests.
* Health-related Millennium Development Goals – achieving these goals would save millions of lives, especially those of children. If children do not die, they are able to go to school and access knowledge, which enhances their choices and capabilities in relation to future employment.

1. a. Students receive one mark for identifying another type of aid and a further mark for briefly explaining it. Examples could be:

* Emergency aid relates to resources provided to keep people alive in the short term such as food and shelter. An example is providing food and clean water after an earthquake.
* Bilateral aid is aid provided from one country to another, generally through the governments of each country.
* Multilateral aid is aid that is provided by developed countries to an international organisation such as the World Health Organisation, United Nations and Asian Development Bank.

b. Students receive one mark for each element of sustainable programs they identify and another mark for evaluating the program in relation to it, for a total of four marks. Examples include:

Appropriateness

* The program is addressing a pressing need of the community. Diarrhoea, malaria, chest infections and skin diseases are common in many villages and this program is working to address them.
* The program is providing people with knowledge which means they will be able to pass this information on to other people, so that it will have lasting impacts.

Affordability

* The Red Cross is providing ‘hardware’ which means that the villagers do not have to pay for it, making it affordable.
* The program is affordable as grants have been provided to help people get started in business. This means that the ability to pay does not exclude anyone.

Equity

* The program is equitable as women have been empowered as program staff and volunteers, which can enhance their position in society.
* The program is equitable as it uses visual aids so illiterate people can also participate in the program.

c. Students receive one mark for each priority they identify, and a further mark for explaining how the program in the Solomon Islands could assist in working towards the priority. Answers could be:

* Economic development, including encouraging trade and private sector investment – if people are not sick from diseases such as malaria, they are more able to work, earn an income and pay taxes. This can assist in promoting the economy of the country.
* Health, including supporting the fight against HIV/AIDS, malaria and tuberculosis – the program is working towards decreasing the risk of infectious disease by providing safe water and hygiene training.
* Education – if fewer children are experiencing conditions such as malaria, diarrhoea and chest infections, they are more able to attend school and gain an education.
* Empowering women and girls – women have been empowered by the program by being included as equals with the males. This can change the nature of their status in the community.