**HEALTH AND HUMAN DEVELOPMENT**

2015 Trial Examination 2 – 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 Study Design. 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.

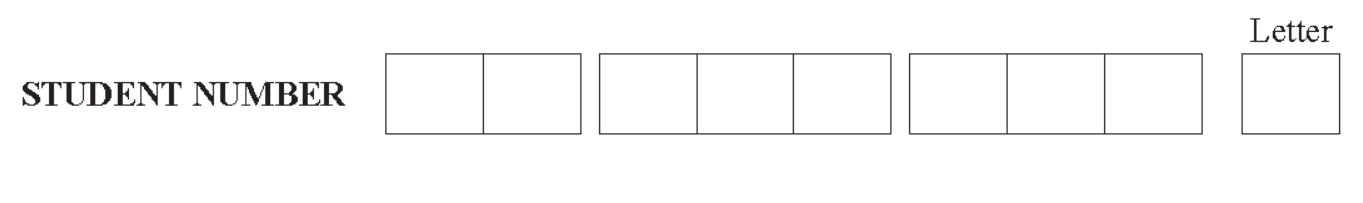
Students should not have access to any notes, mobile phones, calculators or any other electronic device.

SUPERVISOR TO ATTACH PROCESSING LABEL HERE



**Victorian Certificate of Education**

**Trial Exam 2 - 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. Define health status. 2 marks

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1. Define social health. 1 mark

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**Question 2** (3 marks)

Calcium and vitamin D are both considered protective nutrients as they can reduce the risk of osteoporosis.

1. Outline the role that each of these nutrients play in reducing the risk of osteoporosis. 2 marks

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Calcium is found in a range of foods including milk, cheese, yoghurt, broccoli and spinach.

1. Identify a significant food source for vitamin D. 1 mark

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**Question 3** (14 marks)

The following graph shows the proportion of people in each socioeconomic status (SES) group who did not consume adequate amounts of fruits or vegetables in 2011-12.

Source: Adapted from ABS, 2013.

1. Using data, outline the relationship between socioeconomic status (SES) and inadequate fruit or

vegetable consumption. 2 marks

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1. Identify one social determinant and explain how it may contribute to the trend identified in

part a. 3 marks

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**QUESTION 3** – continued

**TURN OVER**

Adequate fruit and vegetable consumption is a protective factor for a range of conditions including obesity and colorectal cancer.

1. Select one of these conditions and explain how adequate fruit or vegetable consumption can act

as a protective factor. 2 marks

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Nutrition Australia work to promote the consumption of fruits and vegetables among all Australians.

1. Identify and briefly explain two ways that Nutrition Australia work to promote fruit and

vegetable consumption among low socioeconomic groups. 4 marks

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The data relating to the proportion of people consuming adequate amounts of fruits and vegetables was collected in a nutrition survey carried out by the Australian Government in 2011-12.

1. i. Identify another piece of nutrition-related information collected in surveys such as these. 1 mark

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ii. Outline two ways the information from nutrition surveys is used to promote healthy eating. 2 marks

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**Question 4** (13 marks)

The following graph shows Australia’s ranking among other developed countries in relation to selected mortality indicators, 1990 and 2009. As well as rankings, the values for Australia are shown for each indicator. For each indicator:

* the direction and position of the arrow show the change in ranking over the period 1990 to 2009 compared to other developed countries;
* the data next to the arrow-head are the most recent values (that is, for 2009).

|  |  |  |  |
| --- | --- | --- | --- |
|  | Mortality rate (per 100 000) | | |
| All causes |  |  | 1006.7 **686.6** |
| Coronary heart disease | 270.8 | **110.7** |  |
| Stroke |  | 113.3 | **55.0** |
| Diabetes |  | **20.6** 18.7 |  |
| Accidental falls |  | **7.1** | 9.6 |
| Transport accidents |  | **7.7** 16.1 |  |
|  | Worst third | Middle third | Best third |

Value in 1990 **Value in 2009**

Change in ranking

Source: Adapted from AIHW, Australia’s health, 2014.

1. What is meant by mortality? 1 mark

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1. Identify the condition that achieved the greatest improvement in relation to ranking among other developed countries according to the graph. 1 mark

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1. Identify a cause of mortality for which the ranking of Australia decreased between 1990 and

2009. 1 mark

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1. Explain how the biomedical model of health may have assisted in the change in the mortality

rate for ‘all causes’ as shown in the graph. 2 marks

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**QUESTION 4** – continued

**TURN OVER**

Although accidental falls and transport accidents had relatively low mortality rates compared to other conditions according to the graph, they are still the focus of an NHPA.

1. i. Identify the NHPA that includes a focus on accidental falls and transport accidents. 1 mark

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1. Outline two reasons why the NHPA identified in part e.i. was selected as an NHPA. 2 marks

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1. Describe a health promotion program designed to address the NHPA identified in part. e.i. 3 marks

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1. Justify why the program identified in part e.iii. was implemented. 2 marks

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**Question 5**  (5 marks)

VicHealth is the Victorian Health Promotion Foundation.

1. Identify two VicHealth priorities. 2 marks

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**QUESTION 5** – continued

1. Identify one program supported by VicHealth that aims to address one of these priorities and

briefly explain it. 3 marks

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**Question 6** (6 marks)

Indigenous Australians experience poorer health and have worse health outcomes than other

Australians. They have a burden of disease 2–3 times greater than the general Australian population, and are more likely to die at younger ages, experience disability and report their health as fair or poor (AIHW, 2015).

1. Explain what is meant by burden of disease. 2 marks

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1. Identify one biological and one social determinant of health and explain how each contributes to

the difference in burden of disease experienced by Indigenous Australians compared to

non-Indigenous Australians. 4 marks

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**TURN OVER**

**Question 7** (6 marks)

The FoodMate program is a nutrition program partly funded by the Tasmanian and New South Wales state governments, and the Sydney, Melbourne and Mornington Peninsula local governments. Run by SecondBite, the program is designed to develop the food independence of individuals who are at risk of, or who are experiencing food insecurity.

FoodMate is conducted over eight weeks, and provides weekly hampers of fresh, nutritious food, and vital links to community support, as well as information on budgeting, food safety, food storage, healthy eating, local food access and shopping tips. The objective of the program is to equip participants with the skills required to source, prepare and enjoy fresh food independently.

There are a number of program components:

* nutrition education - this is integrated into the eight week program, with a new theme each week, such as label reading, or healthy cooking
* community inclusion - post program pathways are developed throughout the eight weeks by making connections to local food and community programs to ensure ongoing support
* food access - fresh rescued food hampers of fruit, vegetables, bread, milk and eggs are delivered to program participants, along with recipe ideas and nutrition education activity sheets.

The program ultimately aims to address issues around food security, and create better outcomes for those in need.

Source: Adapted from <http://www.healthinfonet.ecu.edu.au/key-resources/programs-projects?pid=2208>

1. Identify two priority areas of the Ottawa Charter and briefly explain how they are reflected in the FoodMate program. 4 marks

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1. Besides funding programs such as this, identify two ways that State Governments work to

improve health. 2 marks

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**Question 8** (4 marks)

Gender equality and physical environments contribute to many differences in health status and human development between Australia and developing countries.

1. Explain how gender equality can contribute to a difference in health status between Australia and developing countries. 2 marks

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1. Explain how physical environments can contribute to a difference in human development between Australia and developing countries. 2 marks

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**Question 9**  (4 marks)

Identify and briefly explain two priorities of the World Health Organization Agenda.

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**TURN OVER**

**Question** **10** (11 marks)

One of the Millennium Development Goals includes a focus on halving the proportion of the

population without access to basic sanitation. Progress towards this goal is shown in the following graph.

Source: MDG Report, 2015.

1. Identify the goal that this target is associated with. 1 mark

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1. Identify the region that had the poorest performance in relation to reaching the target. 1 mark

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1. Identify a region that has met the target. 1 mark

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**QUESTION 10** – continued

1. Outline the overall progress of this goal on a global scale between 1990 and 2015. 1 mark

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1. Besides improving access to basic sanitation, outline the purpose of this goal. 2 marks

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1. Discuss how achieving the goal identified in part a. may assist in reducing poverty. 3 marks

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1. Explain how peace/political stability may assist countries in providing adequate sanitation for all

people. 2 marks

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**TURN OVER**

**Question 11** (8 marks)

Non-communicable diseases (NCDs) relate to conditions that are not passed from the environment to the individual. They are sometimes referred to as ‘lifestyle’ or ‘non-infectious’ diseases. NCDs are of long duration and generally slow progression. Three of the main types of NCDs are cardiovascular diseases, cancers and diabetes.

The following graph shows mortality rates for selected NCDs in Australia and Indonesia (a developing country).

Source: WHO, 2015.

1. Using data from the graph, outline one difference and one similarity between Australia and

Indonesia in relation to mortality from NCDs. 2 marks

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1. Explain one way that the mortality rates from NCDs may impact on the human development

index (HDI) of Indonesia. 2 marks

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Although NCDs are the leading cause of death in high income countries, they disproportionately affect low- and middle-income countries, where nearly three quarters of NCD deaths – 28 million – occur (WHO, 2015).

1. Besides low incomes, identify two characteristics of low income (or developing) countries and

explain how each may impact on the ability of the country to address non-communicable diseases, compared to high income (or developed) countries. 4 marks

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**Question** **12** (11 marks)

Food security relates to ‘the state in which all persons obtain nutritionally adequate, culturally appropriate, safe food regularly through local non-emergency sources’ (VicHealth, 2008). Non-government organisations play a role in promoting food security in developing countries.

1. Identify two non-government organisations based in Australia that provide aid to developing

countries. 2 marks

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**QUESTION 12** – continued

**TURN OVER**

1. Briefly explain a program that could be implemented by a non-government organisation to

promote food security in developing countries. 3 marks

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1. Use improving access to food to show the interrelationships between health, human development

and sustainability. 6 marks

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**Question 13**  (12 marks)

Papua New Guinea (PNG) is a developing country north of Australia and is a major focus of Australia’s aid program. The Papua New Guinea-Australia Partnership for Development is an aid agreement between the governments of the two countries. The partnership establishes a shared vision between Papua New Guinea and Australia, to meet common challenges and achieve improvements in the lives of all Papua New Guineans.

Australia focuses its assistance in four priority areas under the PNG-Australia Partnership for Development: health and HIV, education, law and justice, and transport infrastructure.

Under the Papua New Guinea-Australia Partnership for Development, a range of achievements have been accomplished including:

* obtaining and distributing essential medical supplies to all of the 2,700 hospitals and health centres across PNG;
* contributing to the free education of children for the first three years of school;
* funding for emergency transfers for those in remote locations, especially for issues relating to pregnancy and childbirth;
* investment in health facilities and staff housing renovations in PNG’s 20 most disadvantaged districts;
* maintaining more than 2,300 kilometres of significant sections of the national highway;
* recruiting and training more female village court magistrates, bringing the number to 900.

1. Identify the type of aid evident in the Papua New Guinea-Australia Partnership for Development

and briefly explain it. 2 marks

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1. Identify two priorities of Australia’s aid program and explain how they are evident in the Papua

New Guinea-Australia Partnership for Development. 4 marks

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**QUESTION 13** – continued

**TURN OVER**

Appropriateness is an element of sustainable programs.

c.i. Explain what appropriateness relates to in relation to sustainable programs. 2 marks

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ii. Besides appropriateness, evaluate the Papua New Guinea-Australia Partnership for Development

in relation to two elements of sustainable programs. 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 2 - ANSWER GUIDE

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

1. a. Students receive two marks for defining health status. Note that this definition does not have to be word for word, but must convey the same meaning. Both parts of the definition should be included for two marks:

An individual’s or a population’s overall health, taking into account various aspects such as life expectancy, amount of disability and levels of disease risk factors.

b. Students receive one mark for defining social health. Note that this definition does not have to be word for word, but must convey the same meaning:

Being able to interact with others and participate in the community in both an independent and cooperative way.

1. a. Students receive one mark for outlining the role of each nutrient in reducing the risk of addressing osteoporosis for a total of two marks. Answers should be specific in relation to the actual role each nutrient plays, simply stating ‘required to build strong bones’ is not specific enough, as both nutrients are required for this process. An example could be:

Calcium is one of the hardening agents of bones and increases bone density. Vitamin D is required for calcium absorption which allows it to harden bones.

b. Students receive one mark for identifying a major food source of vitamin D. Note that exposure to sunlight (or UV radiation) is not a food source and should not be awarded a mark. Answers include:

* Fish
* Beef liver
* Cheese
* Egg yolks
* Fortified milk
* Fortified breakfast cereal
* Fortified orange juice
* Fortified margarine

1. a. Students receive one mark for outlining the relationship between socioeconomic status and inadequate fruit or vegetable intake, and one mark for using data, for a total of two marks, for example:

As SES increases, the proportion of those consuming inadequate amounts of fruits or vegetables decreases. For example, in the lowest SES group, around 96.5% of people did not consume adequate amounts of fruits or vegetables compared to around 93% in the highest SES group.

b. Students receive one mark for identifying a relevant social determinant of health and two marks for explaining how it may contribute to the lower SES groups being more likely to consume inadequate amounts of fruit or vegetables. Answers could be:

* Income – Those in lower SES groups may have less money than high SES groups which could limit their ability to purchase healthy, fresh foods. This could contribute to a lower proportion of people consuming adequate amounts of fruits and vegetables.
* Food security – Those in high SES groups would have more money to spend on food than lower SES groups, which could mean they are more able to afford fresh fruits and vegetables. This could contribute to higher proportions of these groups consuming adequate amounts of fruits or vegetables.
* Education – Those in lower SES groups generally have lower levels of education than those in higher SES groups. This could mean that lower SES groups are less likely to know the benefits of consuming adequate amounts of fruits and vegetables which could contribute to the difference.
* Early life experiences – Those in lower SES groups may have been less likely to have been fed fruits and vegetables as children compared to higher SES groups. This can influence what people eat in adulthood, which can contribute to the difference in the proportion of those consuming adequate amounts of fruits or vegetables.

c. Students receive two marks for explaining how adequate fruit and / or vegetable intake can reduce the risk of either obesity or colorectal cancer. Students should answer in relation to decreasing the risk of their selected condition. Note that the exact causal relationship between fibre intake and colorectal cancer has not been definitively established, so some flexibility should be allowed in relation to these answers. Examples include:

* Fruit and vegetables are high in fibre. Fibre provides a feeling of fullness which can prevent overeating and obesity.
* Vegetables are high in fibre which assist in cleaning out the digestive tract and can reduce the risk of colorectal cancer.
* Vegetables are low in fat. High fat diets have been shown to increase the risk of colorectal cancer, so consuming adequate amounts of vegetables can reduce the risk of this condition.

d. Students receive one mark for identifying, and one mark for explaining each way that Nutrition Australia works to promote fruit and vegetable intake among low SES groups, for a total of four marks. For 2015, students can refer to either the Healthy Living Pyramid or the Healthy Eating Pyramid. Examples include:

* Healthy Eating (or Living) Pyramid – The Healthy Eating Pyramid shows fruit and vegetables in the foundation (or bottom) layer. People from low SES groups could use this to plan their meals which would encourage them to consume adequate amounts of these foods.
* Menu Assessments – Nutrition Australia can carry out menu assessments at schools and workplaces and provides advice on how to improve the foods on offer. This could assist people from low SES groups who attend these schools, or work in these places to increase their fruit and vegetable intake.
* National Nutrition Week – Nutrition Australia promotes National Nutrition Week by sending resources to all schools, including those in low SES areas. These resources assist schools in educating students about the value of healthy eating. This can encourage the adequate consumption of fruit and vegetables.
* Website – The Nutrition Australia website contains recipes that encourage people to include fruit and vegetables in their daily intake. Low SES groups could use these recipes to improve their fruit and vegetable consumption.

e. i. Note that this question asks for a piece of nutrition-related information so personal information such as age and sex, and information relating to physical activity should not be accepted. Answers include:

* Types and amounts of milk consumed
* Salt use and intake
* Supplement use
* Whether or not they are following a specific diet
* Food avoidance
* Location of food consumption
* Food security questions

ii. Students receive one mark for explaining each way information from nutrition surveys is used to promote healthy eating, for a total of two marks. Note that these answers do not have to relate specifically to the federal government. Answers could include:

* The Federal Government may introduce mandatory fortification laws if nutrients are found to be under-consumed.
* Non-government organisations such as Nutrition Australia can use the information to develop resources such as posters to promote healthy eating.
* The Federal Government may implement strategies such as advertising campaigns to educate people about foods they should eat more of.
* The Government can compare the information collected with that from previous surveys to monitor trends in food consumption so relevant strategies can be put in place.
* The Government may use the information to evaluate the success of strategies that are in place, to see if they could be more effective in promoting healthy eating.

1. a. There are many ways students can answer this question, provided it relates to death and not ill health (which relates to morbidity). As the question does not ask students to outline or explain, they can be awarded a mark for simply writing ‘death’. Other examples include:

* Mortality relates to death
* Mortality relates to death, often at a population level.

b. Students receive one mark for identifying ‘coronary heart disease’

c. Students receive one mark for identifying one of:

* Diabetes
* Accidental falls
* Transport accidents

d. Students should show an understanding of how the biomedical model of health can decrease mortality rates for two marks. Examples worth two marks include:

* Interventions such as surgery can prevent conditions such as cardiovascular disease from being fatal which could assist in reducing the mortality rate for all causes from 1006.7 per 100 000 to 686.6 per 100 000.
* Medications can be an effective intervention to treat conditions that may otherwise cause death such as cancer. This can decrease mortality rates from all causes.
* Through the development of new technologies and treatments, the biomedical model can treat many conditions that may otherwise have caused death. This can reduce the overall mortality rate.

e. i. One mark is awarded for ‘Injury prevention and control’.

ii. Students receive one mark for each reason they provide relating to why ‘Injury prevention and control’ was selected as an NHPA. Note that reasons relating to mortality rates do not receive a mark. If students write two answers that are similar (e.g. ‘cost of rehabilitation’ and ‘direct costs’) only one mark should be awarded. Answers include:

* There is significant room for improvement relating to reducing rates of injuries.
* Injuries can have lifelong impacts, such as disability.
* The cost of treating injuries is significant, as rehabilitation may continue for years.
* Injuries contribute significant direct, indirect and intangible costs to both individuals and the community.
* Injuries are a significant contributor to morbidity.
* Injuries are a leading cause of death for young people in Australia.

iii. Students receive three marks for describing three aspects of a program aimed at addressing injuries. A mark is not awarded for naming the program. Examples include:

* The ‘Safer P Platers’ campaign is a program developed by the TAC. It aims to educate parents about how they can assist in promoting safe driving among their children. Implemented through a range of media, including television, billboards and internet, parents are made aware of a range of factors that can increase the risk of road crashes among their children, and ways to reduce the risk of road trauma among young drivers.
* The National Road Safety Strategy is a program developed by the Australian Transport Council. It focusses on four main areas: safe roads, safe speeds, safe vehicles, and safe people. Some examples of the program include the installation of bicycle lanes to reduce the risk of car–bicycle collisions, training of drivers through education programs and increasing safety standards relating to motor vehicles.
* **The ‘Elmo Stays Safe’ campaign, developed by KidSafe, is designed to prevent child motor vehicle and pedestrian injuries and deaths in Australia.** As part of the campaign, a number of educational resources have been developed for families, including an [iPad app](http://www.kidsafevic.com.au/resources/sesame/ipad-app-and-e-book), [e-Book](http://www.kidsafevic.com.au/resources/sesame/ipad-app-and-e-book), [Storybook with associated learning experiences](http://www.kidsafevic.com.au/resources/sesame/storybook-and-learning-experiences), and a television and radio [Community Service Announcement](http://www.kidsafevic.com.au/resources/sesame/community-service-announcements).

iv. Students receive two marks for justifying the program. The justification should relate specifically to an aspect of the program discussed in part e.iv. Links should be made between the program and injuries. Answers could be:

* ‘Safer P Platers’ – Young drivers, especially P platers, are over-represented in road deaths. By involving parents, the message may be more likely to reach young people.
* National Road Safety Strategy – Road deaths account for hundreds of deaths each year. By educating drivers and making the road environment safer, many of these deaths could be prevented.
* **Elmo Stays Safe – Children are particularly susceptible to pedestrian accidents. By educating them at a young age, safety messages can be instilled that will remain with them for life.**

1. a. Students receive one mark for each priority they identify for a total of two marks. Answers are:

* Promote healthy eating
* Encourage regular physical activity
* Prevent tobacco use
* Prevent harm from alcohol
* Improve mental wellbeing

b. Students receive three marks for making three points about a VicHealth-supported program. Note that a mark can be awarded for identifying the program, for example:

* ‘Say When’ is a program that aims to assist adults in assessing their drinking patterns and to educate about the impacts of alcohol consumption on health and well-being. ‘Say When’ is web-based and provides a comprehensive self-guided program to help users reduce their drinking, with motivational enhancements and interactive tools.
* ‘Active Clubs Grants’ is a program that provides funding to sporting clubs to purchase essential equipment, fund training of volunteers, purchase injury prevention and management equipment, and portable shade. The grants are designed to increase participation in physical activity, particularly for people who may be disadvantaged, and less likely to take up a sport.

1. a. Students receive two marks for explaining what is meant by burden of disease:

A measure of the impact of diseases and injuries. Specifically it measures the gap between current health status and an ideal situation where everyone lives to an old age free of disease and disability.

b. Students receive one mark for identifying each determinant, and another mark for linking it to a difference in burden of disease between Indigenous and non-Indigenous Australians. Examples include:

Biological

* Body weight – Indigenous Australians are more likely to be overweight or obese than non-Indigenous Australians. This can contribute to higher rates of type 2 diabetes, which increases morbidity and mortality rates.
* Blood pressure - Indigenous Australians are more likely to experience hypertension than non-Indigenous Australians. This can contribute to higher rates of cardiovascular disease, which increases morbidity and mortality rates.
* Birth weight- Indigenous Australians are more likely to have a baby with low birth weight than non-Indigenous Australians. This can contribute to higher rates of infant mortality.

Social

* Education – Indigenous Australians experience lower rates of education than non-Indigenous Australians. This can contribute to higher rates of smoking which can lead to higher rates of morbidity and mortality from cancer.
* Food security – Indigenous Australians are more likely to experience food insecurity than non-Indigenous Australians. This can mean that Indigenous people are more likely to consume processed foods which may be energy dense. This can lead to higher rates of obesity and related conditions, such as cardiovascular disease and type 2 diabetes, which impact on burden of disease.
* Accessing health care – Indigenous Australians are less likely to access health care than non-Indigenous Australians, due to cultural reasons. This can lead to conditions left untreated and can lead to premature death.

1. a. Students receive one mark for each priority of the Ottawa Charter they identify and another mark for explaining how it is reflected in the program, for a total of four marks. Examples include:

* Create supportive environments – participants are provided with nutritious food and links to community support.
* Develop personal skills – participants are provided with information relating to a range of topics including budgeting and food safety.
* Strengthen community action – the program is strengthening community action by making connections between participants and local food and community programs.

b. Students receive one mark for identifying each way that the state governments work to improve health for a total of two marks. Answers include:

* Provide an ambulance service
* Run public hospitals
* Develop laws such as road safety laws
* Responsible for the delivery of school health curriculum in public schools
* Implementation at a state level of strategy such as the National Mental Health Strategy

1. a. Students receive two marks for explaining how gender equality can contribute to a difference in health status between Australia and developing countries. Examples could be:

* Females in many developing countries do not have the same access to education that they do in Australia. That can lead to lower incomes and less access to health care as a result of an inability to pay. This can lead to higher mortality rates from pregnancy-related issues.
* Females in many developing countries are fed last when food is scarce, which doesn’t happen often in Australia. This can lead to higher rates of infectious diseases in developing countries as the immune system is not strong enough to fight disease.
* Women in many developing countries are responsible for tasks such as collecting water. This can lead to higher rates of back and neck injuries compared to those in Australia.

b. Students receive two marks for explaining how the physical environment can contribute to a difference in human development between Australia and developing countries. Examples could be:

* If people in developing countries do not have access to clean water, they may have to spend a lot of time walking to collect it. This can mean that they do not have the opportunity to expand their choices and capabilities in relation to paid employment. This is not the case in Australia as people have access to safe water.
* Stagnant water leads to higher rates of malaria which is common in many developing countries compared to Australia. Malaria contributes to many childhood deaths which reduces the ability of people to lead long, healthy and creative lives in accordance with their needs and interests.
* Lack of infrastructure in developing countries can make it difficult for people in rural areas to attend school compared to Australia. This limits access to knowledge, and people will not be able to develop to their full potential.

1. Students receive one mark for each priority of the WHO Agenda that they identify, and another mark for explaining what it means for a total of four marks. Answers could be:

* Universal health coverage – this means that everyone can access health care when required which can treat many conditions.
* Increasing access to medical products – this priority relates to making essential medicines and technologies available to all people, regardless of the ability to pay.
* 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.
* International Health Regulations – this relates to the responsibility of countries to alert the WHO in the event of the diagnoses or outbreak of specific diseases.
* Non-communicable diseases – this aims to address conditions such as cardiovascular disease, which leads to many deaths and uses a lot of health resources.
* Health-related Millennium Development Goals – this includes a focus on goals 4, 5, and 6. Achieving these goals would save millions of lives, especially those of children.

1. a. Students are awarded one mark for identifying ‘Ensure environmental sustainability’.

b. Students receive one mark for identifying ‘Oceania’.

c. Students receive one mark for identifying one of the following:

* Eastern Asia
* Northern Africa
* Western Africa
* Caucasus and Central Asia

d. Students should make reference to the ‘world’ data from the table:

In 1990, 54% of the world’s population had access to sanitation. This was projected to be 68% of the population in 2015 which is short of the target of around 75%.

e. Students should include two aspects of the purpose for two marks. Answers are:

* To incorporate principles of sustainable development into country policies and reverse the loss of environmental resources
* Reduce biodiversity loss
* Increase access to safe water
* Improve the lives of slum dwellers

f. Students should link achieving the goal ‘Ensure environmental sustainability’ to a reduction in poverty for three marks. Examples worth three marks are:

* By ensuring people have access to clean water and sanitation means that people are less likely to get sick from infectious diseases. This means that people are more able to work and earn an income, which allows them to provide for their family and pay taxes, which assists in reducing poverty.
* By reducing biodiversity loss, there will be more species around that can be used to provide resources such as food and building supplies. These resources can be sold and used to generate an income for the community. This allows people to access resources such as healthcare, housing and education which reduces poverty.

g. Students receive two marks for explaining how peace and / or political stability can assist in providing adequate sanitation. Note that students should answer in relation to peace and / or political stability and although they may refer to conflict or political instability in their answer, it should not solely focus on these issues. Answers could be:

* Peace means that resources are not being destroyed by conflict, so governments can work to provide infrastructure, such as piped sewer systems, which assist in providing sanitation.
* When governments are stable, they can use money for providing resources such as sanitation instead of trying to maintain power.

1. a. This is a general question and students can choose which information they draw on to show one similarity and one difference. Data should be used in each answer. Examples include:

Similarity

* Males have higher mortality rates than women in relation to cardiovascular disease in both Indonesia and Australia. In Australia, rates are around 75 for females and 110 per 100 000 for males compared to around 340 per 100 000 for females and 410 per 100 000 for males in Indonesia.
* Males in Australia and Indonesia have similar mortality rates for cancer at around 135 per 100 000.

Difference

* Females in Indonesia have significantly higher mortality rates due to diabetes than females in Australia, at around 75 per 100 000 and 10 per 100 000 respectively.
* Males in Indonesia have significantly higher mortality rates due to cardiovascular disease, than males in Australia (around 410 and 110 per 100 000 respectively).

b. Students should link high mortality rates to an indicator used to calculate the human development index for two marks. Students should also state the impact that high rates of mortality would have on the HDI (i.e. it would decrease the HDI). Examples include:

* NCDs lead to many deaths in Indonesia. These conditions can therefore reduce the life expectancy at birth which would lower the human development index.
* NCDs can lead to premature death. If the income earner for the family dies prematurely, it could reduce the Gross National Income per capita which would lower the HDI.

c. Students receive one mark for identifying each characteristic of developing countries they identify and a further mark for explaining how each can impact on the ability of the country to address non-communicable diseases, compared to high income countries for a total of four marks. Examples worth two marks include:

* Low levels of education – in developing countries, people may not know the dangers of risk factors such as smoking compared to those in developed countries. This can lead to higher rates of NCDs such as cardiovascular disease.
* Lack of access to health care – Compared to high income countries, low income countries often lack access to health care. As a result, people may not be able to receive treatment if they develop a non-communicable disease.
* Lack of infrastructure – low income countries often lack infrastructure like roads, especially in rural areas. This can make access to health care difficult so NCDs may progress without treatment. People in high income countries generally have access to adequate infrastructure to access health care.
* Political instability – many low income countries experience political instability compared to high income countries.

1. a. Students receive one mark for each Australian-based non-government organisation they identify, for a total of two marks. Answers include:

* CARE Australia
* The Australian Red Cross
* World Vision Australia
* The Tabitha Foundation
* Oxfam Australia

b. Students receive three marks for explaining aspects of a food security program. Note that this does not have to be a real program, but should reflect the type of programs implemented by non-government organisations. For example:

* Run by World Vision, the Food for Work program works by providing participants with 6.5 kilograms of rice for themselves and their family in return for working on community development programs. Participants work on a range of projects including road and bridge building, building schools and related infrastructure, and expanding rice paddies to ensure sustainable food supply in the future.
* CARE has been training low-income farmers in conservation and agriculture methods in seven districts of Zimbabwe. Simple techniques such as time management, crop rotation, mulching and minimising the movement of nutritious topsoil, have increased yields and productivity.
* Oxfam could set up a program in a developing country that assists farmers in improving their farming techniques. Seeds that provide more crops could be provided and the farmers could be trained in agricultural methods. Equipment such as tractors could be provided to increase the amount of work that is able to be completed.

c. Students must use access to food to show the interrelationships for 6 marks. Health, human development and sustainability should be addressed for one mark each, and three interrelationships should be shown for an additional three marks. If no interrelationships are shown (i.e. how the three concepts can impact on each other), full marks should not be awarded. Examples include:

* Greater access to food will reduce rates of undernourishment. This means that people would have stronger immune systems which can then fight off infections and promote physical health. With fewer infections, people can work or go to school which increases productivity in the community and increases the choices and capabilities in peoples’ lives (human development). By having greater choices, people can make choices for their children in relation to education, providing opportunities for them in the future (sustainability). If the next generation are educated, they are more able to make health promoting decisions, such as having safe sex, which can reduce the rates of HIV (health).
* Greater access to food means that people have the energy to go to school. This increases access to knowledge (human development). By having access to knowledge, people are more able to make decisions that improve their health, such as healthy eating and not smoking. By eating healthily and not smoking, people are less likely to develop conditions such as cardiovascular disease (health) which increases life expectancy. This allows parents to continue to provide for their children, with resources such as education, which can break the cycle of poverty into the future (sustainability). With reduced poverty in the future, people can access resources such as health care which can reduce rates of illness (health).

1. a. Students receive one mark for identifying ‘bilateral aid’ and another mark for briefly explaining it:

Bilateral aid is aid provided by one country to another (a donor to a recipient), usually the governments of the two countries.

b. Students receive one mark for each priority of the Australian Government’s aid program that they identify, and another mark for explaining how each is evident in the case study, for a total of four marks. For example:

* Economic development, including encouraging trade and private sector investment – by maintaining sections of the national highway, companies are more able to transport their goods which can enhance the ability to trade.
* Health, including supporting the fight against HIV/AIDS, malaria and tuberculosis – the program invested in health facilities in disadvantaged areas, which would improve access to treatment for a range of conditions, including HIV and malaria.
* Education – this program provided free education for the first three years of primary schooling, which increases access to schooling.
* Empowering women and girls – the program recruited and trained female village court magistrates, bringing the number to 900.

c.i. Students receive two marks for making two points about what appropriateness relates to in relation to sustainable programs. Examples worth one mark include:

* The local people should be included in planning and implementation of any program.
* Women should be a focus of the program.
* Programs should include education.
* Programs should consider the local culture to ensure they are accepted.
* The focus of programs should be towards the most pressing needs of the community (target the most vulnerable).

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

Equity

* The program is equitable because women were trained to become village court magistrates.
* The program is investing in health facilities in the most disadvantaged districts which is equitable.

Affordability

* The program contributed to free education for children for the first three years of school, making it affordable.