



PRACTICE QUESTIONS FOR VCE

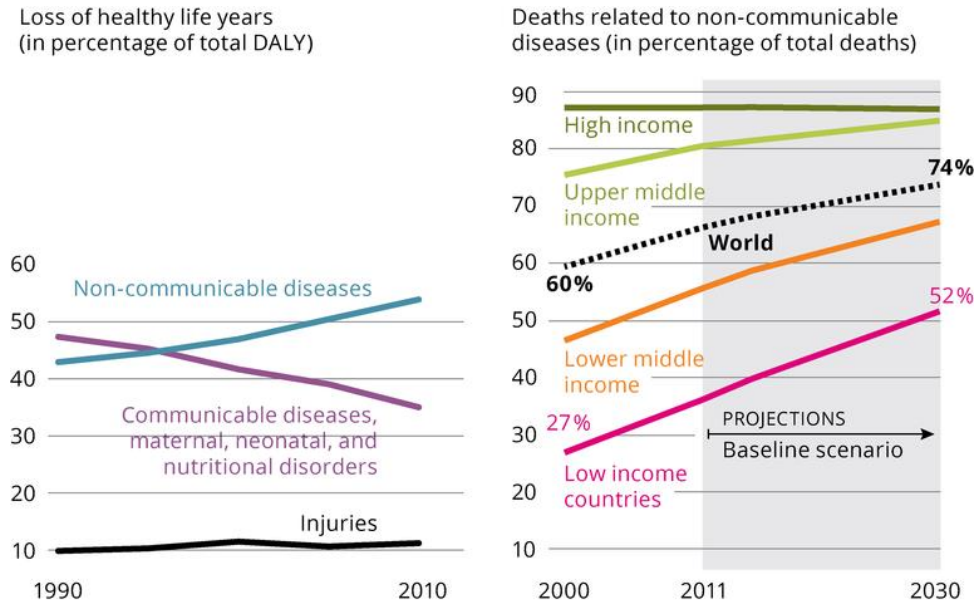
HEALTH AND HUMAN DEVELOPMENT

Unit 4: Area of Study 1
Health and wellbeing
in a global context

SET 1

Question 1 (5 marks)

The graphs below compare the loss of healthy life years in percentage of total disability-adjusted life year (DALY), broken down into non-communicable and communicable diseases (left graph) with the projected development of deaths related to non-communicable diseases (right graph) across world income regions.



Source: European Environment Agency, 2015

a. Outline **one** trend evident in the graphs above.

1 mark

- b.** Based on the data, outline **one** similarity and **one** difference in the health status and burden of disease in low-, lower-middle- and upper-middle-income countries.

2 marks

Similarity _____

Difference _____

- c.** Explain **one** factor that could contribute to the trend identified in **part a.**

2 marks

ANSWERS

Question 1a.

Sample response

Loss of healthy life years (in percentage of total disability-adjusted life year (DALY)) for non-communicable diseases increased (approximately 42%–54%) in the period 1990 to 2010, and decreased (approximately 48%–35%) for communicable diseases, maternal, neonatal and nutritional disorders.

OR

Deaths related to non-communicable diseases (as a percentage of total deaths) increased in the period 2000 to 2011 for upper middle- (e.g. approximately 75%–80%), lower middle- and low-income countries, as well as for the world.

Mark allocation: 1 mark

- 1 mark for either trend outlined above

Note: You must use data to support your answer in order to receive the mark.



Tip

- *Use the graph titles and units when discussing data and trends.*

Question 1b.

Sample response

Similarity: All three brackets (low-, lower-middle and upper-middle-income countries) have experienced an increased percentage in deaths related to non-communicable diseases. This means a greater incidence of such diseases and a greater burden of disease.

Difference: Low-income countries have the lowest percentage of deaths related to non-communicable diseases (approximately 38%) compared to lower-middle-income and upper-middle-income countries. This suggests that communicable diseases still have a significant impact on health status and burden of disease in low-income countries compared to lower-middle-income and upper-middle-income countries.

Mark allocation: 2 marks

- 1 mark for discussing a similarity
- 1 mark for discussing a difference

Note: You must show at least one link to health status and one link to burden of disease.

Question 1c.

Sample response

The global distribution and marketing of tobacco, alcohol and processed foods has increased in the period 1990 to 2011. In all countries, this has increased the numbers of people who smoke, drink and eat foods high in saturated fats, particularly in low-income to middle-income countries. This has meant an increase in the number of people suffering from non-communicable diseases such as lung cancer, liver cancer and obesity.

Note: If the trend identified in **part a.** was a decrease in communicable diseases, you could discuss the improvement of safe water and sanitation as potential factors.

Mark allocation: 2 marks

- 1 mark for outlining a factor that contributes to the trend
- 1 mark for linking the factor to an increase in non-communicable diseases or a decrease in communicable diseases

Question 2

Sample response

Digital technology has enabled many medical advancements and has therefore had some positive impact on global health and wellbeing (e.g. technology allowing earlier detection and treatment of illness and disease). Increased knowledge sharing through digital technology has also assisted in the prevention of many diseases, especially in developing countries. This has led to an increase in global life expectancy.

However, its impact globally on health and wellbeing is also causing harm, as we see an increase in the incidence and prevalence of lifestyle diseases. These diseases, such as obesity and type 2 diabetes, contribute significantly to the global burden of disease, particularly years lost to disease (YLD). Increased access to digital technology is encouraging a more sedentary lifestyle, increasing the risk of obesity and decreasing physical health and wellbeing. It is also linked to a lack of sleep and increased anxiety, decreasing mental health and wellbeing.

While the initial impact was positive and there will continue to be some beneficial effects on global health and wellbeing, the use of digital technology is causing significant harm and may end up causing more harm than good if we do not change our use of it globally.

Mark allocation: 6 marks

- 6 marks for a response that demonstrates an understanding of digital technology, including two or three valid arguments to support the statement and showing an understanding of both sides of the argument; a clear link between digital technology and global health and wellbeing is also included
- 4–5 marks for a response that demonstrates an understanding of digital technology and includes a statement about the extent of agreement, including at least two valid arguments to support the statement and a clear link between digital technology and global health and wellbeing
- 2–3 marks for a response that demonstrates an understanding of digital technology and includes a statement about the extent of agreement, including at least one valid argument to support statement
- 1 mark for a response that demonstrates an understanding of digital technology or that includes a statement about the extent of agreement