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# HEALTH AND HUMAN DEVELOPMENT

## VCE Units 3 & 4 Trial examination 2018

## Suggested Responses

## Please note

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**Home Economics Victoria** is a health promotion charity and a registered training organisation. Since 1958 our organisation has supported educators in empowering young people to live sustainably and take responsibility for their own physical, mental and social wellbeing.

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**Question 1 (4 marks)**

**a. Describe spiritual health and wellbeing.** **2 marks**

*Note: Students are NOT required to define terms. They need to demonstrate that they understand the meaning of terms in this study.*

*According to the VCAA, spiritual health is not material in nature, but relates to ideas, beliefs, values and ethics that arise in the minds and conscience of human beings. Spiritual health includes the concepts of hope, peace, a guiding sense of meaning or value, and reflection on your place in the world. Spiritual health can be highly individualised, for example in some spiritual traditions health may relate to organised religion, a higher power and prayer, in other practices it can relate to morals, values, a sense of purpose in life, connection or belonging.*

**b. Describe an interrelationship between the physical and mental dimensions of health and wellbeing.** **2 marks**

*Students need to clearly demonstrate their understanding of each of the dimensions of health and wellbeing. For two marks, they need to describe the interrelationship.*

*For example, someone may be experiencing poor physical health and wellbeing because they are suffering from a physical injury or are unwell. This could impact on social health and wellbeing because the person they may not be able to participate in activities with friends.*

**Question 2 (4 marks)**

**It is important to view health in a global context. Describe the individual and collective importance of optimal health as a resource globally.**

*Examples of the benefits and importance of optimal health as a resource globally: Students will need to explain a minimum of two points for full marks.*

- *Reduction in risk of transmission of infectious and non-communicable diseases between countries e.g. preventing health threats that can cross borders; the risk of global disease outbreaks is reduced. When mortality and morbidity are reduced, countries can work together to focus on other issues.*
- *Optimal health and wellbeing promotes economic and social development e.g. standard of living, unemployment, education, less reliance on international aid and increased possibility of trade.*
- *Healthy populations are more likely to be more productive and access education, employment, food, water, shelter and healthcare.*
- *Countries with populations that experience good health and wellbeing are more likely to be able to focus on working together and helping each other economically and socially and contribute to peace and security.*

**Question 3 (10 marks)**

**a. Use data shown in the figure above to describe the health status of Australians.** **2 marks**

*Sample response: According to the information in the figure, life expectancy at birth in Australia has increased steadily over time (from 1886 to 2016). Life expectancy for females has always been slightly higher than for males but follows a similar trend. Students to receive 1 mark for using data and 1 mark for describing.*

**b. The history of the 'old' public health in Australia dates back to British settlement in 1788. Explain ways that the focus of the 'old' public health contributed to the improvements in life expectancy in the 1900s.** **4 marks**

*The period of the 'old' public health spans a lengthy period of time from the late 1800s to the mid-1980s. The question requires students to **explain two** ways that the focus of the 'old' public health contributed to improvements in life expectancy in the 1900s.*

*Some of the major issues in Australia in the 1900s that provide the context include: poor housing and inadequate environmental conditions; lack of safe water and sanitation; poor air quality due to the rise of factories; inadequate food storage and preparation. These factors led to infectious diseases such as smallpox, whooping cough, diphtheria, tuberculosis, pneumonia and diarrhoea. Without universal health cover (Medicare), healthcare was expensive, and many diseases were left untreated.*

*Each point does not constitute a separate answer but are examples of relevant information that students could draw on for their response.*

- *Because by the late 1800s the causes of many diseases were more widely understood than had previously been the case, personal and household hygiene came to be seen as essential preventative health measures.*
- *The focus up to the end of the 1800s was on controlling infectious disease and sanitary measures.*
- *In the late 1800s to around 1940, the focus was on improving the health of the nation. The Commonwealth Department of Health was first formed and programs such as medical inspection of children, provision of hygiene advice and exercise programs to improve health were introduced. There was a focus on dental services, health, quarantine and medical research.*
- *The invention of vaccines meant that many infectious diseases could be treated. In the 1930s, children were vaccinated, contributing to a dramatic fall in vaccine-preventable deaths.*
- *Improved living conditions in the 20th century, together with much improved infrastructure such as water and sewerage systems (including toilets), improvements in food quality and health education contributed to increased life expectancy.*
- *Infection control measures improved medical facilities; preventative approaches (such as handwashing) and health promotion awareness had become common.*

**c. Using an example explain one strength and one limitation of the social model of health in bringing about improvements in Australia's health status. 4 marks**

*Students could choose from the following: Marks allocated for one strength, one limitation, and using an example to explain each.*

*Strengths:*

- *focuses on the person, treating the whole person not just the physical ailment*
- *saving health care dollars by preventing the onset of disease in the first instance*
- *decreases pressure on the health care system, reducing waiting lists by preventing the conditions*
- *improving a whole population through population-based health promotion initiatives*
- *increases quality of life, extends life expectancy by delaying or preventing the onset of illness or disease*
- *improved productivity*
- *intangible costs are reduced; for example, family members are less likely to be stressed if people aren't becoming ill*
- *education of people through health promotion programs*

*Limitations:*

- *lack of coordination of services to promote the broader determinants of health*
- *health promotion programs are ignored or don't reach the intended targets*
- *does not focus on an individual and their specific health conditions*

**Question 4 (4 marks)**

**Analyse the data above and explain how geographic location contributes to variations in the health status of Australians.**

*According to the information in the table, the proportion of people with selected risk factors changes according to geographic location. In all risk factors – smoking, overweight/obesity, no/low levels of exercise, lifetime risky drinking and high blood pressure – the proportion increases as remoteness increases. There is a greater proportion of people with the selected risk factor in outer regional/remote areas compared to inner regional and again compared to major cities. Students need to explain how geographic location contributes to these variations.*

**Question 5 (8 marks)**

**a. Analyse how Medicare promotes health and wellbeing in Australia, in relation to access and equity. 4 marks**

*Students should provide explanation on 4 points or provide explanation of access and how it promotes health and wellbeing, and explanation of equity and how it promotes health and wellbeing.*

*Access means that people are able to make use of healthcare services without barriers such as location, cost, time or knowledge.*
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- *When barriers are removed (or reduced) people are more likely to access the healthcare they need; (early) diagnosis, treatment and preventative strategies can help reduce the impact of the condition and promote health.*
- *Medicare provides access to a range of services, such as health professionals, tests and examinations, and public hospitals are free or subsidised (see above).*
- *In public hospitals, the aim is to treat those in most need first.*
- *When Medicare provides rebates for in- and out-of-hospital services throughout the country, these can be accessed in local areas.*
- *Being able to select your own doctor (for out-of-hospital services), such as visiting a GP, can help people feel more comfortable in seeking healthcare (ties in to people meeting their social or cultural needs).*

*Equity is linked to fairness and social justice; it is different to equality – people have the same opportunities as everyone else. Medicare promotes equity in a number of ways.*

*Equity:*

- *Medicare is available to all Australian citizens; it does not discriminate on the basis of income, location, health status, age, gender or race. This means that it is equitable because those most in need of healthcare services can access the care they need.*
- *The Medicare Safety Net protects people who have higher health cost needs, those on concession cards and large families from large out-of-pocket expenses.*

**b. Evaluate the role of private health insurance. 4 marks**

*The advantages and disadvantages of private health insurance can be used in the evaluation. Students should provide evaluation of **four** points for full marks.*

*Advantages:*

- *Helps to keep the costs of operating Medicare under control.*
- *Adds significantly to the funding of the health system.*
- *Gives people more choice with their health care.*
- *Enables access to private hospital care.*
- *Depending on level of cover, some services (e.g. dental and physiotherapy) could be paid for.*
- *Allows a person to access procedures such as elective surgery when required rather than have to be placed on a waiting list.*
- *People can have their choice of doctor while in hospital.*
- *There are incentives for eligible policyholders.*
- *High-income earners with private health insurance don't have to pay the Medicare levy surcharge.*

*Disadvantages:*

- *Premiums can be costly.*
- *There may still be out-of-pocket expenses ('the gap').*
- *There may be qualifying periods for some conditions (e.g. pregnancy).*
- *Many services are only covered to a limited extent and there are limits that may apply.*
- *Some services may not be covered depending on the type of private health insurance and level of cover.*

**Question 6 (8 marks)**

**a. Analyse the data shown in the graph and describe the relationship between life expectancy at 65 and health-adjusted life expectancy (HALE) and what these indicators tells us about the health status of Australians. 4 marks**

*Students need to use data to receive full marks – 1 mark for data, 1 mark for description of relationship, 2 for explanation of what each indicator tells us about health status of Australians.*

*Life expectancy is an indication of how long a person can be expected to live, depending on the age they have already lived. It can be expressed as the expected number of years remaining for a person at a given age, in this case, age 65. Health-adjusted life expectancy (HALE) is the average number of years that a person can expect to live in full health.*

*This means that, referring to the graph, students need to show their understanding. Each bar represents the average number of years of life remaining at age 65. The shading represents the proportion of these years in good health (darker shading), with the lighter shading representing the proportion in poor health.*

*The general pattern is that, for both males and females, as socioeconomic status increases (from the lowest to the highest group) the life expectancy at age 65 also increases. This means that there are more years of life remaining after the age of 65. As well, the proportion of remaining years in full health compared with years in ill health is greater with increasing socioeconomic status.*

*In general, the higher the socioeconomic status, the better the health status, including life expectancy and HALE. The number of years in poor health is similar across all socioeconomic status groups; but less years in good health. Compared with people in higher socioeconomic status groups, those in lower socioeconomic groups have higher rates of mortality, rates of chronic disease and a higher burden of disease from all causes.*

**b. Identify one sociocultural and one environmental factor and explain how each could contribute to the differences identified in part a. 4 marks**

*There are factors that contribute to the differences identified in part a. Examples of factors that students could choose from are as follows. For full marks, students only need to choose one example from each category but provide an explanation of how it might contribute to the differences. The points below refer to the lower socioeconomic status groups compared with higher socioeconomic status groups.*

*Sociocultural factors:*

- *more likely to have no non-school qualifications*
- *higher unemployment rates*
- *lower levels of education, including health literacy*
- *higher rates of social exclusion*
- *less likely to access preventative health services*
- *lower levels of private health insurance*
- *drinking more alcohol at harmful levels (particularly males)*
- *higher rates of smoking*
- *consult doctors more often, but less likely for preventative care*
- *less likely to choose a healthy diet, maybe associated with poorer knowledge about nutrition and lower income.*

*Environmental factors:*

- *poor quality housing*
- *less likely to live with fully functioning facilities*
- *exposure to environmental smoke*
- *less access to and use of healthcare services*
- *greater access to fast food outlets*
- *more likely to work in dangerous working environments.*

**Question 7 (12 marks)**

**a. Identify one action area of the Ottawa Charter for Health Promotion and explain how it is reflected in the VAHS Six Week Challenge and Life! Road to Good Health program. 2 marks**

*The action areas of the Ottawa Charter for Health Promotion that are most relevant are:*

*Create supportive environments*
*Strengthen community action*
*Develop personal skills*
*Reorient health services*

*For full marks, students need to demonstrate their understanding of the selected action area and clearly show how it is reflected in the VAHS Six Week Challenge and Life! Road to Good Health program.*

*Sample response: Key action area of the Ottawa Charter for Health Promotion – Develop personal skills. Aboriginal health workers and health professionals support the personal and social development of participants through providing culturally-appropriate resources and education for healthy lifestyles and healthy choices and enhancing their life skills (health literacy). These areas relate to choosing and preparing healthy, inexpensive foods, reading labels, weight management, physical activity and diabetes prevention. The skills and knowledge are gained in a community setting but can involve, and be supported by, family, friends and family members. The program aims to inform and empower participants, enabling them to continue learning.*

**b. Drawing on the information in the pie chart on p. 13 (Source 2), explain the role of one factor that accounts for this health gap. 2 marks**

*The graph from Source 2 identifies factors that contribute to the health gap between Indigenous and non-Indigenous Australians; these factors also help explain the variation in health and health behaviours within the Indigenous population.*

*The graph has three categories of contributors – social determinants (factors); health risk factors; and other factors. It would be appropriate for students to choose one of these categories and give examples of components within it. Alternatively, students could give an example of a social determinant (factor) OR a health risk factor OR other factor and provide a concise explanation of its role.*

*Sample response: Compared with non-Indigenous Australians, there is a range of health risk factors that account for the health gap. Compared to the general population, Indigenous Australians have higher rates of overweight and obesity (high BMI), a greater risk of high blood pressure, high blood cholesterol and impaired glucose regulation. These factors can increase the risk of developing conditions such as cardiovascular disease, type 2 diabetes and kidney disease. They also have higher rates of low birth weight babies.*

**c. Selecting evidence from the sources presented and using your understanding of dietary change, draw conclusions about the impact of dietary initiatives on the health and wellbeing of Indigenous Australians and the challenges faced by organisations that are focused on bringing about dietary change in Indigenous Australians. 8 marks**

*This question requires students to draw together information from the three sources. They need to select evidence from the sources presented as well as their understanding of dietary change. Students need to draw conclusions about the impact of dietary initiatives on the health and wellbeing of Indigenous Australians and the challenges faced by organisations that are focused on bringing about dietary change.*

*Points that students could incorporate in their responses include the following:*

- *Source 1 – This acknowledges factors that are important for Indigenous peoples to achieve better health outcomes – programs that include Aboriginal health workers and health professions; engagement with Aboriginal communities; encouraging individuals, families and community groups to work together to make healthy choices; the challenges of overcoming unhealthy habits; the importance of culturally-appropriate supporting resources; developing skills and knowledge; and the development of health literacy. An important point too is that participant engagement in the program was strong, with positive feedback to support the success of the program.*
- *Source 2 – Indigenous Australians experience poorer health outcomes (health status) compared with the general (non-Indigenous population) due to the impact of social determinants (factors), health risk and other factors. Social determinants (factors) include levels of education, employment and income; housing; socioeconomic status; accessibility to healthcare;*

*food insecurity; social support due to cultural factors; social exclusion and discrimination. These are very complex factors that are not easily addressed for dietary change to occur. The category 'other factors' would include many other factors.*

- *Source 3 – This provides evidence about health behaviours and risk factors. There is more specific evidence (than Source 3) about the particular factors. It is valuable to have this information. Compared to the non-Indigenous population, Indigenous Australians are more likely to have inadequate daily vegetable intake, be overweight or obese (high BMI) and have inadequate daily fruit consumption. These are the three behaviours that link to the question, which is about dietary change.*

*Students need to use **evidence** from the sources in their answer. There are also factors that are not specifically included in the sources that students would need to refer to i.e. 'using your understanding of dietary change' and' challenges to bring about dietary change'. This is where students need to apply their understanding of the key knowledge and key skills.*

**Question 8 (11 marks)**

**a. Using information from the table above, explain the differences in the Human Development Index (HDI) ranking between Australia, Indonesia and Papua New Guinea. 3 marks**

*Students must use information from the table to explain the differences in the Human Development Index (HDI) ranking between Australia, Indonesia and Papua New Guinea. Students can only receive full marks if data is used.*

*Some points that students may include in constructing their answers are:*

- *The Human Development Index (HDI) is a tool developed by the United Nations to measure and rank countries' levels of social and economic development.*
- *It provides a single statistic based on three dimensions – a long and healthy life, knowledge and a decent standard of living and four indicators – life expectancy at birth, mean years of schooling, expected years of schooling and Gross National Income per capita.*
- *The HDI uses a scale from 0 to 1, where 0 is the lowest score, indicating the lowest level of human development, and 1 is the highest score.*
- *Australia is a high-income country with a very high level of human development (HDI – 0.939); Indonesia has a medium level of human development (HDI – 0.689); and Papua New Guinea, a low level of human development (HDI – 0.516). This also reflects the ranking because the closer the HDI is to 1, the higher the ranking and greater the level of human development.*
- *Students could also refer to (and use) the other data from the table, which are used in the HDI calculation – life expectancy at birth and mean years of schooling – to explain the ranking. For example, Australia's life expectancy at birth (82.5 years) is higher than Indonesia (69.1 years) and Papua New Guinea (62.8 years). Mean years of schooling are higher according to HDI rank – Australia (13.2), Indonesia (7.9) and Papua New Guinea (4.3).*
- *Although they are not included in the HDI calculation, students may also refer to the infant mortality rates and maternal mortality ratios (although they contribute to life expectancy at birth) and note that, the higher the HDI ranking, the lower the mortality rates.*

**b. Evaluate the usefulness of the Human Development Index (HDI) in measuring human development. 4 marks**

*The concept of 'human development' is another way of examining the similarities and differences between countries. It can provide us with a more accurate picture of wellbeing of people in countries throughout the world. In this context, human development is about creating an environment in which people can develop their full potential and lead productive, creative lives in accordance with their needs and interests. It is about expanding people's choices and capabilities (the range of things that people can be and do), having access to knowledge, health and a decent standard of living, and participating in the life of the community and decisions affecting their lives.*

*Some examples of the advantages and limitations of the HDI as a measure of human development that students can refer to when evaluating the usefulness of the HDI are listed below. Students should discuss four points when evaluating usefulness of HDI in measuring human development.*

*Advantages:*

- *It is a single, composite statistic that makes it easier to compare countries and changes over time.*
- *The HDI provides a broad perspective of viewing human progress and the complex relationship between income and wellbeing.*
- *It acknowledges and addresses the broad socioeconomic factors that impact on human development.*
- *The HDI is in widespread use, which makes it easier to compare levels of development between countries.*
- *It is useful to observe global patterns over time e.g. for individual countries and between countries.*
- *The HDI takes into account other ways of measuring human development, not just economic development.*
- *By taking into account more than just income, the HDI provides a more comprehensive representation of the level of human development.*
- *By knowing average income, this provides an indication of people being able to access resources for a decent standard of living.*

*Limitations:*

- *The HDI is not a complete measure of human development because it doesn't include important indicators such as gender, income inequality, respect for human rights and political freedoms, some of which are hard to measure.*
- *The single statistic is based on three dimensions – health, education and living standards, and four indicators – life expectancy at birth, mean years of schooling, expected years of schooling and gross national income per capita. There may be other ways to measure health and education (e.g. qualitative).*
- *The single statistic between 0 and 1 doesn't tell us anything about the individual dimensions.*
- *No survey data is collected, such as people's feelings about their lives and the issues that they face.*
- *The HDI is based on averages; this doesn't show inequalities within countries e.g. income levels.*
- *The HDI provides an indication of long-term changes and may not reflect short-term changes.*
- *Key aspects of human development include freedom, choices and capabilities; HDI does not measure these.*

**c. Describe an example of a social characteristic and an environmental characteristic that would be different between Australia and middle- and low-income countries, such as Indonesia and Papua New Guinea. 4 marks**

*Students need to describe an example of a social characteristic and an environmental characteristic that would be different between Australia and middle- and low-income countries.*

*Examples of social characteristics are: access to technology; birth and population rates; education and employment levels; gender equity; health systems; history of colonisation; and political and legal systems. For two marks, students need to select a characteristic and explain how it would be different. For example:*

*Suggested response: Australia has a public health system in which the population can access basic health care (Medicare); whereas, low- and middle-income countries often have less access to suitable healthcare and this impacts on health and wellbeing.*

*Examples of environmental characteristics are: access to safe water and sanitation; adequate housing; adequate infrastructure; food security; and levels of carbon dioxide. For two marks, students need to select a characteristic and explain how it would be different. For example:*

*Suggested response: Compared to Australia, many people in low- and middle-income countries lack access to adequate housing. Substandard housing can have poor ventilation, inadequate heating and cooling, poor resistance to infestation by disease-carrying organisms (e.g. insects and rodents), lack of cooking facilities and running water, and protection from the elements.*

**Question 9 (6 marks)**

**a. Explain what is meant by 'burden of disease', demonstrating in your answer the relationship to DALY, YLL and YLD. 3 marks**

*Note: Remember, students DO NOT have to define key terms, but they may need to describe terminology and demonstrate their understanding.*

*Sample response: 'Burden of disease' is 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. Disability Adjusted Life Years (DALY) is a measure of the burden of disease where one DALY equals one year of healthy life lost due to premature death (YLL) and time lived with illness, disease and injury (YLD). Students could also write that Years of Life Lost (YLL) refers to the fatal burden of disease of a population, defined as the years of life lost due to death. Years Lost due to Disability (YLD) refers to the non-fatal component of the disease burden and is a measurement of the healthy years lost due to illnesses or injuries.*

**b. Explain why the burden of disease from 'maternal and neonatal conditions' is considerably lower in Australia compared to the rest of the world. 3 marks**

*The emphasis of the question is maternal and neonatal conditions; so, reasons need to specifically relate to mothers and newborn babies. Some of the reasons may be direct, others more indirect.*

*Some of the reasons that students could provide in their responses are: Students should be able to provide explanation of at least **three** key points.*

- *Access to healthcare during pregnancy and childbirth e.g. antenatal care, skilled attendants at the birth and in the period following the birth.*
- *Availability of medical technologies and medications.*
- *The nutritional status of the mother during pregnancy.*
- *Education levels, such as literacy skills enabling people to understand health promotion messages and have better health practices; educated mothers have fewer and healthier children.*
- *The number and spacing of children.*

**Question 10 (4 marks)**

**Explain what is meant by environmental sustainability and describe its role in the promotion of health and wellbeing.**

*Environmental sustainability means that the natural environment is conserved in such a way that enables future generations to access its resources. These resources include clean water for drinking and bathing, fish and other animals for food, resources for the production of energy, and other resources for shelter and household items.*

*Environmental sustainability includes: protecting natural resources; reducing the use of energy; promoting greater efficiency in energy use; reducing pollution; industry and agricultural sectors more responsibly using natural resources. The focus/objectives are on a supporting a healthy environment, rational use of renewable natural resources, and conservation of non-renewable natural resources. What is the capacity (e.g. of a program) to ensure the natural environment is preserved for future generations?*

*The factors or conditions need to be available for environmental sustainability to occur include:*

- *Responsible development of infrastructure.*
- *Responsible use of renewable and non-renewable resources and energy – biodiversity; natural resources that can renewable (animals, fish, plants, water, forests) need to be managed so that there is enough for current and future generations; conservation of non-renewable natural resources (coal, gas, fossil fuels); investment in 'green' technology; policies that promote the use of renewable energy.*
- *Responsible agricultural productivity – crop diversification; sustainable water systems.*
- *Waste management and pollution control – effective removal of waste; pollution controls for clean water and air; reducing emissions (e.g. using clean energy); actions to prevent the impacts of climate change/global warming.*

*The information above represents the understandings that students need to have. However, the focus of the second part of the question is the role of environmental sustainability in the promotion of health and wellbeing. For example, if a student referred to 'sustainable use of renewable resources', their answer would need to acknowledge future generations being able to utilise these resources to earn an income which can then provide a range of goods and services needed for optimal health and wellbeing e.g. food, shelter and healthcare.*

**Question 11 (6 marks)**

**Evaluate the effectiveness of the WaterAid case study, in promoting health and wellbeing and human development in Timor-Leste.**

*The main purpose of implementing an aid program is to make a difference and lasting impact on addressing poverty, reducing inequality, and promoting health and wellbeing and human development.*

*The following points are examples of the elements of effective aid.*

- *Those receiving the aid must be involved in deciding the type of aid that best meets their needs.*
- *The aid program needs to fit in with its longer-term needs.*
- *Local communities need to have input into the design, implementation and evaluation of a program.*
- *Aid programs need be consider the sociocultural and political aspects of the community and that implementation occurs in a culturally sensitive way.*
- *An effective program relies on participation of partners/stakeholders.*
- *Partnerships could include the government of the donor country, the government of the recipient country, a multilateral aid agency (e.g. the World Bank, United Nations (UN) or World Health Organization (WHO)), a non-government organisation (NGO), civil society and those representing the local community.*
- *Partnerships are important because each can bring particular strengths, make more efficient use of resources and avoid duplication. An effective aid program is one that is sustainable; it continues to have a positive impact on the community once the aid workers leave.*
- *When local communities are involved, it also builds the capacity of the local community. For example, locals can be trained which develops their knowledge and skills, which are important for the sustainability of the program (once the assistance is finished).*
- *An important aspect of this is to involve and educate women.*
- *Gender inequality continues to be an issue in many low- and middle-income countries – women often have low social status, low levels of education, less opportunities for well-paid employment and less access to health care services.*
- *However, women are responsible for most of the domestic and agricultural work and taking care of children.*
- *When women are educated and empowered, they are in a better position to care for their children, secure employment or opportunities for developing business to provide a regular income.*
- *These outcomes help reduce the level of poverty and promote the health and wellbeing of all community members.*
- *Programs should also be transparent and accountable.*

*For full marks, students should draw on information from the WaterAid program to support their points. They need to* ***evaluate*** *the effectiveness of the WaterAid case study, in promoting health and wellbeing and human development in Timor-Leste. Students should receive 2 marks each for providing discussion from case study referring to appropriateness, affordability, equity.*

*For example, a student could choose one or more of the above points and relate it to the case study. A sample response that focuses on one of these points is:*

- *An important element of effective aid is when local communities are involved, it builds their capacity and makes the program affordable. In the case study, Novi teaches communities and local partners about the importance of good health and designs hygiene promotion training with partners and community health workers.*

**Question 12 (9 marks)**

**a. Describe the leadership priority that is reflected in the images above.** **2 marks**

*For full marks, students need to do more than just state the leadership priority; they need to concisely describe it.*

*Sample response: The WHO leadership priority that is reflected in the images is 'Addressing the challenge of non-communicable diseases and mental health and wellbeing, violence, injuries and disabilities.' The rise of these diseases (in addition to the effect of communicable diseases on health status) is becoming significant in low- and middle-income countries and contributing to the 'double burden of disease'. The images represent issues such as tobacco, which is a risk factor for many non-communicable diseases (respiratory diseases and cancer); 'lifestyle diseases' such as cardiovascular disease (including heart attack and stroke); and mental illness.*

**b. Use an example of WHO's work, discuss how the priority identified in part a. is reflected in the work of WHO.** **3 marks**

*Students need to use an example of WHO's work they have studied which best reflects the leadership priority 'Addressing the challenge of non-communicable diseases and mental health and wellbeing, violence, injuries and disabilities.' Allocation of 1 mark for work completed and 2 marks for discussion on how the leadership priority is reflected. OR Students could identify two aspects of work undertaken by WHO for 2 marks and 1 mark for discussion on how they reflect leadership priority. 3 points should be evident for full marks in a student's response.*

**c. There are a range of factors that contribute to similarities and differences in health status and the burden of disease. Explain the implications of global marketing of tobacco on health and wellbeing in low-income and middle-income countries.** **4 marks**

*The focus of this question is on the implications of the global marketing of **tobacco** on health and wellbeing in **low- and middle-income countries**. Examples of points students could include in their responses are:*

- *The harmful use of tobacco is a global problem, affecting individuals and communities; tobacco is a significant health concern in many low- and middle-income countries (as it is in Australia).*
- *Over the past two decades, there has been a dramatic increase in the number of people in low- and middle-income countries who have taking up tobacco smoking; it is now one of the fastest-growing causes of death from non-communicable (lifestyle diseases).*
- *Increased tobacco use has both a direct and indirect impact on the health status of people in low- and middle-income countries.*
- *Millions of people throughout the world die prematurely from smoking or being exposed to tobacco smoke.*
- *Increased rates of smoking in low- and middle-income countries have seen an increased disease burden in relation to lifestyle diseases, such as cancer, cardiovascular disease and respiratory conditions.*

*Note: The question is not requiring students to compare Australia and these countries or give reasons for the global marketing; the focus is on the effect on health and wellbeing. To receive full marks students must explain implications on health and wellbeing for both low-income countries and middle-income countries.*

**Question 13 (3 marks)**

**a. Identify the priority of Australia's overseas aid program evident in case study.** **1 mark**

*The priority of Australia's overseas aid program evident in the case study is 'building resilience: humanitarian assistance, disaster risk reduction and social protection.'*

**b. Describe one of the types of aid reflected in the case study and explain its purpose.** **2 marks**

*For full marks, students need to describe one of the types of aid reflected in the case study and explain its purpose.*

*The focus of the CARE Australia and DFAT partnership relates to disaster response and preparedness. So, this could relate to emergency (humanitarian) aid. However, students could receive full marks if they discussed non-government organisation (NGO) aid or multilateral aid.*

*Suggested response: The focus of the partnership (the AHP) in the case study relates to supporting rapid and coordinated responses to humanitarian crises – emergency or humanitarian aid. The purpose of emergency aid is to: meet rapid needs; save lives and reduce suffering; and reduce the further impact of those affected. Emergency aid usually comes from a range of sources such as governments, non-government organisations (NGOs) and organisations such as the World Health Organization (WHO) and the United Nations (UN). It is usually initiated on short notice and rapidly deployed with a relatively short implementation period. Examples include provisions such as food, water, shelter, blankets, medicines as well as personnel (e.g. doctors, nurses, health workers, emergency workers).*

**Question 14 (3 marks)**

**There are a number of global trends that have implications for health and wellbeing such as mass migration, climate change and conflict, which require action to be taken at a global level.**

**Discuss the implications of one of these global trends on the health and wellbeing of individuals in low-income and high-income countries.**

*Students can choose any of the three global trends – mass migration, climate change or conflict to discuss. For full marks, their answer needs to explain the implications for health and wellbeing of individuals in both low-income and high-income countries.*

**Question 15 (4 marks)**

**Explain how SDG 2 (Zero hunger) contributes to the achievement of SDG 3 'Ensure healthy lives and promote wellbeing for all at all ages (Good health and wellbeing)'.**

*The Sustainable Development Goal (SDG) that the images represent is SDG 2 – 'End hunger, achieve food security and improved nutrition and promote sustainable agriculture (Zero hunger)'.*

*For full marks, students need to explain how achievement of 'Zero hunger' (SDG 2) contributes to the achievement of SDG 3 (Good health and wellbeing).*

*Below are some examples that students may include in their responses:*

*Actions to achieve 'zero hunger' will also help to achieve SDG 3.*

- *Improved access to nutritious foods (food security) is critical.*
- *Good nutrition is essential for optimal growth and good health and wellbeing.*
- *Having access to food means people are less likely to develop malnutrition and, therefore, mortality as a result.*
- *Food contributes to a strong immune system, which promotes their physical health and wellbeing.*
- *When people are hungry, they have the energy needed for work, which may include growing and harvesting their own food.*
- *With improved nutrition, children are healthier and are at reduced risk of contracting and dying from communicable diseases, such as malaria and diarrhoea, and vaccine-preventable diseases such as measles and tuberculosis (TB).*
- *For pregnant women, consuming an adequate diet reduces maternal mortality rates from deficiency diseases, prevents birthing complications and reduces low birth weight, thereby reducing infant mortality rates and under-five mortality rates (U5MR).*
- *A well-nourished population is also a healthier one; this helps reduce demands on health systems and costs to the healthcare system.*

**Question 16 (4 marks)**

**Social action refers to organised action to bring about positive action and change. Describe and justify ways that individuals could take social action to promote health and wellbeing.**

*There is a range of factors that individuals could take to promote health and wellbeing. For full marks, students need to both describe and justify.*