**HEALTH AND HUMAN DEVELOPMENT**

2012 Trial Examination 1 – TEACHER ADVICE

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**Teacher Advice**

The end of year examination will require students to recall and apply information in situations they are unfamiliar with. 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 provided students with opportunities to practice 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 memorized, 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 generalized comments.

If a question asks for similarities or differences between countries or population groups, students should make reference to both countries or 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 health, students can make reference to a disease that the nutrient can protect or put people at risk of developing. This ensures a link to health has been established.

Ensure the correct names for NHPAs are used. 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 for.

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.

Remember that students no longer have to know the values of VicHealth, but 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 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. The use of these concepts in brackets can be an effective way to show which concept they are referring to, for example: drinking dirty water may lead to cholera (health).

Students should be aware of a range of examples of how different international organisations (including the United Nations, World Health Organisation, AusAID and non-government organisations) work to promote health and 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 1 - 2012**

Figures

Words

**STUDENT NUMBER**

Letter

 **HEALTH AND HUMAN DEVELOPMENT**

**Written examination**

**Reading time: (15 minutes)**

**Writing time: (2 hours)**

**QUESTION AND ANSWER BOOK**

**Structure of book**

 *Section Number of Number of questions Number of marks*

 *questions to be answered*

 A 10 10 32

 B 8 8 67

 TOTAL 99

• 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.**

**SECTION A**

**Question 1**

According to the Australian Institute of Health and Welfare (2010), the incidence of treated end-stage kidney disease is increasing. This condition is contributing increasing DALYs to the overall burden of disease.

1. Explain what is meant by incidence.

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1. Define the term DALYs.

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2 marks

**Question 2**

Briefly explain the physical dimension of health.

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**SECTION A** - continued

**Question 3**

Complete the following table by identifying a function for health and a major food source for polyunsaturated fat and vitamin B12.

|  |  |  |
| --- | --- | --- |
|  | **Health** **Function** | **Major food source** |
| Polyunsaturated Fat |  |  |
| Vitamin B12 |  |  |

4 marks

**Question 4**

According to the Australian Institute of Health and Welfare (2010), those living in the lowest socioeconomic groups experience type 2 diabetes at more than double the rate of those in the highest socioeconomic groups.

Socioeconomic status is determined by a combination of education, occupation and income.

1. Briefly explain how income could contribute to higher rates of type 2 diabetes in low socioeconomic groups.

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1. Explain how Medicare could promote the health of an individual suffering from type 2 diabetes.

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**SECTION A** – continued

**TURN OVER**

**Question 5**

One of the ways the United Nations works to promote global health and human development is in the promotion of human rights. Briefly explain two ways the United Nations works to promote human rights.

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4 marks

**Question 6**

In 2007, the leading cause of death in Australia for those aged 12-24 was injuries.

1. Outline one way the State Government may work to reduce the impact of injuries among those aged 12-24 in Victoria.

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1. Briefly explain how the biomedical and social models of health could be used to address injuries.

Biomedical\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Social\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2 marks

**SECTION A** - continued

**Question 7**

The World Health Organisation uses the Mortality Strata to classify countries. In this system, Australia is classified as Mortality Strata A whilst Zimbabwe is classified as Strata E.

Identify two differences in mortality rates between Australia and Zimbabwe that has led to these different classifications.

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**Question 8**

Explain the meaning of the term human development according to the United Nations.

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3 marks

**Question 9**

1. Briefly describe AusAID.

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1. Identify two aims and / or objectives of AusAID.

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**SECTION A** – continued

**TURN OVER**

**Question 10**

Maternal mortality ratio indicates the number of women that die as a result of pregnancy and childbirth in a population per 100 000 live births.

In 2010, the maternal mortality ratio in Australia was 7 (per 100 000 live births) whilst in Chad (a developing country in Africa), the ratio was 1100 (per 100 000 live births).

Peace and access to health care influence maternal mortality ratios in Australia and developing countries.

Explain how peace and access to health care may have contributed to the differences in maternal mortality ratios in Australia compared to Chad.

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 4 marks

**END OF SECTION A**

**SECTION B**

**Question 1**

The following table shows mortality rates (per 100 000 population) for selected conditions in selected developed countries.

|  |  |  |  |
| --- | --- | --- | --- |
| Country | Cancer | Cardiovascular disease and diabetes | Respiratory diseases |
| Australia | 125 | 65 | 11 |
| Japan | 119 | 68 | 6 |
| United Kingdom | 144 | 91 | 20 |

Source: Adapted from World Health Organisation, World Health Statistics, 2012.

1. i. Discuss the differences in mortality rates for cancer and respiratory diseases between Australia, Japan and the United Kingdom.

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1. Identify an example of a biological, behavioural and social determinant that may have contributed to the difference in higher mortality rates from cardiovascular disease and diabetes in the United Kingdom compared to Australia and explain how each may have contributed to this difference.

Biological\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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2 + 6 = 8 marks

 **SECTION B** – **Question 1** - continued

**TURN OVER**

b. Explain how nutrition could promote cardiovascular health in developed countries.

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2 marks

**Question 2**

Arthritis and Musculoskeletal Conditions was selected as an NHPA in 2002.

1. Identify one type of arthritis that is a focus of this NHPA.

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This NHPA also includes a focus on Osteoporosis.

1. Briefly explain osteoporosis.

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1. Identify two reasons why osteoporosis was included as a focus of this NHPA.

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2 marks

1. Explain how nutrition can prevent the onset of osteoporosis.

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2 marks

**SECTION B** – continued

**Question 3**

**Hospitalisations due to injury and poisoning, 2007-08: rates by age for Indigenous and Non-Indigenous Australians.**

Source: AIHW, Australia’s Health, 2010.

1. Briefly explain the difference in hospitalisation rates between Indigenous and non –Indigenous Australians for 25-29 year olds due to injuries and poisoning.

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1. Identify an example of a social determinant and explain how it may have contributed to this difference.

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 2 marks

**SECTION B** – continued

**TURN OVER**

**Question 4**

In the 2007 National Children’s Nutrition and Physical Activity Survey, around 23% of children were considered to be either overweight or obese. The Nutrient Reference Values (NRVs) detail the amount of each nutrient that children should consume on a daily basis.

1. Explain one way that the Federal Government could use the NRVs to address obesity rates among children.

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2 marks

1. Explain two ways that the Heart Foundation works to reduce the risk of obesity in children.

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4 marks

**SECTION B** – continued

**Question 5**

The following information relates to VicHealth’s ‘Active Club Grants’ project.

The Victorian Health Promotion Foundation (VicHealth) has awarded funding to 521 sports clubs in Victoria to purchase sporting and injury prevention equipment and to train volunteers and purchase portable sun shades through its annual Active Club Grants.

VicHealth Chief Executive Officer Jerril Rechter said this year, $1 million has been invested in the grants, which received one of the highest ever volume of applications from around the state.

“VicHealth’s Active Clubs Grants recognise the important role local clubs play in increasing physical activity and helping communities stay connected, even when times are tough.

“Club sports are a great way to get involved, meet new friends and keep active for good health. We hope these grants will encourage people to join a club, renew their membership, or continue playing their favourite sport.”

Victorian Minister for Sport and Recreation The Hon. Hugh Delahunty said 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.

“The VicHealth Active Clubs Grants aim to increase participation in sports for all members of the community and ultimately reduce the incidence of illnesses related to lack of physical activity,” Minister Delahunty said.

The grants, of up to $2,500 each, were prioritised to assist clubs that cater for Indigenous communities, young people, older people, people with a disability and people from culturally and linguistically diverse backgrounds and clubs in rural and low socio-economic areas.

Source: <http://www.vichealth.vic.gov.au/Media-Centre>

1. Identify one VicHealth priority being addressed by the ‘Active Club Grants’ project.

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1. Explain how ‘Active Club Grants’ could promote the dimensions of health among participants.

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3 marks

 **SECTION B** – Question 5 – continued

**TURN OVER**

1. Identify 2 principles of the social model of health and explain how they are evident in the ‘Active Club Grants’ project.

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4 marks

 **SECTION B** – continued

**Question 6**

The following graph shows the percentage of people in Kenya (a developing country in Africa) who have access to an improved water source based on whether they live in rural areas or urban (city) areas. Improved water sources are likely to produce safe water for human consumption and use.

1. Discuss the difference in trends in access to an improved water source between rural and urban areas in Kenya.

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2 marks

 **SECTION B** – Question 6 – continued

**TURN OVER**

In 1978, Daniel Arap Moi became the president of Kenya. As a result of his government and policies, Kenya experienced political instability for much of the following 20 years.

1. Briefly explain two ways that political instability may have impacted on access to improved water sources in urban areas of Kenya between 1990 and 2000.

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4 marks

1. Identify and briefly outline one program that has been implemented in developing countries to promote access to clean water.

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3 marks

 **SECTION B** – Question 6 – continued

1. Explain how increased access to improved water sources may have promoted sustainable human development in rural areas of Kenya.

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6 marks

**Question 7**

In the fight against hunger, $50 million has been provided by the Australian Government to a World Bank (a United Nations organisation) fund that was set up after the food price crisis and global economic downturn of 2008 and 2009.

Known as the Global Agriculture and Food Security Program (GAFSP), the fund provides grants to low-income countries to boost agricultural productivity, help poor rural people increase their incomes and improve long-term food security and nutrition.

In Bangladesh, GAFSP funding has been provided to those in areas that experience environmental and economic challenges with regards to producing food. Farmers in the area have been provided with free education regarding agricultural techniques which has boosted productivity.

Source: [Adapted](http://www.ausaid.gov.au/aidissues/foodsecurity/Pages/home.aspx) from [www.gafsp.org](http://www.gafsp.org)

1. Explain food security.

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1 mark

 **SECTION B** – Question 7 – continued

**TURN OVER**

1. Evaluate this program with regards to two elements of sustainable programs.

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4 marks

1. In Bangladesh, the Human Development Index increased from .469 in 2010 to .500 in 2011. Explain two ways that improved food security may have led to this increase.

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4 marks

 **SECTION B** – continued

**Question 8**

The following graph shows progress towards an aspect of one of the Millennium Development Goals.

Source: Millennium Development Report, 2011.

1. Identify the Millennium Development goal that has a specific focus on poverty.

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1 mark

 **SECTION B** **– Question 8** – continued

**TURN OVER**

1. Briefly discuss why this goal is important.

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2 marks

1. Identify the region that has shown the greatest improvement in terms of reducing the percentage living on less than $1.25 per day.

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1 mark

1. Briefly explain how the health of those living in Southern Asia may have been affected by the change in the proportion of those living on less than $1.25 per day.

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3 marks

1. Yemen is one of the poorest countries in Western Asia where around 42% of the population live in poverty. Briefly explain how bilateral aid could be used to increase incomes in Yemen.

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3 marks

**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**

2012 Trial Examination 1 - ANSWER GUIDE

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

**SECTION A**

1. a. Students must make reference to incidence being the number of *new* cases in a given period of time for one mark. For example:

Incidence refers to the number or rate of new cases of a particular condition during a given period of time (e.g. 12 month period).

b. Students receive two marks for making two statements about DALYs. Students should state that it is a measure of burden of disease (or that it combines morbidity and mortality), and that one DALY is equal to one healthy year of life lost due to premature death, illness, disability or injury. An example could be:

‘DALYs are a measure of burden of disease, one DALY equals one year of healthy life lost due to premature death and time lived with illness, disease or injury’ (VCAA Study Design).

1. For one mark, students must explain the physical dimension of health, not merely provide examples. For example:

‘Relates to the efficient functioning of the body and its systems, and includes the physical capacity to perform tasks and physical fitness’(VCAA Study Design).

The first part of the above answer can be awarded a mark, whereas the second part relates to examples and cannot be awarded a mark if this is all the student writes.

1. One mark is awarded for identifying the function of the nutrient and another mark for identifying a major food source for a total of four marks. Answers can relate to a health function or the role the nutrient plays in increasing or decreasing the risk of specific conditions. Examples include:

|  |  |  |
| --- | --- | --- |
|  | **Health Function** | **Major food source** |
| Polyunsaturated Fat | Provide protection for vital organsUsed as a fuel for energy productionAct to lower LDL cholesterol and reduce the risk of cardiovascular disease. Acts to increase HDL cholesterol and reduce the risk of hypertension .An important component of cell membranesAssists in maintaining body temperatureHelps fight infection and reduces risk of rheumatoid arthritisRequired to metabolise and transport fat-soluble vitamins | SalmonTunaMackerel Canola oilNuts and SeedsSoy oilSardinesFortified foods – breads, margarine, eggs (note that students must state ‘fortified’ when referring to fortified food sources).  |
| Vitamin B12 | Required for normal nervous system and brain function. Required for DNA synthesis and the prevention of anaemia. Production and regulation of red blood cells. Deficiency can increase risk of anaemiaInvolved in immune system reducing risk of illnessReduced levels can increase the risk fatigue, heart palpitations and a red, sore tongue. | EggsBeefLambShellfish such as clams and musselsCheese MilkMushroomsFortified foods – breads, breakfast cereals, fruit juices (note that students must state ‘fortified’ when referring to fortified food sources). |

1. a. Two marks are awarded for correctly linking lower incomes to higher rates of type 2 diabetes in low socioeconomic groups. Examples include:
* Those with low incomes may not be able to afford to access resources such as gym memberships and dieticians. This may increase the risk of obesity and therefore type 2 diabetes among low socioeconomic groups.
* A low income increases the risk of food insecurity. This may mean that people rely on processed foods that are energy dense. This increases the risk of obesity and therefore type 2 diabetes.
* Low incomes can mean that people are less able to access health care. As a result, early indicators of increased risk of type 2 diabetes may be missed and diabetes may develop as a result.
1. Students must briefly explain one way that Medicare could be used to promote the health of someone with diabetes for two marks. The concept of Medicare should be incorporated in their answer to be eligible for 2 marks and a link to improved health should also be included. An example could be:

Medicare would allow a person with diabetes to receive a subsidised doctor’s appointment. The doctor may be able to devise a healthy eating plan which would give the person more energy (physical health).

Medicare would allow the individual to seek specialist treatment at a subsidised cost. This could mean that the person becomes educated about lifestyle changes that may allow them to go about their normal activities which may increase self-esteem (mental health).

A person with type 2 diabetes would be able to access public hospitals for free which may assist in treating kidney disease which promotes health.

1. For four marks, students must briefly explain two ways the United Nations works to promote human rights. These do not have to be examples of actual interventions but should reflect the methods that the UN uses in promoting human rights. Examples worth two marks include:
* The United Nations developed the ‘Universal Declaration of Human Rights’ which outlines the rights that everyone is entitled to. Member states of the UN must sign the declaration which increases the chances of human rights being upheld.
* The United Nations sends peace keeping forces to countries where human rights are being denied. These forces promote human rights through their presence and physical interventions if required.
* The United Nations may implement economic sanctions on a government if they are not upholding the rights of their citizens. This places financial strain on the economy and may encourage governments to promote human rights.
* The United Nations ‘Convention on the Rights of the Child’ encourages governments to commit to ensuring all children receive an education, particularly females.
* The United Nations assists countries with economic development which can assist governments with providing resources such as education and health care which are examples of human rights.
* The United Nations provides humanitarian assistance to those in need. This provides people rights associated with a standard of living required for health and well-being such as food, shelter and medical care.
1. a. For two marks, students must adapt the roles of the state governments to a reduced impact of injuries among those aged 12-24. These can relate to actual or possible interventions. Examples include:
* The State Government could implement laws that place power restrictions on the cars that p plate drivers can operate. This could reduce speed and the risk of car crashes.
* The State Government could include driver education courses in the school curriculum. Students would then get a greater understanding of road safety and reduce the risk of road crashes.
* The Government could reduce speed limits further in school areas so school students were at a reduced risk of being struck by cars and reducing injuries.
* The government could legislate more controls on car safety. This could lessen the risk of injury to those involved in crashes.
1. For two marks, students must link the biomedical and social models of health to a reduction of the impact of injuries. Examples include:

Biomedical:

* Doctors can treat people who are involved in car accidents or other accidents by operating or stabilising broken limbs.
* Physiotherapists can assist with treating sporting injuries through massage and prescribed exercises.

Social:

* The TAC can educate people about the dangers of driving under the influence of alcohol, which may reduce the number of people that do this and therefore reduce the impact of car crashes.
* The government could subsidise the cost of driver education programs. This could improve the skills of drivers and reduce the risk of crashes and injuries.
1. Students must make reference to child mortality (U5MR) and adult mortality (male mortality for those aged 15-59) in their answer. Adult mortality must be referred to as ‘very low’ or ‘low’ in Australia compared to ‘very high’ in Zimbabwe and child mortality as ‘very low’ in Australia and ‘high’ in Zimbabwe. Both countries must be referenced for two marks. An example could be:

Zimbabwe is classified as strata E as they experience high child and very high adult mortality rates, whereas Australia is classified as strata A as they experience very low child and very low adult mortality.

1. Students must identify three aspects of human development for three marks. Note that reference to physical, social, emotional and intellectual development is part of Unit 1 and 2 not Unit 4 and should not be awarded marks. Examples include:

Human development is about creating environments in which 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.
1. a. Students must state that AusAID is the Federal Government’s overseas aid agency (or organisation) or the Australian Agency for International Development for one mark.

b. Students can identify any two of the following for one mark each for a total of two marks:

* to assist developing countries reduce poverty and achieve sustainable development, in line with Australia’s national interest.
* assist countries in Australia’s region to achieve the Millennium Development Goals.
* work with the governments of developing countries to help them to manage a range of global threats, such as people trafficking, illicit drugs, and HIV/AIDS and other communicable diseases.
* provide humanitarian assistance and reduce the adverse impacts of conflict and natural and other disasters on vulnerable populations.
* respond to emergencies in the region such as cyclones, floods, tsunamis and earthquakes, by becoming active the moment disaster strikes.
1. Students receive four marks for linking peace and access to health care to higher rates of maternal deaths in Chad compared to Australia. Examples worth two marks each are as follows:
* Higher levels of peace in Australia means that money is not being used to wage a war and therefore funds can be allocated to maternal health. These services allow women to be monitored and receive care if needed. In Chad, conflict may mean that money is not available and women don’t receive care, therefore increasing the risk of danger becoming fatal during pregnancy.
* Chad may not experience peace which can mean infrastructure such as hospitals are destroyed. This can mean women don’t receive antenatal care and increases the risk of death. Peace in Australia means that hospitals can continue to operate and provide care to pregnant women reducing the risk of death.
* Peace in Australia means that women can safely travel to receive maternal care therefore reducing the risk of death. If conflict is occurring in Chad, women may not feel safe to travel to medical care and therefore give birth at home increasing the risk of complications going untreated and leading to death.
* In Australia, Medicare increases economic access to health care by providing free care in public hospitals. Women regardless of income, can access maternal care. In Chad, people may not be able to afford health care and therefore don’t receive treatment for complications during pregnancy that may lead to death.
* There may be few qualified birthing attendants in Chad which means women cannot access care during child birth meaning complications can lead to death. In Australia, there are many qualified birthing attendants which increases access for women and reduces the risk of death.
* Being able to access health care means that women can be educated by health staff relating to maternal nutrition and protective factors for both mother and baby. This increases the chance of a healthy pregnancy and birth therefore reducing the risk of death. Women in Australia can generally access this care whereas women in Chad may not.

**SECTION B**

1. a. i. Students must make reference to each of the three countries to be eligible for two marks. Data should also be used in the answer (in correct units, i.e. ‘per 100 000 population’). Students can receive half marks if general discussions are made without the use of data or without a reference to each country. Students do not receive marks for discussing reasons for the differences. Examples include:
* Mortality rates for cancer are highest in the United Kingdom, followed by Australia and Japan (144, 125 and 119 per 100 000 respectively). Mortality rates due to respiratory diseases are highest the United Kingdom, followed by Australia and Japan (20, 11 and 6 per 100 000 population respectively).
* Japan has the lowest mortality rates for cancer at 119 per 100 000, Australia experiences 125 per 100 000 and the United Kingdom has the highest rates with 144 per 100 000. For respiratory diseases, Japan has the lowest mortality rates of 6 per 100 000 compared to Australia with 11 per 100 000 and the United Kingdom with 20 per 100 000.

ii. The focus of this answer is Australia and the United Kingdom with regards to cardiovascular disease and diabetes. Japan should not form a part of this answer. Reference should be made to both countries for each example of a determinant. The example can be identified at the beginning of the answer or within it (although students should be encouraged to identify the example first). Examples include:

Biological:

* Obesity: Those in the United Kingdom may have higher rates of obesity compared to Australia. Obesity contributes to mortality from both diabetes and cardiovascular disease.
* Glucose regulation: Australians may experience lower rates of impaired glucose regulation (or insulin resistance) compared to the United Kingdom. This can increase the rates of mortality from diabetes in the United Kingdom.
* Blood cholesterol: Australians may have lower levels of blood cholesterol which reduces the risk of cardiovascular disease deaths. Those in the United Kingdom may have higher levels of cholesterol and therefore experience higher mortality rates from cardiovascular disease.
* Advancing age: The United Kingdom may have an older population on average compared to Australia. Older age is associated with higher mortality rates for both cardiovascular disease and diabetes.
* Blood pressure: Australians may have lower rates of hypertension (or high blood pressure), which decreases the risk of cardiovascular disease deaths. Rates may be higher in the United Kingdom.

Behavioural:

* Tobacco use: People in the United Kingdom may smoke at higher rates compared to Australia. Tobacco use can block the arteries and contribute to cardiovascular disease.
* Alcohol use: Alcohol use can contribute excess energy and contribute to weight gain and cardiovascular disease. Those in the United Kingdom may drink at higher levels that Australians.
* Food intake: Australians may eat a less energy dense diet compared to the United Kingdom which can reduce the risk of obesity and therefore cardiovascular disease.
* Fat intake: higher fat diets can contribute to diabetes. Those in the United Kingdom may consume a higher fat diet compared to those in Australia.
* Exercise levels: Australians may exercise more which assists with maintaining the health of blood vessels and can reduce the risk of heart attacks. Those in the United Kingdom may not exercise as much.
* Accessing health care: Those in the United Kingdom may not choose to access health care as much as those in Australia. This can mean that risk factors such as high fat diets, physical inactivity and hypertension are not diagnosed and the risk of diabetes and cardiovascular disease increases.

Social:

* Food security: Those in the United Kingdom may experience food insecurity at higher rates than those in Australia. This can mean that people rely on energy dense foods therefore increasing the risk of cardiovascular disease and diabetes.
* Access to health care: Health care may not be as affordable in the United Kingdom as it is in Australia. This can mean that diabetes and cardiovascular diseases are not treated increasing the risk of death.
* Socioeconomic status: The average socioeconomic status may be lower in the United Kingdom than Australia. This may mean that people are not as educated regarding health promoting behaviours in the United Kingdom therefore increasing the risk of diabetes.
* Health promotion programs: The government in the UK may develop programs to promote health compared to Australia. This may mean that health promoting messages are not promoted as much leading to increased risk of death from cardiovascular disease.

b. The focus of this answer is on promoting cardiovascular health, not increasing the risk of cardiovascular disease. Reference should be made to specific nutrients to be eligible for two marks. Examples include:

* Low GI carbohydrates can reduce hunger and assist with weight management which promotes cardiovascular health.
* Low GI carbohydrates are a healthier option as the changes in blood glucose levels and insulin levels occur gradually which delays hunger and assists in the prevention of obesity which is a risk factor for heart disease
* Fibre provides feelings of fullness and assists in reducing blood cholesterol. This can reduce the risk of atherosclerosis and cardiovascular disease.
* Polyunsaturated fats can reduce the amounts of bad (LDL) cholesterol in the body and therefore reduce the risk of cardiovascular disease.
1. a. Students must identify one of the following for one mark:
* Rheumatoid arthritis
* Osteoarthritis
* Juvenile arthritis
1. Students must briefly explain osteoporosis for one mark. The statement should relate to a condition characterised by weak bones (or a significant loss of bone density). Examples include:
* Osteoporosis is characterised by a loss of bone density and increased risk of fracture.
* Osteoporosis is a condition that affects bones by making them weak and prone to breakage.
1. For two marks, students must identify two reasons why osteoporosis was included in this NHPA. Examples include:
* Osteoporosis affects a large number of Australians and contributes significantly to the burden of disease.
* Osteoporosis is often preventable through adequate food intake and exercise.
* Osteoporosis contributes significantly to the costs associated with the health system through consultations and management plans.
* As the population ages, osteoporosis is becoming more common and as it more common in older people.
1. The focus of this question is on preventing the onset of osteoporosis. Reference should be made to specific nutrients to be eligible for two marks
* Calcium is necessary for building and maintaining strong and healthy bones preventing osteoporosis.
* Vitamin D and calcium promote healthy bone density. Vitamin D is important because it helps the body absorb calcium
* Phosphorus works with calcium to harden the bones reducing the risk of osteoporosis
1. a. Students must make reference to indigenous and non-Indigenous Australians in the 25-29 year old age group to be awarded a mark. Answers should make reference to both groups and use data in the correct units (i.e. hospitalisations per 100 000 population). For example:
* Indigenous Australians experience approximately 5000 hospitalisations per 100 000 people in 2007-08 whereas non-Indigenous Australians experienced around 2000 hospitalisations per 100 000 in 2007-09.
1. One mark is awarded for identifying a relevant social determinant and another mark for linking it back to the difference between Indigenous and non-Indigenous Australians. Examples include:
* Socioeconomic status: Indigenous Australians may have a lower socioeconomic status than non-Indigenous Australians. This could mean education levels are lower which may contribute to a lack of knowledge surrounding risk taking behaviours such as drink driving. This could lead to higher injury rates compared to non-Indigenous Australians.
* Transport: Some Indigenous people may only be able to access transport that is not safe (such as unsafe cars). This may lead to more road accidents and therefore hospitalisations compared to non-Indigenous Australians.
* Housing: Indigenous housing is more likely to be overcrowded and unsafe compared to non-Indigenous housing. This may lead to mental problems and higher rates of self-harm resulting in hospitalisation compared to non-Indigenous Australians.
* Housing: Indigenous housing is more likely to be overcrowded and unsafe compared to non-Indigenous housing. This may lead to more injuries in the home requiring hospitalisation compared to non-Indigenous Australians.
* Location of residence: A relatively high proportion of non-Indigenous people live in remote areas compared to non-Indigenous Australians. This can mean that roads are not as safe and speed limits are higher contributing to more accidents and therefore hospitalisations compared to non-Indigenous Australians.
* Violence in the community: There may be more violence in some Indigenous communities compared to non-Indigenous communities which can lead to physical harm and more hospitalisations.
* Social exclusion: Indigenous people may be more likely to be socially excluded compared to non-Indigenous Australians which may lead to higher rates of self-harm and more hospitalisations due to these injuries.
* Unemployment: Indigenous people may be more likely to be unemployed compared to non-Indigenous Australians which may lead to higher rates of self-harm due to stress and a sense of worthlessness.
1. a. Students must link the NRVs to lower obesity rates in children using the ways the NRVs are used by the Federal Government in promoting healthy eating as the basis of their answer. Note that school intervention (canteen policies for example) is more likely to be a state government intervention.

Relevant examples include:

* The Government could use the NRVs to develop food - related legislation that limits the amount of energy contained in certain food products commonly consumed by children. This may reduce total energy intake and assist in reducing obesity rates.
* The Government may devise food section models to assist parents in feeding their children. They may educate parents on healthy food preparation for their children which can assist parents in maintaining ideal body weights of their children.
* To develop policies such as the Australian Dietary Guidelines for Children and Adolescents. These provide parents with general advice for feeding their children. This may assist parents in reducing fat content of their children’s meals which can reduce obesity among children.
* The Australian Guide to Healthy Eating has information relating to the amount of food that children should consume. Parents could use this for meal planning that may contain meals that are nutrient dense instead of energy dense. This may decrease body weight in overweight children.
1. Students should link two roles of the Heart Foundation to a reduction in childhood obesity for a total of four marks. Examples worth two marks include:
* The ‘Tick’ program allows parents to choose foods that are lower in energy which can assist in reducing energy intake in their children and lead to lower rates of obesity among children.
* The ‘Mums United’ program provides information for mothers relating to healthy cooking for their family and ways to get their family physically active. This can reduce energy intake and encourage physical activity among children, therefore reducing obesity rates.
* The Heart Foundation website contains a range of recipes that parents could use when preparing their children’s food. This can reduce energy intake and reduce obesity rates.
* The Heart Foundation funds research into factors contributing to a range of issues including childhood obesity. This can provide the latest evidence to assist the community in reducing childhood obesity rates.
* Co-ordinates the ‘Jump Rope for Heart’ fundraiser which promotes physical activity among children. This can increase activity levels and reduce obesity rates among children.
* The Heart Foundation provides teaching resources to schools to promote healthy eating and physical activity. This can reduce obesity rates among children.
* The Heart Foundation provides a range of policies and information sheets relating to healthy eating and physical activity among children. These include ‘Eat Smart, Play Smart’ manual for after-hours carers and the kids and body weight information sheet which can control childhood obesity.
1. a. This answer does not have to be word for word, but some context must be provided with regards to the priority. For example ‘physical activity’ is not acceptable, however statements like ‘promoting physical activity’ or ‘increasing physical activity’ are acceptable for one mark. Students should base their answer around one of the following:
* increasing physical activity
* increasing social and economic participation
* reducing harm from UV exposure.

b. Students must link the Active Club Grants to an aspect of physical, social and mental health for a total of three marks. Students do not receive marks for linking the grants to aspects of individual development (physical, social, emotional and intellectual) as this is a part of the Unit 1 and 2 course, not Unit 3. Examples worth one mark include:

Physical:

* The grants are designed to increase physical activity. Regular physical activity can enhance the individual’s ability to maintain their body weight.
* Regular physical activity can improve fitness levels of the participants.
* The grants are designed for sporting clubs to purchase injury prevention equipment. This will reduce the amount of injuries.
* The grants are designed for sporting clubs to purchase portable sun shades. This will reduce exposure to UV rays and reduce the number of cases of skin cancer.

Social:

* The grants promote membership of a sporting club. This can increase social interaction and assist in the development of friendships.
* The grants assist people in staying connected which means they will have more contact with other people which is an aspect of social health.

Mental:

* Being in regular contact with people can increase opportunities to talk and share problems. This can reduce stress.
* Physical activity reduces stress and releases endorphins which can assist people in building self-esteem.
1. Students receive one mark for correctly identifying a principle of the social model of health and another mark for linking it to an aspects of the ‘Active Club Grants’. The principles do not have to be word perfect but must be close to the actual principles. For example ‘sectorial collaboration’ is not acceptable but ‘promoting intersectorial collaboration’ is acceptable. Examples include:
* Involves intersectorial collaboration: VicHealth is working with sports clubs to promote physical activity among the community.
* Addresses the broader determinants of health – the Active Club Grants enhance social connectedness among residents which can promote all dimensions of health.
* Empowers individuals and communities: volunteers are provided with training which can assist the club in running more effectively and efficiently, thereby increasing opportunities for physical activity.
* Reduces social inequities: Grants were prioritised to clubs that cater to disadvantaged groups including indigenous communities, people with a disability and those from rural and low socioeconomic areas.
1. a. Students receive two marks for identifying the trends in access to improved water sources for those in rural and urban areas. Data should be used in the identification of the differences. An answer could be:

Those in rural areas experienced an increase in access to improved water from around 31% of the population in 1990 to around 50% in 2008. Those in urban areas experienced a decrease in access to improved water, from around 90% of the population in 1990 to around 82% in 2008.

1. Political instability should be linked to a decrease in access to improved water sources twice for a total of four marks. Examples worth two marks include:
* Political instability can result in the government diverting funds towards maintaining power which can mean less money is available for providing improved water sources which could have led to fewer people having access to safe water.
* Political instability can lead to conflict which can mean infrastructure being destroyed including wells, water pumps and plumbing. This could have led to the decrease in access to improved water sources for those in urban areas.
* If political instability led to conflict, people may not have felt safe travelling to fetch water. This could have contributed to a decrease in access to improved water sources for those in urban areas.
1. One mark is awarded for identifying a program that has been implemented in developing countries to improve access to clean water and a further two marks for outlining two aspects of it. No marks are awarded for explaining benefits of the program. Examples include:
* Red Cross Water Project in Africa – Wells were constructed in villages and local people were trained in maintaining the wells. Locals were also taught how to repair the wells and how to prevent contamination of the wells.
* The Bulawayo Water and Sanitation Emergency Response (BOWSER) Project: Wateraid educates communities about the importance of a reliable, clean water supply. Local people are involved in designing the water solution. Funds and resources are provided to assist communities in accessing a clean water supply. Examples of solutions include dams, rainwater harvesting, tapping springs and gravity fed systems.
* World Vision Water Project: World Vision assists communities to access clean water by bringing trucks with large drills into communities to drill deep wells. Hand pumps are also installed to make water retrieval more efficient.
1. Students must link access to improved water sources to health, human development and sustainability for two marks each for a total of six marks. Examples include:

Health:

* Having access to clean water reduces the risk of consuming contaminated water. This can reduce the risk of water borne diseases such as cholera therefore improving their physical health
* Having access to clean water reduces the risk of consuming contaminated water. This can reduce the risk of diarrhoeal disease. People’s immune system will be stronger; they will be able to fight off disease therefore improving their physical health
* Having access to clean water can mean that women do not have to travel long distances with water on their heads which can reduce the risk of back injuries therefore improving their physical health

Human Development:

* Having access to clean water means that people are less likely to become infected with a water borne disease. As a result, they are more able to access knowledge through education. People who attend school gain knowledge and skills that enables them to expand their choices and enhance their capabilities. Education gives people the opportunity to develop to their full potential and to lead productive and creative lives
* If women do not have to spend hours each day collecting water, they are more able to live in an environment where they can develop to their full potential and lead a productive and creative life. They can gain knowledge through having more time to access education. They are able to participate the their community and take an active role in decisions that affects their life

Sustainability:

* Sustainability is achieved through the development of the society where people are empowered to take control over their lives. Having access to clean water means that people are in better health to be able to work. They may be more able to send their children to school which increases their chances of gaining meaningful employment and being able to send their children to school in the future.
* Sustainability is achieved through economic development where people have the opportunity to develop the skills and knowledge necessary for viable employment.Having access to improved water sources means people will be healthier and more able to work and earn an income. This can assist in building the economy of the country through taxation revenue. This revenue can be used to develop health and education systems which can provide opportunities for the next generation.
1. a. Students must explain food security (not insecurity) for one mark. Note that this definition does not have to be exactly the same as the definition in the study design but must reflect the same meaning. An example could be:

‘The state in which all persons obtain nutrionally adequate, culturally appropriate, safe food regularly through local non-emergency sources’ (VCAA Study Design).

1. Students receive one mark for correctly identifying each element of sustainable programs and a further mark for linking each to the Global Agriculture and Food Security Program. Examples worth two marks include:
* Appropriate: The program is targeted towards those who experience environmental and economic challenges with regards to producing food.
* Affordable: Farmers in areas that experience environmental and economic challenges with free education regarding agricultural techniques.
* Equitable: The program provides funds to poor rural people to help them improve their incomes and improve long term food security and nutrition.
1. For four marks, students must link improved food security to an improvement in two indicators used to calculate the Human Development Index. Examples worth two marks include:
* Improved food security contributes to improved immune system function. This assists people, particularly children, in fighting off infectious diseases. This could have contributed to improved life expectancy and therefore a higher Human Development Index.
* Improved food security can increase energy levels which may mean children are more able to attend school. This can increase the expected years of schooling and therefore increase the Human Development Index.
* A well-nourished population are more able to work and contribute to the country’s economy through taxation. This can increase the Gross National Income and therefore increase the Human Development Index.
1. a. Students must identify ‘Eradicate extreme poverty and hunger’ for one mark.
2. Two statements relating to why this goal is important must be made for two marks. Examples worth one mark include:
* Poverty limits the ability of millions of people to access basic resources required for health such as food and health care.
* Poverty limits the ability of governments to provide resources such as education and health care.
* Hunger contributes to millions of childhood deaths each year, most of which are preventable.
* A well-nourished population are better able to earn an income and break the cycle of poverty.
* Poverty has an enormous impact on mortality and morbidity rates in developing countries
1. Students must identify ‘Eastern Asia’ for one mark.
2. Students must link a reduction in the proportion of those living on less than $1.25 per day to improvements in health. Students can make three brief links or one in greater detail. Answers can link to health status or the three dimensions of health. Examples worth one mark include:
* A reduction in the proportion of those living on less than $1.25 a day can mean that people are more able to access food which can improve immune system function and promote physical health.
* Greater incomes mean that people are more able to participate in leisure activities which can promote feelings of well-being (mental health).
* Fewer people living on less than $1.25 a day means that more people can access clean water which can reduce the risk of water borne diseases.
* Greater incomes may increase opportunities for social activities which can promote social health.

An example worth three marks could be:

A reduction in the proportion of those living on less than $1.25 a day may mean that people are better able to access health care. This can provide children with immunisations against common infectious diseases such as measles which can reduce the U5MR. People may also be able to access medications for existing conditions such as HIV which can extend life expectancy of those infected.

1. Students must show an understanding of bilateral aid in their answer. Students receive one mark for demonstrating an understanding of bilateral aid and a further two marks for linking this type of aid to a reduction in poverty in a developing country. For example:
* The Government of Australia could provide the Government of Yemen with funding and technical assistance to develop their industries. Australia could send experts to Yemen to assist farmers with regards to improving agricultural techniques. This could assist them in improving their productivity and increasing their incomes.
* Australia could provide Yemen with funding to build schools and train teachers. This could increase the opportunities for children to become educated and achieve meaningful employment in later life. This generation can earn higher incomes and assist in developing the economy of Yemen.