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Teacher Advice

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

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

Student preparation

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

As well as having an understanding of key knowledge points and the ability to carry out the key skills, students should be able to explain all key terms within the dot points. Although definitions do not have to be memorised, the meaning cannot be compromised by the students’ interpretation.

Use the mark allocation as a guide as to how much detail is required in extended response questions.

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

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

Students should be aware of the difference between health status and factors that influence health status. If a question is about health status, students should link their answer back to a health indicator or a particular condition. For example, access to health care is an example of a factor, not an aspect of health status. ‘Increased mortality rates due to not having conditions such as cardiovascular disease diagnosed and managed’ would be an example of an aspect of health status in this scenario.
If asked how a given scenario may impact on ‘health and wellbeing’, students can refer to one or more of the five dimensions (i.e. physical, social, emotional, mental and spiritual). 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 identifying principles of the social model of health or action areas of the Ottawa Charter in case studies, the use of quotes from the stimulus material can assist in demonstrating understanding.

Students should have a thorough understanding on one of the issues identified in Unit 3 (i.e. smoking, road safety or skin cancer) and be able to apply their knowledge to a new context.

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 accordance with their needs and interests
- have their choices expanded and capabilities enhanced
- have access to knowledge
- have access to health and 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 wellbeing and human development if a question asks for possible impacts on both.

Students can refer to the shortened names of the Sustainable Development Goals (SDGs).

Students should discuss factors in the manner that they are written in the question. For example, if a question is asking about ‘clean water’, students should discuss this and not lack of access to clean water.

The priorities of the World Health Organisation Agenda are required knowledge. The priorities are:

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

When discussing how health and wellbeing can be impacted in a global context, students should discuss health concerns of populations that go beyond the borders of any individual countries. Linking to the dimensions of health and wellbeing without making the global context clear does not represent global health and wellbeing.

Students are required to know one program relating to the SDGs (one in total, not one for each) and a focus of this dot point is the features of effective programs. Again, students may be required to apply this knowledge to a new context.
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.
HEALTH AND HUMAN DEVELOPMENT
Written examination

Thursday 8 November 2018
Reading time: 11.45 am to 12.00 noon (15 minutes)
Writing time: 12.00 noon to 2.00 pm (2 hours)

QUESTION AND ANSWER BOOK

Structure of book

<table>
<thead>
<tr>
<th>Number of questions</th>
<th>Number of questions to be answered</th>
<th>Number of marks</th>
</tr>
</thead>
<tbody>
<tr>
<td>12</td>
<td>12</td>
<td>100</td>
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</tbody>
</table>

• Students are permitted to bring into the assessment room: pens, pencils, highlighters, erasers, sharpeners and rulers.
• Students are NOT permitted to bring into the examination room: blank sheets of paper and/or white out liquid/tape.
• No calculator is allowed in this examination.

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

Instructions
• Write your student number in the space provided above on this page.
• All written responses must be in English.

Students are NOT permitted to bring mobile phones and/or any other unauthorised electronic devices into the assessment room.
Instructions
Answer all questions in the spaces provided.

Question 1 (6 marks)
Health and wellbeing consists of a number of dimensions, including spiritual and mental.

a. Describe spiritual health and wellbeing. 2 marks

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b. An aspect of mental health and wellbeing is levels of stress. Use this example to show how mental and spiritual health and wellbeing are interrelated. 2 marks

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(c. Briefly explain the importance of optimal health and wellbeing as a resource for countries. 2 marks

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Question 2 (7 marks)

The Australian Government plays a key role in working towards the Sustainable Development Goals in low-income countries.

a. Identify the objectives of the SDGs.  
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b. Identify two priorities of Australia’s aid program and explain how each may assist in achieving an objective of the SDGs (use a different objective for each response).  
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TURN OVER
Question 3 (14 marks)

Source 1
Oral diseases relate to diseases of the mouth and include oral infection and sores, periodontal (gum) disease, tooth decay, tooth loss, and other diseases and disorders that limit an individual’s capacity in biting, chewing, smiling and speaking.

Source 2
- Even though most oral diseases are preventable, almost everyone is likely to be affected during their lifetime.
- In low and middle-income countries, but also in a number of high-income countries, the treatment of oral diseases remains unaffordable or inaccessible for large segments of society.


Source 3
The following graph shows the prevalence (per 100 000) of oral disorders for the four income groupings in 2016.

![Graph showing prevalence of oral disorders by income group](source)

Source: Adapted from Global Burden of Disease Study 2016.

Source 4
The following graphic shows ways to prevent oral diseases.

![Graphic showing ways to prevent oral diseases](source)


Source 5
According to the Australian Institute of Health and Welfare (2016), the prevalence of oral diseases and untreated oral diseases are higher among certain population groups in Australia including Indigenous Australians, those living outside of Australia’s major cities and those from lower socioeconomic backgrounds.
a. Selecting evidence from the sources presented and using your own knowledge, explain reasons for similarities and/or differences in health status due to oral diseases within and between countries, and discuss opportunities for health promotion to reduce the prevalence and impact of oral diseases in low- and high-income countries. 12 marks

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b. Outline two limitations of the biomedical model in relation to dental health.  

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Question 4 (6 marks)

Life expectancy and health-adjusted life expectancy (HALE) are common measures of health status.

a. Briefly explain the difference between life expectancy and HALE as measures of health status.  

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b. Outline two ways that Medicare has contributed to improvements in life expectancy over time.  

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Question 5 (11 marks)

The following graphs shows the under 5 mortality rate (U5MR) over time according to World Bank income groups.


a. Using data, compare the U5MR for low- and high-income countries over time. 3 marks

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b. Outline two aspects of old public health and explain how each could assist in reducing the U5MR in low-income countries. 4 marks

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c. Identify two WHO prerequisites for health and explain how each could contribute to improved U5MR in low-income countries.  

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Question 6 (8 marks)

High body mass index contributes significantly to burden of disease in Australia.

a. Explain what is meant by high body mass index.  

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b. Explain how the PBS may assist in promoting equity for those experiencing a condition associated with high body mass index.  

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c. Outline two ways that the WHO works and discuss how each may contribute to reducing the impact of high body mass index globally. 4 marks

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**Question 7** (6 marks)
Climate change and world trade are global trends predicted to have significant impacts on health and wellbeing.

a. Explain one way that climate change can impact mental health and wellbeing. 2 marks

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b. Explain one positive impact and one negative impact on health and wellbeing related to world trade. 4 marks

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TURN OVER
Question 8 (16 marks)

- Studies – lots of them – have shown that education is one of the best investments to make for children who live in poverty. And educating girls, specifically, creates ripples of change for generations to come.
- Only 43% of secondary-school-aged girls are in school in low-income countries.
- 1 out of 5 girls in low-income countries does not complete sixth grade.
- More than 10 000 girls a day will get married before they turn 15. But girls with secondary schooling are 6 times less likely to marry before they turn 18.
- A woman who earns an income reinvests 90% of it into her family. A man typically spends 30-40% of his income on his family.
- 1 year of schooling increases a girl’s individual earning power by 10-20%.
- HIV and AIDS rates are reduced by 50% among youth who have completed primary education.
- 700 000 HIV cases could be prevented each year if all children received a primary education.
- A girl in a low-income country who receives 7 years of education – marries 4 years later – has 2 fewer children

Source: Adapted from https://blog.compassion.com/female-literacy-educating-girls-poverty/

a. Using the information above and your own knowledge, explain how the education of girls can assist in achieving the Sustainable Development Goals. 9 marks

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QUESTION 8 – continued
b. Identify a type of aid and justify its use in promoting the education of girls.  
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3 marks

c. Describe two ways that individuals can take social action and explain how each may promote the education of girls in low-income countries.  
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4 marks

Question 9 (3 marks)

Sustainability is a key consideration in promoting health and wellbeing globally.

Explain what is meant by economic sustainability and discuss its role in promoting health and wellbeing in a global context.
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TURN OVER
Question 10 (11 marks)
The following table shows mortality rates (per 100 000) for Indigenous and non-Indigenous males and females in 2012:

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<thead>
<tr>
<th></th>
<th>Indigenous</th>
<th>Non-Indigenous</th>
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<tbody>
<tr>
<td></td>
<td>Males</td>
<td>Females</td>
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<tr>
<td></td>
<td>1117.4</td>
<td>868.6</td>
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a. What is meant by ‘mortality’? 1 mark

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b. Using data, draw a conclusion about the health status of Indigenous Australians compared to non-Indigenous Australians. 2 marks

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c. Explain how two sociocultural factors contribute to the difference in health status as identified in part. a. 4 marks

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d. Making reference to two action areas of the Ottawa Charter, describe how a program has promoted Indigenous health and wellbeing in Australia.  

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Question 11 (6 marks)

‘The marketing of processed foods has the potential to have a greater impact in low- and middle-income countries compared to Australia’. To what extent do you agree with this statement?

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Question 12  (6 marks)
The following case study relates to a Tippy Tap program in Tanzania, a low-income country in Africa.

Even though primary students like Juliana learned about good sanitation and hygiene in class, they had few opportunities to practise their skills because of a lack of basic hand-washing facilities in their community.

“Having knowledge without practice led to many pupils at our school facing contamination, which then led to diseases,” explained Juliana.

But thanks to a World Vision water, sanitation and hygiene project in Busangi, Juliana and her schoolmates can now wash their hands properly following the introduction of simple “tippy tap” technology.

The tippy tap is a “hands-free”, low cost hand-washing device made from a plastic bottle that allows community members to wash their hands hygienically. Once tippy taps were introduced at Juliana’s school, children’s health and hygiene improved considerably.

Due to the success of tippy taps in Busangi’s schools, the technology is now being rolled out across the entire community – ensuring children are better protected from disease.

Parents are learning how to make and use tippy taps in their homes.

At Juliana’s school and others, each class takes it in turns to supply water to fill the tippy tap facility under the supervision of the school health club.


Evaluate the effectiveness of the tippy tap program in promoting health and wellbeing and human development in Tanzania.

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END OF QUESTION AND ANSWER BOOK
Extra space for responses

Clearly number all responses in this space.
HEALTH AND HUMAN DEVELOPMENT

2018 Trial Examination 1 - ANSWER GUIDE

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

1. a. Students receive two marks for making two points about what spiritual health and wellbeing refers to. Note that if students only provide examples of factors relating to spiritual health and wellbeing, only one mark should be awarded. Answers worth two marks include:

- A positive sense of belonging, meaning and purpose in life. It includes values and beliefs that influence the way people live, and can be influenced by an individual’s connection to themselves, others, nature and beyond.
- Spiritual health and wellbeing is not material in nature, but relates to ideas, beliefs, values and ethics that arise in the minds and conscience of human beings. Examples include a sense of belonging, positive meaning and purpose in life, peace and harmony and acting according to values and beliefs.

b. Students receive one mark for linking stress to an aspect of spiritual health and wellbeing (or an aspect of spiritual health and wellbeing to stress) and a further mark for linking back to the concept they started with. **Note** that 2 marks may be awarded for making one link on the 2018 exam, but it is worth exercising caution this year as requirements can change. Answers worth two marks are:

- A person experiencing low levels of stress can spend more of their time working towards their purpose in life instead of dealing with stress, which enhances spiritual health and wellbeing. By working towards their purpose in life, the individual may feel good about themselves which can enhance self-esteem (mental health and wellbeing).
- When an individual feels connected to the world in which they live, they are more likely to feel that they have people they can talk to when issues arise which can keep stress under control. When stress levels are under control, the individual may be able to think clearly and act according to their values and beliefs.
- An individual who is feeling stressed may not experience peace and harmony as their mind may be racing and their body responding to the stress experienced which impacts spiritual health and wellbeing. If an individual is not experiencing peace and harmony, they may not be able to think clearly which impacts thought patterns and mental health and wellbeing.
c. Students must include two pieces of information relating to the importance of health and wellbeing as a resource for countries. Students can discuss fewer points in more detail, or more points in less detail. Answers worth two marks include:

- Optimal health and wellbeing means less money is being spent on health care to treat ill-health. As a result, more money can be put towards resources such as preventative health, education and infrastructure.
- Achieving optimal health and wellbeing means more people can work productively which increases average incomes and the economy of the country.
- Achieving optimal health and wellbeing means a healthier community. This can mean there is less premature death which reduces the amount of grief experienced in the community.
- Optimal health and wellbeing take pressure off the welfare system as more people are able to provide for themselves. This contributes to lower levels of stress in the community as all people can have their needs met.

2. a. Students receive one mark for identifying each objective of the SDGs. Note that the wording does not have to be exact, but must convey the same meaning. The objectives are:

- End extreme poverty
- Fight inequality and injustice
- Tackle climate change

b. Students receive one mark for identifying each priority and another mark for explaining how it may assist in achieving an objective of the SDGs for a total of four marks. Note that if students get the objectives wrong in part a. they can still receive two marks for part b by identifying two priorities of Australia’s aid program. Answers worth two marks include:

- Agriculture, fisheries and water – By assisting low-income countries to grow more crops, they can sell the surplus which can increase incomes and assist in ending extreme poverty.
- Building resilience – Humanitarian assistance, disaster risk reduction and social protection – by assisting low-income countries to implement social protection systems, vulnerable groups are more likely to receive the support they need which fights inequality and injustice.
- Infrastructure, trade facilitation and international competitiveness – Australia could assist low-income countries in installing infrastructure such as solar and wind power generators which can assist in tackling climate change.
- Education and health – Poor health is a major contributor to poverty in low-income countries. By working to promote health status in low-income countries, people are more able to work and earn an income which can assist in ending extreme poverty.
- Gender equality and empowering women and girls – Females are often discriminated against in low-income countries. By promoting opportunities for women and girls, the Australian Government is working to fight inequality and injustice.
- Effective governance: policies, institutions and functioning economies – By assisting governments in low-income countries to work more efficiently, the Australian Government could assist in tackling climate change as these governments may have more resources that they can put towards sustainable energy production.
3. a. Students receive marks for drawing conclusions about the similarities and / or differences in the burden of disease due to oral disorders within and between countries, and the range of opportunities for health promotion to improve oral health in low- and high-income countries. Students are not necessarily awarded marks for each point they make, but rather, the quality of their response overall. The following rubric might be useful in assessing each response. Please note that if a student addresses each criteria, they would have enough content for 16 marks for a 12 mark question (although a maximum of 12 marks can be awarded regardless of how much they write). Due to their being no set criteria, students can answer in a number of ways and this rubric should be used as a guide only:

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<tr>
<td>Explanation of reasons for</td>
<td>More than one reason is identified and accurately discussed in relation to the similarities and / or differences in health status due to oral disease within countries.</td>
<td>One or more reasons are identified and some discussion is provided in relation to the similarities and / or differences in health status due to oral disease within countries.</td>
<td>A reason is identified, but no (or inaccurate) explanation is provided.</td>
<td>No reasons are identified.</td>
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<td>similarities and / or differences in health status due to oral disease within countries</td>
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<td>Explanation of reasons for</td>
<td>More than one reason is identified and accurately discussed in relation to the similarities and / or differences in health status due to oral disease between countries.</td>
<td>One or more reasons are identified and some discussion is provided in relation to the similarities and / or differences in health status due to oral disease between countries.</td>
<td>A reason is identified, but no (or inaccurate) explanation is provided.</td>
<td>No reasons are identified.</td>
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<tr>
<td>similarities and / or differences in health status due to oral disease between countries</td>
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<td>Opportunities for health</td>
<td>At least two opportunities for health promotion in relation to gum disease are discussed specifically.</td>
<td>At least two opportunities for health promotion in relation to gum disease are discussed generally.</td>
<td>One opportunity for health promotion in relation to gum disease is discussed specifically.</td>
<td>No references to the action areas of the Ottawa Charter are made.</td>
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<td>promotion</td>
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<tr>
<td>Use of source information</td>
<td>Multiple pieces of source information are used to develop responses and interventions.</td>
<td>Two pieces of source information are used to develop responses and interventions.</td>
<td>One piece of source information is used to develop responses and interventions.</td>
<td>No piece of source information is used in the response.</td>
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<tr>
<td>Use of own knowledge</td>
<td>Multiple pieces of the student’s own knowledge are used to develop responses and interventions.</td>
<td>Two pieces of the student’s own knowledge are used to develop responses and interventions.</td>
<td>One piece of the student’s own knowledge is used to develop responses and interventions.</td>
<td>No piece of the student’s own knowledge is used.</td>
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See page 4 for examples of high-scoring responses.
Examples of high-scoring responses are:

- Those in low-income countries and some population groups in Australia, experience worse health status in relation to oral disease than the others. This may be due to Indigenous Australians consuming more sugar-sweetened foods than the rest of the population, contributing to dental caries. Education levels are also often lower among Indigenous Australians and those in low-income countries compared to others which could contribute to lower levels of tooth brushing and higher rates of oral diseases. Those on lower incomes (low SES groups and those in low-income countries) are less able to afford dental health care which can mean that oral diseases go untreated which can increase morbidity among these groups. A mobile dental van program could be implemented by the government to provide essential dental care to those who cannot afford it, or have trouble accessing dental health services due to geographical location, such as those living outside Australia’s major cities. Trained health workers (or dentists) could provide annual check-ups and provide knowledge about the importance and technique of dental hygiene such as regular tooth brushing and flossing. Free floss and toothpaste with fluoride could also be provided. The government could implement a sugar tax and use the revenue to subsidise water. This could reduce sugar intake and the risk of oral diseases.

- Growing economies and global marketing of processed foods in low-income countries may mean that more people are consuming sugar sweetened drinks which could contribute to higher rates of dental disease compared to high-income countries. Lower incomes can also mean that people cannot afford to seek treatment when oral diseases arise which can increase the level of morbidity experienced. Advertising campaigns could be run in both low- and high-income countries to educate people about the dangers of sugar consumption in relation to oral health. Schools could run classes showing students how to care for their teeth, including proper brushing and flossing techniques. Indigenous Australians, low SES groups and those living outside of Australia’s major cities experience worse health status in relation to oral diseases than the rest of the population. Those living outside of major cities may find it more difficult to access dental services which can mean that conditions get worse and impact health status. Nearly all people experience oral diseases and most are preventable, meaning that interventions could address all people in all countries. For example, low-sugar foods could be subsidised in all communities to make them cheaper than high-sugar foods. This could assist in reducing the risk of dental caries.

b. Students receive one mark for each limitation of the biomedical model they outline in relation to oral diseases for a total of two marks. Note that this is an application question and students should be able to use what they know about the biomedical model and apply it to oral diseases. Answers worth one mark include:

- The medical technology used to treat oral diseases can be very expensive which means some people will not be able to afford it.
- The biomedical model of health may not be able to treat every single oral disease.
- Although most cases of oral diseases are preventable, this model does not work to prevent these conditions.
- Funding culturally appropriate oral care may be difficult for some groups such as Indigenous Australians, which can mean that oral diseases go untreated.
4. a. Students receive one mark for showing an understanding of each concept for a total of two marks.
   For example:

   Life expectancy relates to the number of years a person can expect to live, if death rates don’t change, whereas HALE refers to the number of years a person can expect to live free from disease and injury based on current rates of ill health and mortality.

   b. Students receive one mark for showing an understanding of Medicare and another mark for linking it to an increase in life expectancy for a total of four marks. For example:

   - By subsiding doctor’s consultations, more people can receive check-ups which can identify any issues. These concerns can be monitored and treated which reduces the risk of premature death and increases life expectancy.
   - By providing fee-free treatment in public hospitals, more people can receive treatment for serious health concerns which can reduce the risk of death and increases life expectancy.
   - People can access emergency services in public hospitals through Medicare which means injuries can be treated to reduce life-threatening issues such as blood loss. This can reduce the risk of death and increase life expectancy.

5. a. Students receive three marks for using data to compare the change in U5MR between low- and high-income countries over time. For example:

   The U5MR decreased for both low- and high-income countries over time, but more so for low-income countries. High-income countries decreased from around 15 deaths per 1000 live births in 1990 to around 5 deaths per 1000 live births in 2016 compared to low-income countries where it decreased from around 190 deaths per 1000 live births in 1990 to around 70 deaths per 1000 live births in 2016.

   b. Students receive two marks for each aspect of old public health they explain in relation to reducing the U5MR in low-income countries for a total of four marks. Answers worth two marks include:

   - Old public health includes measures put in place relating to the physical environment that have the aim of reducing the transmission of infectious diseases. Interventions such as underground sewerage systems could assist in reducing the under 5 mortality rate in low-income countries as many deaths are caused by inadequate sanitation.
   - Improved housing regulations could assist in reducing the risk of respiratory diseases in low-income countries. Better ventilation for example, can reduce the amount of smoke in a house which can reduce the risk of lung damage.
   - Quarantine measures could assist low-income countries in reducing the spread of infectious diseases. This could mean that fewer children are exposed to infectious diseases and die as a result, therefore reducing the U5MR.
   - Mass vaccination programs can reduce the risk of a range of diseases such as tuberculosis and measles. Many children currently die from these diseases in low-income countries, so vaccination programs could reduce the rate of deaths in those under 5.
   - Food regulations could contribute to fewer children contracting food-borne infections. This can reduce the risk of diarrhoea which is a leading cause of under 5 mortality in low-income countries.
c. Students receive one mark for each WHO prerequisite they correctly identify and another mark for explaining how each could contribute to improved U5MR in low-income countries. There are a number of ways each prerequisite can be linked to U5MR. Examples include:

- Peace – peace can mean that fewer children are killed as a result of conflict which can reduce the U5MR.
- Education – education can mean that parents have more knowledge about raising children. This can reduce the rate of infectious diseases caused by poor hygiene for example, which can reduce the U5MR.
- Food – adequately nourished children are less likely to die from infectious diseases as their immune systems are stronger which assists in reducing the U5MR.
- Income – an adequate income can mean that parents can afford health care such as vaccinations for their children. This can reduce their risk of infectious diseases such as measles which reduces the U5MR.
- A stable eco-system – a stable ecosystem can mean that clean air and water are readily available. This can reduce the risk of premature death and decrease the U5MR.
- Social justice – social justice can mean that children are not persecuted because of their culture or religion. This can reduce the number of children killed as a result of these traits which reduces the U5MR.
- Equity – equity ensures that vulnerable groups are provided with the resources required for a decent standard of living. This would mean that children in poor families would be more likely to receive assistance from the government which can include health care which reduces the risk of premature death and decreases the U5MR.

6. a. Students receive one mark for explaining what is meant by high body mass index. If students only describe body mass index (and not high body mass index), they have not answered the question and should not receive a mark. Answers worth one mark include:

- High body mass index relates to a body mass index of 25 or more.
- Body mass index is a height to weight ratio and a score of 25 or more is classified as a high body mass index.

b. Students receive one mark for showing an understanding of the PBS, another mark for explaining how it can promote equity and a third mark for linking to a condition associated with high body mass index. For example:

If someone with a high body mass index develops cardiovascular disease, their medical costs can be expensive. Once a person has spent a certain amount on PBS medicines in one year, the cost becomes even cheaper which promotes equity for those with high medical expenses.
c. Students receive one mark for outlining an area of work of the WHO and another mark for discussing how it can assist in reducing the impact of high body mass index globally. If students refer to the priorities instead of the work, marks should not be awarded. Note that there is no set wording for the work of the WHO, so long as it reflects one of their main areas of work, marks can be awarded. Examples worth two marks are:

- Setting norms and standards relates to simplifying the way that research, prevention and treatment is carried out. Norms and standards can assist in the development of new medicines that could prevent the risk of conditions associated with high body mass index such as heart attack.
- Providing leadership and creating partnerships to improve health and wellbeing. This could assist in reducing the prevalence of high body mass index by partnering with the food industry to reduce the amount of energy found in common foods.
- Conducting research and providing health and wellbeing information – the WHO has developed resources such as the Global Strategy on Diet, Physical Activity and Health which can provide strategies for reducing the risk of high body mass index.
- Developing policies to assist countries to take action to promote health and wellbeing - the WHO has developed policies relating to issues such as the marketing of processed foods to children which can reduce the risk of children becoming obese.
- Providing technical support and assisting health systems to become sustainable - the WHO provides training to non-specialists to provide support for those experiencing conditions related to high body mass index such as cardiovascular disease and diabetes.
- Monitoring health and wellbeing and health and wellbeing trends – the WHO monitors the rates of overweight and obesity through the World Health Statistics Report which can allow interventions to be put in place where and when they are needed to reduce the impact of high body mass index.

7. a. Students receive two marks for linking an aspect of climate change to an impact on mental health and wellbeing. Note that if students state that ‘average temperatures are increasing meaning that people may feel happier about having better weather’ a mark should not be awarded as this is too simplistic in relation to this global trend. Answers worth two marks include:

- Climate change can affect weather patterns so farmers may not be able to grow as much food which can contribute to stress.
- Rising sea levels can contaminate drinking water supplies which could contribute to anxiety if fresh water is not readily available.
- Extreme weather events such as floods and droughts can contribute to premature death which can cause feelings of grief within the community.
b. Students receive two marks for linking world trade to a positive impact on health and wellbeing and two marks for linking world trade to a negative impact on health and wellbeing for a total of four marks. Answers worth two marks include:

- World trade can create employment which can mean that fewer people live in poverty and can afford to access food which provides adequate levels of energy, impacting physical health and wellbeing.
- World trade can mean that more people can gain meaningful employment. This can provide people with a sense of purpose in life, promoting spiritual health and wellbeing.
- World trade can mean that people can access medicines from other parts of the world to treat conditions which enhances physical health and wellbeing.
- World trade can increase competition among manufacturers which could lead to some companies utilising children to produce their goods. This can contribute to depression and anxiety among child workers.
- World trade can increase pressure on countries to produce goods at an affordable price. This can increase environmental degradation as resources are used faster than they can be replenished. This can mean that access to resources such as clean water and building materials may be reduced, exposing people to the elements and infectious diseases (physical health and wellbeing).

8. a. Students receive up to nine marks for linking the information provided and their own knowledge to how the education of girls can assist in achieving the Sustainable Development Goals. Students can make fewer links with more discussion or more links with less discussion to receive marks. Linking a part of the stimulus material to an SDG with adequate discussion of how the two are related could be worth three marks. Answers worth three marks include:

- 43% of girls are currently not in school in low-income countries. By reducing this rate, more girls will receive an education which means that they have a higher earning capacity when they get a job. This can reduce the number of people living on less than US$1.90 per day which can assist in achieving SDG 1 No Poverty.
- Educating girls means that fewer girls will get married before they turn 15. This can reduce the rate of youth pregnancies. When girls have babies before the age of 15, they are more likely to experience issues, especially relating to the birth. The education of girls can reduce the number of these issues and assist in achieving SDG 3 Good health and wellbeing by reducing maternal mortality rates.
- Educated girls are more likely to earn a decent income later in life and this income is more likely to be spent on her family. This can mean that there is more money for resources such as food and clean water which can assist in achieving SDG 2 Zero hunger and SDG 6 Clean water and sanitation.
- Girls who complete primary education are less likely to contract HIV. This could be because they are more aware of how to protect themselves. This could assist in reducing the spread of HIV which is a focus of SDG 3 Good health and wellbeing.
- Girls who receive 7 years of education are more likely to have fewer children. This increases her ability to care for the children she has by keeping them well fed and at school which increases progress towards the SDGs Zero hunger and Quality education.
b. Students receive one mark for identifying a type of aid and a further two marks for justifying its use in relation to the education of girls. Answers worth three marks include:

- Multilateral aid – multilateral aid often has large budgets and can reach more people than other types of aid. This could assist in the education of girls as more people can be reached in regions where a high proportion of girls are not in school.
- Bilateral aid – bilateral aid can be used in a way agreed by both countries. Many high-income countries value education as a means of reducing poverty, so they may agree to provide aid that is aimed at achieving this goal by educating girls.

c. Students receive two marks for each example of social action they describe and link to the education of girls for a total of four marks. Answers worth two marks include:

- Volunteer their time to assist in raising funds or become part of a volunteer program designed to help improve the lives of others and their communities. Volunteering saves organisations money which can then be put into education programs that focus on girls in low- and middle-income countries.
- Donate money to non-government organisations (e.g. World Vision, Oxfam, Tabitha Foundation, Red Cross) to help them continue the work they do in low- and middle-income countries. These programs often include education programs aimed at girls.
- Support a social change campaign by signing online petitions or becoming involved in online competitions and other social media activities. Community support from around the world can be a powerful way to show the leaders of countries that the issue is not hidden. This can assist in changing practices relating to child marriage so girls can stay in school.
- Find out more about social issues and implement an awareness campaign locally or through social media outlets. Awareness can encourage others to take action which can mean that issues such as the education of girls receive more exposure, contributing to more change.
- Use purchasing power to buy products that support actions to promote social change. Many non-government organisations provide online shopping where the profits from selling goods are given back to communities which can then be used to promote the education of girls.
- Start a social enterprise activity. A social enterprise activity is based on identifying and researching a problem such as the education of girls, planning a solution, developing an action plan and then taking action to increase opportunities for girls to attend school.

9. Students receive one mark for explaining what economic sustainability relates to and two marks for discussing how it can promote health and wellbeing in a global context for a total of three marks. Note that if the student does not show they are discussing their response in a global context, a maximum of two marks should be awarded. Answers worth three marks include:

- Economic sustainability relates to ensuring that average incomes in all countries are adequate to sustain a decent standard of living and continue to rise in line with inflation and living costs in the future. Economic sustainability means that people in all countries can afford resources such as food and clean water. This can reduce the risk of contracting infectious diseases which promotes physical health and wellbeing worldwide.
- Economic sustainability means that all people in the future can earn an income that allows them to access the resources required for a decent standard of living. This means that people can have their basic needs met such as health care and shelter which can reduce levels of stress around the world.
10. a. Students receive one mark for stating what mortality relates to. Note that no explanation is required here. For one mark, students should state ‘death’ or words to that effect.

b. Students receive one mark for drawing a conclusion about the health status of Indigenous Australians compared to non-Indigenous Australians and another mark for using data for a total of two marks. Note that no marks are awarded for comparisons between males and females. An answer could be:

Indigenous Australians experience worse health status than non-Indigenous Australians. For example, Indigenous males had a mortality rate of 1117.4 per 100 000 compared to non-Indigenous males with rates of 661.4 per 100 000.

c. Students receive one mark for each relevant sociocultural factor they identify and a further two marks for linking each to the higher mortality rates / poorer health status among Indigenous compared to non-Indigenous Australians for a total of four marks. Answers worth two marks include:

- **Education** - lower education levels can mean that Indigenous Australians are not as aware of risky behaviours compared to non-Indigenous Australians. This may mean that Indigenous people are more likely to smoke which can increase the risk of preventable deaths from conditions such as lung cancer.
- **Access to health care** - Indigenous Australians are more likely to experience cultural barriers to health care when compared to non-Indigenous Australians. This can mean that conditions go untreated which can increase complications which can result in higher rates of deaths.
- **Unemployment** - Indigenous Australians are more likely to be unemployed than non-Indigenous Australians. This could contribute to less money available for health care which can contribute to higher rates of mortality.
- **Social exclusion** - Indigenous Australians are more likely to be socially excluded and experience discrimination when compared to non-Indigenous Australians. This can contribute to higher rates of mental health issues and mortality from intentional self-harm.

d. Students receive one mark for each action area of the Ottawa Charter they identify and a further two marks for explaining how each has been used to promote Indigenous health and wellbeing for a total of four marks. Students do not have to mention a program by name, but this may add more substance to their response. Answers worth four marks include:

- **The ‘2 Spirits’ program** is a community program that works to improve the sexual health and wellbeing of Indigenous gay men and transgender women and develops personal skills through education and prevention activities. This can promote mental health and wellbeing by providing support and increasing self-esteem. The program strengthens community action by consulting with community members, which means the program identifies appropriate means of addressing sexual health issues in this population. This increases participation which enhances social health and wellbeing as people get a chance to socialise during session meetings.
- **‘Learn Earn Legend!’** is a program targeting young Indigenous Australians. The program is creating a supportive environment by using high-profile Indigenous Australians to work with young people and encourage them to stay in school. The program develops personal skills by promoting literacy and numeracy so young Indigenous Australians can earn a living and support their families. As the program promotes education, young people may feel good about themselves if they develop skills which can enhance self-esteem. They may also have an opportunity to bond with other young people, which can enhance social health and wellbeing.
11. Students receive marks for discussing the extent to which they agree with the statement that ‘The marketing of processed foods has the potential to have a greater impact in low- and middle-income countries compared to Australia’. Students can agree, disagree or discuss aspects of both positions and be eligible for full marks. Students should draw on their knowledge relating to low- and middle-income countries and Australia to be eligible for full marks. Answers worth six marks include:

- The marketing of processed foods will probably have a greater impact on low- and middle-income countries compared to Australia. This is because the marketing of processed foods is becoming more common in low- and middle-income countries as their incomes rise. This can mean that there is more money to spend on these products. The marketing of these foods has historically been high in Australia and as more health promotion activities are being implemented here, the impact may be less. People in Australia also have higher average incomes which means that diseases that occur as a result of consuming foods high in salt, fat or sugar such as cardiovascular disease, can be more effectively treated in Australia compared to those in low- and middle-income countries.

- The impact of global marketing of processed foods has the potential to affect different countries in different ways. For example, people in Australia have significantly higher incomes than those in low- and middle-income countries which means that people have more money to spend on these foods. Education levels are lower in low- and middle-income countries than in Australia which may mean that Australians are less likely to be influenced by the marketing of processed foods. More people in Australia have access to media such as the internet and television which can increase the exposure of Australians to the marketing of these goods compared to those in low- and middle-income countries. Low- and middle-income countries may have fewer restrictions in relation to the marketing of processed foods which can mean that people are more likely to be targeted by strategies such as marketing to children which can increase the impact.

12. Students receive up to six marks for evaluating the Tippy Tap program in relation to health and wellbeing and human development. Note that both health and wellbeing and human development must be included to be eligible for full marks. Students can make fewer points in more detail or more points in less detail. Note that there is no set list of features of effective programs, so as long as the discussion includes references to features of effective programs, marks can be awarded. Answers worth two marks include:

- The program is focusing on the provision of clean water which is a significant need of low-income countries and can reduce the risk of infectious diseases which promotes physical health and wellbeing.

- The program is giving ownership to the people by having each class implement the program. This can enhance mental health and wellbeing by promoting self-esteem.

- The program is low-cost which can increase its effectiveness as those in low-income countries often lack the finances to implement these programs. This can mean more money is available for resources such as education which promotes access to knowledge.

- The program is results focussed and has already produced desired results as the children’s health and hygiene has already improved considerably.

Answers worth three marks include:

- The program is effective as it involved education. Parents are learning how to make and use tippy taps in their home and this knowledge can be passed around different communities and down to future generations, meaning the impact of the Tippy Tap program will be sustainable.

- The local people are given ownership of the program which increases its effectiveness. The school children are involved in filling the tippy tap under the supervision of the school health club. This means that the program can continue once the assistance from World Vision stops.