

2021 ASSESSMENT REPORT

HLT315118 - HEALTH STUDIES

Section A

Introduction to Health / Personal Health

Question 1

Overall, this question was answered very well. However, part C did present some difficulties. Most students answered Northern Territory 7.5% for this question as they simply saw this as being the highest figure in the main body of the table. On closer examination, the question is asking for different information (Tasmania 6.9%). Students are encouraged to make sure that they have a clear understanding of a question being asked before answering.

Part a) What year does the data represent?

The data is taken from 2009. [1 mark]

Part b) The data indicates young people are grouped into which age range?

Young people are classified as 12 – 24 years of age (must include “years” for full marks. Half mark for 12 - 24)

Part c) Which state or territory has the highest proportion of their young people population in the 15 – 19 years age group? Provide data.

Tasmania has the highest proportion of their young people population in the 15-19 years age group. 6.9% [1 mark for state, 1 mark for data]

Part d) Which age group represents the smallest proportion of the Australian population? What percentage is this?

12–14-year age group represents the smallest proportion of the Australian population at 3.9%

[1 mark for age group (including year as a qualification), 1 mark for data]

Part e) Describe what the data 17.2% and 2.2% represents.

- 17.2% represents the total proportion of the Tasmanian population in June 2009 who were aged 12 – 24 years. [2 marks]
- 2.2% represents the proportion of Australians aged 12 -24 that were in Tasmania in June 2009 [2 marks]

Better answers described how health promotion improves an individual's skill and knowledge in relation to health. These answers also gave a strong example to support this statement. For example, “Health promotion educates individuals on the key aspects of staying healthy.

Campaigns such as Slip, Slop, Slap, Seek and Slide help individuals to learn what to do and when to do it on order to reduce their chances of developing skin cancer...”

Weaker answers mentioned “education” but didn’t link this to an improvement in health. These answers also didn’t clearly identify the impact that health promotion had on positive behaviour change.

Question 2

Part a) Outline two reasons why young people may engage in risk-taking behaviour.

Students must provide a general comment about the reason not just a list to get full marks. [2 marks]. Examples of reasons may include but are not limited to:

- Influence of peer pressure
- Underdeveloped prefrontal cortex
- Ineffective risk perception – unable to foresee risk
- Curiosity – engage to experience the outcome
- Rebellion
- Inexperience
- Rite of passage
- Attention seeking
- Allow for growth as an individual
- Learn their capabilities and/or boundaries
- Fit in – feel they need to engage to be accepted by others
- Others are doing it, therefore it must be okay
- Poor role modelling

Part b) Describe the difference between biological and behavioural determinants and provide one example to illustrate each.

4 Marks in total. 1 mark for each definition, 1 mark for each example.

- Biological factors are related to the structure of the body and how it functions accordingly.
- These factors are difficult or impossible to modify.
- Examples may include genetic makeup – family history or inherited conditions, hormone levels, sex, age, race.
- Behavioural factors are actions, or practices that an individual chooses to engage in.
- These factors can be modified (although some are difficult to change).
- Examples may include tobacco use, physical inactivity, alcohol consumption, poor diet, unprotected sexual activity, general risk-taking.

Part c) Discuss two ways health promotion could influence an individual's health.

[2 marks for each example] Examples may include but are not limited to, Health promotion could:

- Educate an individual on the correct actions / choices to make to reduce the risk of negative health outcomes.
- Demonstrate the outcomes that are possible if negative behaviours are engaged in and/or continued.
- Offer individuals information about where they can seek further support.
- Provide support to encourage individuals to act correctly.
- Inform the public of the issue (awareness)

Allow an individual to be informed and feel empowered to make choices that enable good health

While most students could come up with a valid cause of morbidity and mortality, some outlined health issues that aren't major causes of morb. and mort. for adolescents (i.e., CVD which is a major health issue but not for young people). Better answers gave evidence and/or data that related directly to the issue being discussed. Students that addressed more high-profile concerns such as substance abuse or dangerous driving were able to provide more information in their responses and tended to have stronger answers.

Question 3

Part a) Briefly outline a leading cause of morbidity and mortality amongst adolescents, providing evidence to highlight its concern for this age group.

5 marks allocated for the outline and appropriate piece of evidence.

- Students needed to provide an outline of a leading cause of morbidity and / or mortality. This outline also needed to include at least one piece of evidence (statistics, increased health promotion, increased funding, increased media coverage, law changes) to support this being a leading cause of mortality / morbidity amongst adolescents.
- Leading cause examples may include but are not limited to:
 - Substance abuse (risky alcohol use, illicit drug use)
 - Accidents – Injury
 - Dangerous driving (speeding, overcrowding, disobeying road rules, street racing, driving while fatigued)
 - Eating disorders
 - Bullying
 - Mental Health issues
 - Violence

Part b)

Considering this leading cause, describe **one** strategy an adolescent could implement, as a form of prevention, demonstrating how it aims to reduce harm

5 marks for description of a strategy showing how it is a prevention and aims to reduce harm

Action (Prevention) may come in the form of:

- Further training or education, seeking help, developing personal skills, implementing specific protective behaviours.
- Students needed to make a statement that demonstrated how their chosen strategy aims to reduce harm.
- Students are reminded that if they refer to a community strategy when the question clearly asks for an individual one their results will be much weaker. Students can still refer to community programs in this type of questions, but they must change the language used to one that has a more individual focus. For example, if a student identified dangerous driving as a major cause of morbidity and mortality for adolescents, they could use the community Rotary Youth Driver Awareness program (RYDA) as a strategy to reduce harm. To give this an individual focus they will need to explain that an individual could attend the RYDA program and participate in its activities. Individuals could enrol in a defensive driver's course or join a community group. This change in language allows students to draw on a wider range of course content to answer questions of this nature.
- Part b was not answered as well as Part a with many answers being quite simplistic. Better answers clearly identified a support strategy and describe how this prevented harm. Given that this is a C4 question, this is the main part of the question that addressed that criterion.

Question 4

Risk-taking behaviour is perceived to be high during adolescence.

Part a)

Define the term risk-taking, outlining the difference between a positive and a negative risk. (10 marks)

- Risk-taking is any behaviour or action that an individual engages in that can result in gain, loss or harm.
- Positive risks usually involve taking time to consider the outcomes of an action and implementing safety strategies to increase the chance of a positive outcome. Other characteristics include:
 - Being aware of the potential consequences of the behaviour.
 - The behaviour is entered into voluntarily.
 - Decisions around the behaviour are made while sober (not under the influence of drugs and/or alcohol).
 - The benefit of the behaviour is seen as worthwhile.
 - The behaviour is more likely to have a positive outcome (but not always).
- Negative risks are usually identifiable through the following characteristics:

- No time is taken to think through the decision &/or consequences (impulsive).
- No or few steps are taken to implement safety strategies to increase the chance of a positive outcome.
- Individual doesn't fully understand the potential consequences associated with the behaviour.
- Behaviour undertaken through peer or social pressure.
- Decisions made while under the influence of drugs and/or alcohol.
- There is a considerable amount of myth or misinformation associated with the behaviour (i.e., "everyone's doing it!" or "if you don't do it, you're not a real man!").
- There's a high chance of a negative outcome involving some harm.

Students are reminded that a positive risk is not positive because it has the potential for a positive outcome. Similarly, a negative risk isn't negative because it will have a negative impact on health. The exact same behaviour can be a positive risk or a negative risk. If a person voluntarily engages in a behaviour, uses strategies that minimises any potential harm, is aware of the potential consequences, has taken time to make decisions around the behaviour and has made each of these decisions while sober then a dangerous behaviour such as cliff jumping is a positive risk. Having put in place all of these strategies the behaviour can still have a negative outcome, however.

Part b)

Describe **one** example of a physical risk and identify the impacts this physical risk could have on an individual's wellbeing (both positive and/or negative). (10 marks)

- Physical risk – any example that clearly affects the functioning of the body was accepted. Better responses included the definition of a physical risk before providing an example and its associated impacts.
- Examples of a physical risk (either positive or negative) may include but are not limited to:
 - Change in physical activity habits
 - Change in eating patterns
 - Dangerous driving
 - Change in sleeping patterns
 - Smoking or alcohol consumption
 - Use of other drugs

Impacts to an individual's wellbeing can be either positive or negative and must be clearly linked to the risk. Better answers identified at least 1 – 2 positive impacts and 1- 2 negative impacts, depending on the risk used as an example.

Part c)

Discuss **two** key factors that may prevent the adolescent from engaging in negative risk-taking behaviour. (10 marks)

- Examples may include but are not limited to:
 - Positive role modelling
 - Positive peer group influence
 - Education

- Adult supervision – supportive environment
- Community health promotion campaigns
- Well-developed decision-making skills using a decision-making model
- Developed Personal skills

Better answers clearly identified an appropriate factor and demonstrated how it may prevent the adolescent from taking risks. These answers also gave specific evidence to support their responses rather than generalised statements. Both community and individual harm minimisation strategies were accepted.

The majority of students (around 85%) chose to address Question 4

Question 5

“Health” is a complex and dynamic term.

Part a)

Better responses gave a detailed description of each personal dimension and stated that all were important in the achievement of good overall health. Individuals need to have a balance across all dimensions to achieve good health and each dimension is not independent of each other.

Students needed to identify every dimension and provide a clear definition of each.

Outline and definitions:

- Physical Health– efficient functioning of the body
- Social Health– interactions and relationships with others
- Mental / Emotional Health–
 - (mental) the way in which our minds think and feel
 - (emotional) how we react (our behaviours) as a result of our mental state.
- Spiritual Health - sense of belonging, connectedness and/or purpose in life, values and beliefs.
 - Spiritual Health can be discussed either separately or as part of Emotional, Mental, Spiritual grouping (E.M.S.)
 - Students are reminded that if they use the E.M.S. acronym they must first explain to the reader what this stands for i.e., Emotional, Mental, Spiritual (E.M.S.).

Part b)

Discuss the environments that can influence an individual’s health and provide **one** example for each environment to highlight a **positive** influence.

Answers needed to identify each of the three determinants (environments) of health and discuss one factor from each environment that has a positive impact on an individual’s health. [15 marks]

Definitions:

- Physical environment – looks at the physical surroundings in which an individual may live, work and spend their recreation time.

- Examples that have a positive influence on health include (but are not limited to) good air and water quality, high quality housing, access to green spaces, waste removal.
- Socio-cultural environment – looks at the social and cultural factors of an individual's life that impact their health.
 - Examples that have a positive influence on health include (but are not limited to) high education levels, cultural beliefs, disposable income, positive work environments, supportive family and peers, media, religion.
- Political environment – looks at the government at any level and the laws, policies and funding allocations that impact our lives.
 - Examples that have a positive influence on health include (but are not limited to) anti-discrimination laws, funding for health care services, harm minimisation laws associated with drug use, funding for recreation spaces, workplace health and safety laws, funding for social security programs.

Students that chose this question generally produces responses that satisfactorily addressed both part a and b (although part a was usually the strongest section). Approximately 15% of students addressed Question 5.

Section B

Australian Health

Overall, students performed more consistently than previous years which probably reflected the clarity of the questions. Some students wrote in red pen and a number in pencil. Pencil, in particular, made some work difficult to read and should be discouraged

Section B – Criterion 8 (Data)

General Comments

- Overall, students did very well on this data section with little interpretation required. Some issues included:
- Many students gave reasons for the data (external information). Unfortunately, this is just wasting time and no extra points were allocated for this.
- When provided with exact figures (as this data presented), students should give exact figures and not approximates
- Many students did not give the rate i.e., 'years' e.g., Q6b – 40.6. Only half a mark was given for this answer. Where this occurred in other questions, ½ mark was taken off
- Some students used % as the rate for life expectancy e.g., 40.6%. For this answer they did not receive any points.
- A number of students missed 3 points on Q 6d because they did not notice the small decrease. This reinforces the importance of taking time when reading through data.

Question 6 – Answers

Part a) What is the overall time frame that the data in the table represents?

1901 – 2016 or 115 years - [1 mark]

Part b) In 2014 - 2016 what was the life expectancy of a female aged 45?

40.6 years or 85.6yrs Either is acceptable [1 mark]

Part c) At age 85 does a male or female have greater life expectancy?

Across all time periods at age 85 females had a higher life expectancy. [1 mark]

Part d) Does life expectancy decrease at any stage as the time periods move from 1901 - 2016? Provide all relevant data to support your response.

Life expectancy decreases for males aged 65 between 1932-34 (12.4years) and 1953-1954 (12.3years) – an overall difference of 0.1 years [3 marks]

Part e) Discuss the difference in life expectancy at age 0, between the two time periods 1901 – 1910 and 2014 – 2016, for both males and females.

- Males in 1901 -1910 had a life expectancy 55.2 (1/2) and in 2014-2016 it had increased by 25.3yrs (1/2) to 80.5years (1/2)
- Females in 1901 -1910 had a life expectancy 58.8 (1/2) and in 2014-2016 it had increased by 25.8yrs (1/2) to 84.6years (1/2)
- Females at all times had a higher life expectancy compared to males – (1/2)
- 1901-10 = 3.6 years difference (1/2) 2014-16 = 4.1 years difference (1/2)
[3 marks]

Section B - Question 7 – Criterion 2

General Comments

- Many students struggled with this section especially being able to define and then provide an example for the 6-point Social Justice Principles question.
- Some students clearly used a dictionary for definitions for 7a and first part of 7c. This is a clever strategy for any answer requiring a definition.
- For full marks in 7b students needed to provide an example of the resource that may not be available to a particular member of the community e.g., those people in a wheelchair may not be able to access doctor's clinic if there is no ramp access or Language barriers - non-English speakers may struggle to access health information if it is only presented in English.

Section B

Possible Answers

Part a) Define the terms morbidity and mortality.

- Morbidity refers to sickness or suffering from an illness or condition [1 mark]
- Mortality refers to death due to a condition or illness [1 mark]

Part b)

Discuss **one** reason why a community resource or service may not be accessible to all members of the community.

Choose an example listed below – these are not the definitive examples. Provide a sentence to explain how it restricts accessibility. [2 marks]

- Lack of access to transport
- Language / cultural barriers
- Lack of availability of the resource in the immediate community
- Lack of funding – not seen as a priority area
- Lack of education
- Geographical location e.g., Remoteness
- Age

Part c)

Define each of the **three** Social Justice Principles (SJPs), providing an example for each

2 marks for each principle allocated as: 1 mark for correctly naming and defining the principle, 1 mark for using an appropriate example

- **Equity:** fair distribution of resources according to needs and equitable access without any prejudice impeding achievement of this. Allowing everyone the same opportunities to maintain good health.
 - An example may be: Providing a Health Care Card to low-income earners to ensure cost of GP visits and medication does not prevent them from accessing medical help
- **Diversity:** considering the differences among individuals and/or among groups of people so that these differences / discriminations does not impede access to health opportunities
 - Example may be – the use of translators on hotlines, pamphlets with health promotion may be printed in various languages.
- **Supportive Environments:** governments and organisations work collaboratively to support and allow all individuals and/or groups to be able to achieve good health.
 - Introduction of laws to enable individuals to be able seek good health.

Section B - Question 8 – Criterion 4 – Health Issues

General Comments

Most students were able to describe a Chronic Health Condition, as well as provide suitable statistics and facts to reinforce the issue.

- Some students still mentioned NHPAs – This language is no longer part of the syllabus or Government Health programs
- Students who chose Dementia struggled to come up with a suitable technology as there is currently little treatment and no cure. The good answers were, however, very good.

- Students need to remember that the reader knows nothing so should spend more time explaining the technology, how it works, how it benefits the patient and how it aims to reduce the incidence of their particular issue.
- Many students received full marks for the first part of the question but needed a stronger focus on the technology example.
- Students should also remember that when asked for 'one' example, only 'one' will be marked. Other examples did not get any marks.
- Markers were looking for a strong link between the health issue and the technology. Sometimes the technology didn't always relate to condition e.g., someone with CVD should see an osteopath?
- Better examples briefly described the health issue then went on to clearly explain why it is a major health concern (using statistics and facts)
- eg: Obesity is the accumulation of excess body fat in the body which generally occurs when there is an imbalance between energy intake into the body and energy expenditure. It is measured as a BMI of over 30 or waist measurement of over 88cm for women and 102cm for men. Obesity rates have increased from 1 in 5 (19%) in 1995 to 1 in 3 (31%) in 2017–18. The increased availability of processed/fast food and increased screen time has partially contributed to this. Over 2/3 of Australian adults are now overweight or obese and ¼ of children. Obesity is a major health concern because:
 - it is a leading risk factor for a number of other major health issues including CVD, cancer and diabetes. 8.4% of the total health burden in Australia in 2015 is due to overweight and obesity, and that ...
 - it impacts quality of life (ability to function with everyday activities, reduces self-esteem).
 - Of the high costs through healthcare, days off work (5.m billion in direct healthcare and 6.4 billion in indirect costs)
 - It is largely preventable

A technology that could assist in the prevention, treatment, cure of obesity includes:

Section B

Possible Answers

Part a) Describe **one** chronic health condition, including information to support why it is a major health concern in Australia (6 marks).

Examples may include but are not limited to:

- Cardiovascular Disease, Cancer, Diabetes, Obesity, Dementia, Mental health, Musculoskeletal conditions

Evidence to support may involve:

- Statistics, increased health promotion, cost of this condition to the economy, greater government funding allocation, policy introduction, increased public awareness, changes in laws or programs across all levels of government

Part b) Part b) Provide an example of a medical technology that could assist in the prevention, cure and/or treatment of this condition. (4 marks)

The responses to this question can be quite varied. As long as the listed technology is explained and there is a clear link to the chronic condition as either prevention, cure or treatment. [5 marks]

Example for Diabetes:

- Continuous glucose monitoring uses a sensor, inserted under the skin. It provides a glucose reading every 1 - 5 minutes and this is displayed on a monitor. The monitor can sound an alarm if reading gets too high or too low. Daily numbers are stored and can be viewed as graphs, to help with looking over any trends.

Questions 9 and 10 – Criterion 2

General Comments

A majority of students chose question 9. There were some very good answers with students having a clear understanding of their disadvantaged group and the various factors that influence the health of that group. Rural and remote and Indigenous groups were the most popular choices

- Many students simply listed three factors and did not explain how the factors relate to the inequalities in health experienced by the group.
- Many students chose Indigenous as their group but had a very shallow knowledge and understanding of the real issues surrounding this group. Many said that a majority lived in remote areas whereas only 29% actually do.
- Students struggled to give enough depth for the one strategy. A number of students gave several examples but only the best was included in overall results.
- A majority of students who chose rural and remote group went with the Royal Flying Doctor service as their strategy. The best examples explained clearly the variety of programs offered by the service e.g., telehealth consultations, fly in fly-out GP and nurse clinics, mobile dental services, patient transfers. They deliver over 65 primary health care clinics on a daily basis seeing about 1000 patients per day. They have a strong focus on prevention through programs involving immunisations, health check-ups and management of chronic diseases such as diabetes, CVD. They also provide a range of health promotion and education programs. They also have a team of dedicated mental health and wellbeing professions who provide further treatment, support as well as education about mental health issues for individuals and communities.
- For the Indigenous group many used 'Close the Gap' which is a good strategy example but hardly anyone gave specific examples about programs that were included in this, so answers tended to be simplistic and vague.
- Students also struggled with the last part of the question. Many made vague references to overall improvements as a result of the strategy, but few could actually back up that statement with facts or statistics. There were some good back-up statements/statistics regarding COVID 19 and how that had slowed down progress/increased numbers for the Homeless group

Question 9

Health indicators suggest Australia is a healthy nation. However, evidence suggests there are some groups in Australia who do not experience equity in their health status compared to the rest of the Australian population.

Considering one group you have studied this year address the following:

Part a) Part a) Describe **three** specific factors that have contributed to the inequalities in health status for this group.

Student must demonstrate how each of the THREE chosen factors contributes to their chosen group's inequality in health status [15 marks]

- Geographical location
- Lack of access / availability of services
- Poorly educated (lack of information about services available)
- Cost of health services
- Language barriers
- Cultural barriers
- Embarrassment
- Ignorance or fear
- Historical reasons as per Australian & Torres Strait Islander peoples
- Discrimination/Domestic violence
- COVID

Part b) Provide evidence of **one** strategy that aims to directly influence at least **one** of these factors, outlining how it should improve some health outcomes for this group.

Student must outline how this strategy will help improve the health outcome for this group. [10 marks]

Examples may include but are not limited to:

- Rural and Remote: Telehealth, using drones to deliver vital medication to remote areas, Royal Flying Doctor Service,
- Disability: NDIS
- Low SES: Health Care Card
- Indigenous: Closing the Gap, Deadly Choices
- Homeless – Swag bag, CEO sleepout, Mission Australia, Grans Van, Filthy Rich & Homeless

Part c) What changes have occurred in this group's health status as a result of recent interventions?

Brief discussion around any changes that have occurred in conditions, statistics or Health status for this group as a result of any past and/or current strategies that have been implemented to address health status.

Looking for trends. Must make mention of the intervention and associated impact. [5 marks]

Section B – Question 10

General Comments

Students who chose Question 10 perhaps were perhaps expecting a Health Care System question and therefore found it very difficult to adapt to the definite question style this year. Overall, Q10 was answered poorly with very few achieving an 'A'.

- Many did not utilise their knowledge of common risk factors associated with the health issues they had studied during the year.
- A wide range of risk factors were accepted as long as they could link them
- A number of students just listed the risk factors but did not describe them or make links to what issues they were risks for.
- Very few added in statistics to prove that it was a common risk factor e.g., obesity is a significant risk burden for a number of diseases including cardio-heart disease which carries the highest specific disease burden in Australia or CVD which is the second highest overall burden of disease.
- Virtually anything was accepted as a Health Promotion but again, few were able to elaborate on the promotion, how it influences health/reduces burden of disease
- Better answers were provided in the Political environment part of the question. A number chose 'laws and government policy' and therefore were able to provide a few examples to reinforce their answer. Eg smoking – laws - no smoking u/18, no selling to minors, no smoking in car with children, no smoking in pubs, clubs and some public spaces, packaging and increased taxes. They were then able to show how these interventions had reduced smoking rates.
- Quite a few students achieved full marks i.e., 5 for part (c) of the question.

Question 10

There are many influences on the health status of Australians.

Part a) Describe **five common** risk factors that contribute to conditions that negatively impact the health of Australians. [15 marks]

Risk factors may include:

- Modifiable risk factors may include:
 - Smoking, Physical inactivity, poor diet, overweight/obesity, high blood pressure, high cholesterol levels, alcohol consumption
 - Non modifiable risk factors may include: Age, gender, family history, ethnicity
 - Environmental risk factors: UV Rays,

Part b) Explain a health promotion initiative focused on reducing the burden of disease caused by **one** of these risk factors.

Health promotion must address ONE risk factor nominated above. [10 marks]

An example may be: Smoking contributes significantly to the burden of disease in Australia.

- Smoking is considered to be a major risk factor for the development of Cardiovascular Disease (CVD). CVD is still the leading cause of death in Australia.
- Smoking increases the chances of atherosclerosis. This refers to the build-up of plaque in the walls of the arteries. The pathway for blood is narrowed and may eventually block blood flow. Atherosclerosis is considered a major contributing factor to CVD.

A health promotion that informs the public of the direct link is the

- “Every cigarette is doing you damage - Aorta” campaign – a 30 second advertisement that shows every time you light up you are doing damage to your body. This ad focuses on the aorta – the body’s major artery taking blood from the heart to the body. As an aorta is being squeezed of the white build up inside, the Narrator states; “smoking makes artery walls sticky and collects dangerous fatty deposits.” The health promotion continues to show the dangerous deposits being squeezed out of the aorta of a 32year old smoker. This highlights just one of the dangers of smoking and how it can contribute specifically to CVD. The Health promotion shows the link between smoking (the risk factor) and CVD (a significant burden of disease).

Part c) Using **one** specific example, outline how the political environment has positively influenced the health of Australians by targeting one of these risk factors. [5 marks]

Example:

- Introduction of laws, government providing guidelines, implementation of policies, funding allocation.
- E.g., The political environment refers to the government at any of the three levels in Australia. To further reduce the impact of smoking and its negative effects on health the Australian government introduced legislation to ensure warning labels and pictures were included on packets of cigarettes. This was to further demonstrate to all Australians the negative impact on health that smoking causes.

Section C

Global Health

General Comments Overall

This section provided students with plenty of opportunity to apply their knowledge of Global Health. The Criterion 4 question however did reveal a lack of knowledge around Primary Health Care in LDCs. Students had most likely envisaged a question that would require them to discuss the prevention treatment and cure of a leading cause of morbidity and mortality i.e., malaria or HIV/AIDS.

This data provided was quite straightforward with many students receiving full marks. Some students however, had trouble comparing the **trend** in the number of deaths to achieve the full 4 marks.

Question 11

Part a) Which two years are being compared?

2000 and 2019 [1 mark]

Part b) Which leading cause showed the greatest increase in the number of deaths?

Ischaemic Heart Disease [1 mark]

Part c) Which leading cause showed the smallest overall change in the number of deaths?

Chronic Obstructive Pulmonary Disease [1 mark]

Part d) The top 2 leading causes of death accounted for approximately how many deaths in 2019?

2 marks if including the second dot point as this indicates they have used the correct data from the table and provided the correct answer

- Ischaemic Heart Disease and Stroke accounted for approx. 15 million deaths.
- Stroke just over 6 million and Ischaemic Heart Disease just under 9 million

Part e) Which leading cause(s) saw the number of deaths increase above 1 million between 2000 and 2019?

Alzheimer's disease and other dementias, Diabetes Mellitus, and Kidney Diseases [2 marks]

Part f) Compare the trend in the number of deaths between 2000 and 2019 for both Noncommunicable and Communicable diseases. [3 marks]

- Non communicable illnesses – all 7 showed increases in the number of deaths between 2000 and 2019
- Communicable illnesses all 3 showed a decrease in the number of deaths between 2000 and 2019

Question 12

Part a) Name the global initiatives that preceded the Sustainable Development Goals (SDGs) and their timeframe.

Millennium Development Goals (2000 - 2015) [2 marks]

Many students did not attempt this question while others perhaps misinterpreted the word *preceded* and answered the United Nations with timeframes as early as the 1990s to as late as 2050. A number of students confused MDGs with SDGs and a lot of students wrote Millennial Development Goals.

Part b) Describe two negative outcomes of providing foreign aid

[4 marks] Examples may include but are not limited to:

- Aid can increase dependency of the recipient on the donor nation(s)

- Some Aid is in the form of loans and may not be able to be paid back
- Corruption within the recipient country resulting in Aid not being used effectively
- Negative impact if Aid is not sustainable, may only solve issue in the short term.
- The donor country may place political pressure on the recipient country
- Recipient country may feel obligated to trade with the Donor country

There was a wide range of answers with the majority of students naming at least one negative outcome of foreign aid. A significant number of students interpreted the question as negative outcomes for Australia e.g., should be providing resources and spending money in Australia rather than sending to overseas countries. On many occasions students' second example was just a rewording of their first suggestion

Part c)

Use two health indicators (including relevant data) to demonstrate the differences between a Least Developed Country (LDC) and a More Developed Country (MDC).

[4 marks] Health Indicators may include:

Life expectancy (LE), GNI, Infant Mortality Rate (IMR), Under 5 Mortality Rate (U5MR), %access to safe water and improved sanitation, Maternal mortality ratio (MMR), Total Fertility Rate (TFR)

Countries chosen to show comparison must fit the category of a LDC and an MDC and data provided must be accurate.

Several answers mentioned specific indicators but didn't include data or the data given was wrong. Better answers used a table to compare their LDC and MDC. Many students filled the lines with unnecessary discussion when the question did not require any explanation. A lot of students used *percentage urban* and some other more unusual indicators, rather than IMR, U5MR or LE.

General Comments

It was clear that many students lacked an understanding of PHC in LDCs and many included Private Health Care, dentists, physiotherapists and a number of health care providers. Many had difficulty in articulating examples of how PHC is implemented in LDCs as a preventive, curative and/or treatment strategy for a current health issue.

Question 13

Primary Health Care (PHC) in Least Developed Countries (LDCs) can be used as a preventive, curative or treatment strategy.

Describe two Primary Health Care components and for each provide one example of how they are implemented in LDCs as a preventive, curative and/or treatment strategy for current health issues.

Choose 2 from the following, describe AND provide example of implementation

- Essential drugs, safe water and sanitation, immunisation, proper food and nutrition, child and maternal health, curative care, disease control, health education.
- Must demonstrate how both of the PHC components work in an LDC to prevent, cure or treat

General Comments

Generally, this was well answered, however some students had difficulty discussing a foreign aid initiative, while others it seemed, had prepared a long answer for either a profile of a least developed country or one on the various types of foreign aid and were unable to apply their knowledge to the question. Some students spent time explaining prevention, treatment, and cure, which did not address the question. Low adult literacy rates and poor access to clean water and adequate sanitation are contributing factors to many major causes of morbidity and mortality. Better answers outlined a major cause of morbidity and mortality, such as diarrhoeal diseases, explaining what it is, symptoms and then discussed the contributing factors, such as poor access to clean water and sanitation. A number of students had difficulty describing the role of the discussed initiative in reducing mortality/ morbidity.

Question 14

Part a) Briefly outline a major cause of morbidity or mortality in a Least Developed Country (LDC), describing contributing factors.

5 marks allocated for naming the major cause and providing a basic outline of what it is. 10 marks allocated to contributing factors.

Examples may include but are not limited to:

- Malaria, Tuberculosis, Malnutrition, Diarrhoeal diseases,
- Perinatal conditions, lower respiratory conditions, including pneumonia, road traffic accidents, HIV/AIDS, coronary heart disease, coronavirus.

Must list contributing factors specific to the condition highlighting the relationship.

- E.g., Tuberculosis – poor testing, lack of education of symptoms, lack of medicine to treat, weakened immune system through malnutrition, overcrowding – highly infectious.

Part b) Discuss a foreign aid initiative addressing this major cause **and** demonstrate the direct impact (or relationship) this initiative will have on reducing morbidity/mortality rates.

The student must ensure they have addressed accurately an example and they have demonstrated how this should reduce rates. See marking allocation below

5 marks for the initiative. 10 marks for the description on how initiative can reduce morbidity/mortality rates

There are a multitude of Foreign Aid initiatives (either bilateral, multilateral or by NGOs) depending upon the leading cause chosen.

Brief example for Tuberculosis:

- AID: Global fund is responsible for educating “local” individuals in a community to be “TB hunters” in countries that are deemed at risk. The TB hunters then search remote neighbourhoods looking out for individuals displaying TB symptoms. The identified individuals can then be enrolled in TB treatment.

Some ideas that can be expanded upon on how it can reduce:

- TB is a highly infectious disease that is spread through droplets in the air. This initiative is important as it allows TB infected people to be detected earlier and they can start receiving effective treatment earlier. This allows the individual a greater chance of survival.

- Increasing detection of TB infected individuals before they can further spread the disease among their communities can greatly reduce infection **rates**. **Remote** communities can also be accessed through this initiative and education of symptoms can be provided to communities further reducing infection rates.

Question 15

The Sustainable Development Goals (SDGs) were implemented in 2016.

Part a) Explain the purpose of the SDGs. [4 marks]

Purpose of the SDGs

- They are a universal call to action to end poverty, protect the planet (tackle climate change), and ensure that by 2030 all people enjoy peace and prosperity, in particular reducing gender inequality. There are 17 agreed goals with targets that will assist to achieve a better and more sustainable future for all

Part b) Discuss two SDGs, outlining what they hope to achieve and how this will improve global health.

16 marks in total. 8 marks for each SDG. 2 marks for correct number, name and brief outline of the goal. 3 marks for outlining main targets. 3 marks showing link to improved global health.

Choose from any of the SDGs however it is recommended to choose from:

- SDG 1 No Poverty
- SDG 2 Zero Hunger
- SDG 3 Good health and wellbeing
- SDG 4 Quality Education
- SDG 5 Gender Equity
- SDG 6 Clean Water and Sanitation

Part c) Choosing one of these SDGs, describe a program that has been implemented to assist the movement towards achieving set targets.

Numerous programs to choose from that have been introduced across the Globe to try to achieve SDGs. [10 marks]

Student must:

- State the SDG
- Describe the program
- Demonstrate how this program aims to move towards achieving the SDG target