

ASSESSMENT REPORT 2020

HLT315118 – HEALTH STUDIES

SECTION A – INTRODUCTION TO HEALTH / PERSONAL HEALTH

Question 1 Solutions (Criterion 8)

- (a) **What is the table representing?** *1 mark*
UV index in selected Australian cities averaged over the days in each month.
- (b) **Which city / cities must make sun protection a priority for every month of the year?** *1 mark*
Darwin and Brisbane
- (c) **Which city has recorded the greatest difference in UV index throughout the year? Use data to support your answer.** *2 marks*
The greatest difference was Adelaide. A range of 9.1
- (d) **Did all cities record their highest UV index in the same month? Explain using data.** *3 marks*
No. Seven of the eight cities recorded their highest UV index in January. Darwin recorded its highest UV index 12.8 in February.
- (e) **Describe the overall trend in UV index across all Australian cities.** *3 marks*
- For all cities except Darwin the highest UV index was in January.
 - UV ratings continue to decrease each month until the lowest readings for all cities were recorded in June.
 - The UV index starts to rise again each month as the year progresses.
 - December has the 2nd highest index rating for all cities except Darwin.
 - Six out the eight cities have at least one month where sun protection is not required.
 - Darwin only has a range of approximately 4/1 throughout the year, whilst other cities have a range of 8 or above for the year.

Marker's Comments (question 1)

- (a) Some students described the table in their own words rather than using the title.
- (b) Many answers included unnecessary data and explanations.
- (c) Many students didn't include data and some incorrectly calculated the range and many selected the incorrect city.
- (d) Many failed to include data. A lot of students said yes but then went on to contradict this by saying Darwin did not.
- (e) it was clear many students did not understand the term *trend* and therefore had difficulty answering the question accurately. Others did not include data.

Question 2 Solutions (Criterion 1)

- (a) Describe ONE personal skill considered invaluable in promoting personal safety for a young person. *2 marks*

Examples may include but are not limited to:

- risk perception
- conflict resolution
- problem solving
- coping strategies
- resilience
- communication skills
- assertiveness
- ability to ask for help

- (b) Outline ONE example of a strategy a young person could use to advocate for their wellbeing. *2 marks*

Choose one appropriate advocacy strategy and outline how it can assist wellbeing. Examples may include but not limited to:

- social media: greater range of people who this issue/cause may reach, and the increased exposure could bring action
- rally/protest
- fundraising, petitions
- forums, education
- ask a significant adult to assist – be their advocate

- (c) Describe ONE example of a positive risk a young person could engage in and highlight TWO considerations they should acknowledge to increase the likelihood of a positive outcome. *3 marks*

Outline a positive risk relevant to a young person. Examples may include but not limited to:

- applying for a job
- school leadership position
- making new friends
- obtaining a driver's license

Highlight two considerations to reduce risk. Examples may include but not limited to:

- develop personal skills
- use tools to help make decision – decision making model or KASE model
- education/research
- implement protective behaviours – they may be specific to the risk e.g. obey specific rules/law use safety equipment
- follow instructions

(d) Identify the relationship between health literacy and improving personal health.

3 marks

Health literacy definition:

- Health literacy is the skills and knowledge of a person to access, understand and use information to make decisions, and take action about their health and wellbeing
- Strong health literacy enables people to develop the skills and confidence to make informed decisions about their health and the health of their families, to be active partners in their care, to effectively navigate health-care systems, and to advocate effectively to their political leaders and policy-makers.

Demonstrate how Health literacy improves personal health. Example below.

If an individual is able to access (know where to find relevant and reliable) information, understand what this information is telling them (knowledge) and then use this information positively they can make better choices to support their health

Marker's Comments (question 2)

- (a) The use of the word *invaluable* confused many candidates and consequently answers didn't address the question causing students to lose 2 marks. Even those students who understood the meaning of *invaluable* had difficulty identifying a personal skill and connecting it to personal safety. Some tried to connect to toddlers or young school children.
- (b) This was answered poorly and again the question appeared to confuse students. Some students understood what the question was asking but had difficulty outlining a strategy. Most mentioned social media, counsellors or protests.
- (c) Better answers used trying for a provisional driver's license as a positive risk, and then clearly stated two considerations to increase positive outcomes. Better answers suggested practice before the test, know the road rules, get to the test on time, OR applying for a part-time job followed with strategies such as, practice interview technique, research information about the workplace, be on time, dress well, have some questions prepared. Poorer answers chose risk that resulted in confusing answers for example going on a date, drinking and even drug use. Positive risk, by definition, is thought through so that the chance of negative outcomes is minimised. Skills are learned prior to the activity and the person prepares for the activity
- (d) Students appeared to find this easier to answer, although many did just write it was about being able to read health information and therefore found it hard to link to health outcomes. Also, the definition of health literacy is the ability to 'obtain, understand and then be motivated to use health information to improve health outcomes' so the link is already there, so if a student was to DEFINE health literacy, they have answered the question.

Question 3 Solutions (Criterion 4)

- Outline ONE health issue relevant to young people.

10 marks

The answer should provide some details on why it is considered an issue to be an "A" response
Examples may include but not limited to:

- mental health concerns
- teenage pregnancy
- STI's
- substance abuse
- body image
- overweight

- Describe ONE community strategy that is being implemented to prevent / reduce the associated impact on a young person's wellbeing.

Community strategy implemented to prevent/ reduce associated impact. Choose an example and demonstrate how this may assist to reduce/prevent the issue. Examples may include but are not limited to:

- school education programs
- headspace to provide range of support
- kids helpline
- healthy canteens in schools

Marker's Comments (question 3)

Candidates did not appear to know their health issue very well and many referenced risk-taking as their issue and spent half a page defining risk taking. A general trend was that students had difficulty comprehending the language in the question. *Outline, describe, and reduce impact on a young person's wellbeing* were, in most answers not acknowledged or referenced in the answer. Many answers did not use any statistics to outline their health issue. Some that gave incorrect data or did not state where the data was from (Australia or Worldwide). There were many 'general knowledge' answers with little evidence of 34 weeks of study. Candidates often listed multiple strategies to reduce impact on wellbeing rather than ONE in detail. No mention of funding/cost of strategies; who runs or pays for campaigns. Better answers gave data, provided specific strategies (ANCAP safety rating, Other Voices) and who runs and funds it, along with the impact the campaign/strategy has had. Many students used the same issue for question 4.

Question 4 Solutions (Criteria 1 and 7)

Risk-taking is not uncommon amongst young people.

30 marks

- Outline ONE common risk-taking behaviour young people engage in, highlighting why this behaviour is of concern.

Choose an appropriate risk-taking behaviour, providing a general description and providing reasons for this behaviour to be a concern. Examples may include but not limited to:

- risky drinking
- illicit drug use
- unsafe sex practices
- sunbaking
- dangerous driving (e.g. speeding, DUI, disobeying road rules, street Racing / hooning, overcrowding, driving while fatigued)

Reasoning/Evidence for why this behaviour is a concern. This may include:

- statistics
- increased health promotion
- changes to laws
- increased media coverage

- Describe THREE factors that may contribute to a young person's involvement in this behaviour.

Candidates were required to describe *three* relevant contributing factors to the risk-taking behaviour chosen (1 – 2 sentences for each factor required, demonstrating why it could be considered a contributing factor). Examples may include but are not limited to:

- rite of passage
- inexperience
- poor risk perception ability
- peer pressure
- lack of knowledge
- rebellion
- attention seeking
- poor role modelling
- responding to a challenge/dare
- indestructible attitude
- no time to think before acting
- everyone else is
- to fit in
- brain development
- lack of skills
- knowledge and experience

- Explain ONE effective health promotion strategy that aims to educate and encourage less involvement in this activity.

Description of ONE effective health promotion relevant to the chosen risk-taking behaviour.

Example must be educational – it may show the outcomes of poor choices, it may provide opportunity to assist the individual to think before acting or it educates on the expected behaviours to ensure good health. Examples may include but are not limited to:

- speeding shatters lives
- warnings on cigarette packaging
- RYDA road safety education program
- real Mates

Marker's Comments (question 4)

Most students chose this question rather than question 5. Many repeated their question 4 response but with some extra information. Setting out was poor and many students did not follow the sequencing of the dot points making it a challenge for markers. Many candidates skipped over the first dot point, not outlining why the behaviour is of concern OR they stated that it was a concern but did not back it up with data, campaigns, funding, increase in profile etc. Some wrote a story about how sad the negative outcomes are or how traumatic it is rather than presenting facts. Promotion strategies were often a re-telling of what was in the TV ad or on the billboard rather than speaking about the education or the money spent on the campaign or its effectiveness.

Question 5 Solutions (Criteria 1 and 7)

There are key personal dimensions of health that impact on an individual's wellbeing

30 marks

- **Define each of the personal dimensions of health.**
Definition for each dimension is required.
- **For each dimension outline TWO specific behaviours that can be adopted to assist an individual to achieve positive health.**

As long as each dimension is mentioned in any format this is the important thing. Whether they are separate or grouped.

- Physical – functioning of the body and how the body copes in everyday activities (e.g. regular exercise, nutritious diet, recommended sleep, immunization)
- Social – relationships and interactions with others (catching up with friends, regular outings, talking to people, working, social connectedness)
- Mental/Emotional – way we think and the way we react, sense of belonging and purpose (stress management strategies, seeking help, mindfulness, work/life balance, develop a support network)
- Spiritual – sense of purpose, belonging, beliefs (meditation, finding something you enjoy, volunteering) – **many will include this with emotional/mental e.g. ems**

- **Using ONE example, demonstrate how these dimensions can interrelate and how this influences an individual's health.**

Can be a positive or negative interrelationship. Something occurs more predominantly in one dimension and then causes a ripple effect in the other dimensions.

Discuss the initial occurrence in a defined dimension and then how it may affect the other dimensions. Show at least how 3 dimensions may interrelate.

Example: an individual may become quite sick (physical), they then require substantial time at home to recover and they lose face to face contact with friends (social). The way they are feeling physically and missing the social interaction may start to affect the way they are feeling about themselves (mental/emotional).

Marker's Comments (question 5)

Very few students chose this question and most combined the dot points which made marking confusing. Some referenced four dimensions and others five. Many referred to emotional/mental health as the same thing and there was an emphasis on spiritual health being about religion. There were mostly only loose connections made between dimensions and the two behaviours to achieve positive health. Some answers were just 'listed' and were often incorrect. Better answers defined each dimension accurately, providing examples (e.g. spiritual health for ATSI means having a connection to the land) and then gave good behaviours to improve health in each dimension and solid links between an improved dimension and the flow onto other dimensions.

SECTION B – AUSTRALIAN HEALTH

Question 6 Solutions (Criterion 8)

- (a) Influenza and pneumonia *1 mark*
- (b) In males 3.1%, as opposed to females 2.9% *1 mark*
- (c) Colorectal cancer in females
rose from ranking 10 to 8 but remained at 2.6% of female deaths *1 mark*
1 mark
- (d) For males (2006)
• Prostate
• Suicide *1 mark*
1 mark
- (e) **Compare in both males and females:** *2 marks for identifying*
- Dementia and Alzheimer disease rose in rankings for both from 2006 to 2016.
 - Females from No. 3 to No. 1 (the leading) and for Males No. 7 to No. 3.
- Contrast:**
- Females had a higher % of deaths attributed to males at nearly double the rate
 - 2006 Females 6.9% Males 3%
 - 2016 Females 11% Males 5.7%
- 2 marks for including data to support*

Marker's Comments (question 6)

The data for this question was quite straight forward and the majority of students performed well on this question.

Question 7 Solutions (Criterion 2)

- (a) **Demonstrate how ONE physical factor could directly impact the health of Australians.**
Appropriate example of physical factor. Examples may include but not limited to:
- housing
 - geographical location
 - air quality
 - water quality
 - access to green spaces
 - noise
 - waste removal
 - physical fitness
 - nutrition
 - obesity
- 1 mark*
- Demonstrate HOW this skill can impact health (Can be negative or positive impact). Examples may include but not limited to:
- mould in homes can contribute to physical illness
 - overcrowding can increase risk to communicable diseases
 - noise increase can contribute to stress, and decrease mental health
- 1 mark*

(b) Define the World Health Organization (WHO) metric Disability Adjusted Life Year (DALY) 2 marks

- DALY description: A measure of healthy life lost, either through premature death or living with disability due to illness or injury

OR

- Calculated as the sum of the Years of Life Lost (YLL) due to premature mortality in the population and the Years Lost due to Disability (YLD) for people living with the health condition or its consequences:

One DALY = 1 year of healthy life lost

DALY is an indicator that measures Burden of Disease. The higher the DALY amount the greater the burden of a particular disease has on a population.

(c) Identify ONE medical technology that has been recently introduced and outline how it has improved the health of Australians. 1 mark
Name one medical technology. Brief outline of its use to improve health. Examples may include but are not limited to:

- MRI – quicker and more accurate diagnosis.
 - Robotic surgery – less complications due to precise movements.
 - Keyhole surgery, quicker recovery, less invasive, lowered risk of infection whilst healing.
 - 3D printing allowing surgeons to recreate organs that require difficult surgeries to practice on or understand the procedure required before conducting the actual surgery.
 - Cancer screening such as mammograms and bowel screening tests – early detection therefore greater survival rates.
 - Immunisations – Gardasil – reduced the potential of cervical cancer caused by the HPV virus.
- 2 marks

(d) Using ONE specific example, outline how the National Disability Insurance Scheme (NDIS) aims to support the lives of those experiencing disability. 3 marks

NDIS is an Australia wide scheme assisting people who live with permanent or significant disability. It currently supports over 460,000 of the 4 million Australians living with a disability. Provides them with access to services and support they require to help improve their skills and independence in life. Reduce the impacts of disability or developmental delay whilst young to build their skills and independence.

Specific Example:

- Early intervention: Providing support to a person, either a child or an adult, as early as possible to reduce the impacts of disability or developmental delay and to build their skills and independence.
- Independent living: building housing to meet the needs of the disability e.g. wider entrances, bathroom access.
- Improved access to medical personnel and facilities. E.g. support person, telehealth, etc.
- Improved access to sporting and social facilities. E.g. at big events such as musicals a special area is allotted to those in wheelchairs so that they can enjoy and appreciate the experience like those who do not have a disability.

Marker's Comments (question 7)

- (a) As this question asked for a physical factor, markers accepted answers that discussed either a Physical Dimension of Health or a Physical Determinant of Health. Full marks were given to answers that clearly demonstrated how these factors directly impacted the health of Australians.

Question 8 Solutions (criterion 4)

There are a range of chronic health conditions that impact upon the health and wellbeing of many Australians.

- **Outline ONE chronic health condition, providing evidence for why it is considered a burden of disease in Australia.** *5 marks*
Outline a chronic condition. Examples may include but are not limited to the conditions outlined in the Health Studies Course Outline, with evidence provided for it being considered a burden of disease. Evidence may include: use of statistics, quantifying metrics, increased health promotion, funding or national strategies.
- **Describe ONE strategy that is currently being employed to educate the Australian community as a form of prevention for this condition.** *5 marks*
Describes a strategy that educates about prevention (strategy revolves around a contributing factor/ risk factor):
 - Must relate to the chosen Chronic Illness and demonstrate that it provides information on contributing factor that can increase the development of this condition.
 - Warning on cigarette packaging (Cardiovascular Disease – CVD) Smoking causes atherosclerosis or the build-up in plaque in the arteries. This is an underlying cause of most CVDs. Picture and warning on packaging indicates this providing education on the effects of smoking.
 - 'Slip, Slop, Slap, Seek & Slide', Find 30, Food Star rating are other examples.
 - Fund raising for research e.g. Big Freeze – MND
 - Government laws and policies, use of positive role models, awareness campaigns, support groups, etc.

Marker's Comments (question 8)

Most candidates were able to identify an appropriate chronic health condition and provide some evidence of its impact although many did not provide enough evidence for their answers to be considered as comprehensive responses. Most candidates were also able to identify a strategy employed to educate the Australian community although once again many of these answers did not provide a great deal of detail. To obtain higher marks candidates are reminded to ensure their answers clearly address each dot point and are supported by a range of appropriate evidence/data throughout.

Question 9 Solutions (Criteria 2 and 7)

There is significant variation in the health status of different population groups in Australia. Using your knowledge of ONE such group:

30 marks
(even weighting across the three dot points)

- Candidates were required to nominate a group and provided a brief description of this population group. Examples may include but not limited to any of the groups experiencing inequality in health status as outlined in the Health Studies Course Outline.
- **Outline THREE significant health concerns for this group.**
Provide three significant variations in health as opposed to the rest of the Australian population. Examples may include:
 - Variations in LE
 - rates of incidence and/or death for certain conditions compared to other Australians
 - education levels
 - use of other significant health indicators
 - **Describe TWO factors that, if addressed, may result in improved health status across this population group.**
Contributing factors to inequity in Health – must be specific to this group. Examples may include but not limited to:
 - Physical factors – geographical location, access to services, age, gender
 - Socio-cultural – beliefs, SES, language barriers, race
 - Political – provision of services, funding
 - Historical context
 - **Detail ONE action that has been designed to address the inequalities in health for this group.**
Discuss a strategy that exists to reduce the inequalities and/or addresses a contributing factor. Describe how the nominated strategy addresses health inequalities. Examples may include but not limited to:
 - Aboriginal and Torres strait islanders – Closing the GAP
 - Rural – Royal Flying Doctor's Service, Telehealth
 - Low SES – white health card

Marker's Comments (question 9)

The majority of candidates addressed this question in preference to question 10 and most were able to identify a population group with a significant variation in their health status. Responses were varied however, with a number of candidates providing only one page of information or less in their answer. In the majority of cases, these responses did not provide enough information to achieve "C" in this question. Candidates are encouraged to provide much more information and detail throughout to strengthen their answer. Many weaker answers also relied upon generalisations and stereotypes to support their responses. Candidates are strongly reminded to avoid using these in their answers. Better answers clearly addressed each dot point, providing comprehensive responses that were supported by strong data and appropriate evidence throughout.

Question 10 Solutions (Criteria 2 and 7)

Australia's health care system comprises both a public and private system.

- **Describe the key elements of the public component of Australia's health care system.**
Candidates were required to identify and describe key characteristics of each component.

10 marks

- Medicare
- Pharmaceutical Benefits Scheme
- NDIS

- **Discuss how the public component addresses TWO of the Social Justice Principles (SJPs).**

Correctly name and define TWO SJPs

- Equity = fairness. Some groups may get more to help them gain a fairer level of health
- Diversity = acceptance of difference regardless of race, ethnicity, religion, sexuality, gender
- Supportive Environments = caring communities that provide facilities that reduce negative impact of various environmental factors

20 marks

*(10 marks
for each
SJP)*

Demonstrate the relationship of a key element of the public system and how it addresses each nominated SJP. Examples include:

- Medicare system allows all to access basic medical care – equity.
- Could discuss PBS and health care card, considering diversity (Age, SES) and implemented support in public system that addresses the Diversity

Marker's Comments (question 10)

This question was addressed by approximately 1/3 of candidates. Once again responses were quite varied. In Dot Point 1, many candidates did not address all aspects of Australia's Health Care System. The NDIS was the most common component to be missed. Other candidates provided answers that were obviously pre-prepared as they spent considerable time discussing private health insurance. These sections were not considered by markers as the question does not ask for discussion of this component. Students are reminded to always address the question when framing their responses. This means that information that has been studied in their preparation often needs to be left unused.

In Dot Point 2 most candidates were able to identify two Social Justice Principles although many weren't able to clearly identify how the public health care system addresses them.

Once again better answers clearly addressed the question and provided comprehensive responses that were well supported by data and appropriate evidence throughout.

SECTION C – GLOBAL HEALTH

Question 11 Solutions (Criterion 8)

- (a) End TB Strategy 1 mark
- (b) 2020-2025 (35%-75% 40% reduction) (answer was accepted without the data) 1 mark
- (c) Deaths need to fall below 1 million in 2021/2022 1 mark
- (d) 2025 incidence rates are required to halve to stay on target 1 mark

(e)

	Required % reduction in 2030 to reach targets	Required % reduction in 2035 to reach targets	Difference in % reduction 2030-2035
Incidence	80%	90%	10%
Deaths	90%	95%	5%

2 marks

(f)

	Projected Trend
Incidence	<ul style="list-style-type: none"> Over 20 year span, target to have 90% reduction. Slower start 20% reduction followed by 2 lots of 30% then 10%. Stable and even reduction, slower in last 5 years.
Deaths	<ul style="list-style-type: none"> Over 20-year span, target to have 95% reduction. 35% then a 40%, a 15% then a 5%. Stronger attack in initial. Points could also be gained by using the rates. E.g. Incidence rates began in 2015 at approx. 135/100000 pop and will need to reduce to approx. 12/100000 pop by 2035 to meet the 90% reduction target. Death rates began in 2015 at approx. 1.7 million deaths and will need to reduce to approximately .1 million (100,000) by 2035 to meet the 95% target by 2035.

4 marks

Marker's Comments (question 11)

It was clear that a number of students either had run or were running out of time by the time they got to this section. This reinforces the importance of time management. Some excellent high-end answers were also evidenced with clear knowledge and understanding of global issues being demonstrated.

This data was fairly straight forward, and a significant majority of students scored well. However, a number of students included information in their answers which did not relate to or meet the requirements of the question. Unfortunately, marks were not able to be given for this information.

Question 12 (Criterion 3)

(a) **Demonstrate how sustainability relates to improvement in global health status.** *2 marks*

Sustainability meeting the needs of the present without compromising the ability of future generations to meet their needs.

Not exhausting the current resources and ensuring any projects are able to survive long term, not a short-term fix. Examples might include:

- Sustainable water sources, such as piped water and bores, help reduce the risk of water borne diseases. They also ensure that crops and animals can flourish, which increases food and money for families.
- Reducing CO₂ emissions. Reducing impact of climate change.
- Education around the importance of rotating crops or not overfishing a particular area or the impact of deforestation.
- Sustainability reduces a country's reliance or dependence on aid and allows them to more easily bound back after a natural disaster e.g. Covid-19 has sent many LDCs backwards because they do not have the economy or sustainable resources – over reliant on one economy e.g. tourism.
- Examples could also have included sustainability in terms of any of the WHO basic requirements for health e.g.:
 - peace
 - shelter
 - food
 - income
 - education
 - sustainable resources
 - stable eco-system
 - social justice
 - equity

(b) **Describe how TWO Primary Health Care (PHC) components can be effectively implemented in Least Developed Countries (LDCs).** *4 marks*

TWO of the 8 Primary Health Care components correctly named:

- Essential drugs
- Safe water and sanitation
- Food and nutrition
- Immunisation
- Maternal and child health
- Curative care
- Health education
- Community involvement (also accepted disease control)

Appropriate and specific example of implementation in LDC provided relevant to each of the TWO identified PHC components.

- Essential Drugs: ensure cheap effective medication that is easily administered and/or stored is available to treat illness e.g. ORHS to treat diarrhoea. Immunisations, ART
- Safe Water & Sanitation: WaterAid provide wells in communities allow access to improved water, minimise digestion of contaminated water

- Community Development: building schools, hospitals and other institutions, improving governance, focusing on gender equity (One Girl is working towards sending girls to school, improving sanitation by building toilet blocks, training teachers, teaching business skills, menstrual health)

(c) **Outline ONE type of foreign aid the Australian government provides and using a specific example, demonstrate how this improves global health status.**

4 marks

ONE example of FOREIGN AID chosen:

- Humanitarian (Emergency) – provided to countries in the immediate aftermath of a natural disaster e.g. Australian Government through DFAT has provided PPE to many countries in the Asia Pacific to help manage the Covid-19 pandemic. Australia's current humanitarian aid budget is over \$737 million.
- Multilateral – when wealthy governments give money to organisations such as WHO and United Nations and they decide where best to spend the money. Australia gives over \$560 million in multi-lateral aid.
- Bilateral – the bulk of Australian Government aid is through bilateral processes e.g. one government to another. For example, in the 2019 budget over \$1.3 billion was provided in bilateral aid in the Pacific region with Papua New Guinea getting nearly \$520 million of this.

Candidates were required to correctly describe both examples and were able to demonstrate the relationship on improving health status by providing a clear example:

- Emergency Aid after natural disaster ensures basic needs are met to reduce personal and environmental impact. Provide specific examples of the type of aid needed during these times and explain why e.g. Peace keeping forces to reduce looting, keep people safe and body removal to avoid further spread of disease.
- Bilateral aid has a strong focus on development and sustainability in areas such as agriculture, building resilience, health, education, effective governance and infrastructure.
- Multi-Lateral aid: strong focus on helping countries achieve the SDGs with universal health and education programs. Healthy people are essential for sustainable development and for ending poverty, promoting peaceful and inclusive societies as well as protecting the environment. Gavi (ML immunisation provider has been able vaccinate over three-quarters of a billion children since 2000 by working together with several different multi-lateral agencies. Other examples may be UNICEF – providing food (e.g. Plumpy Nut) and school food programs in almost all LDCs thereby reducing malnutrition and increasing education resulting in better health literacy, improved employment opportunities and more social justice and equity for girls in particular.
- Funding to NGO if direct link with Government aid is made – WaterAid – building wells, pumps

Marker's Comments (question 12)

- (a) A large number of students were unable to define sustainability and used it in their answer several times without showing clear understanding. Some related 'sustainable' to the SDGs but needed to include relevant information such as provided in the solutions. Students need to avoid using a word they are trying to define in the actual definition. Few students were able to give an example that demonstrated sustainability in relation to global health status.
- (b) Many students were able to list/describe two PHC components but did not explain how they could be successfully implemented. The best answers provided specific examples of the component being implemented and the impact it was having in terms of improving health. Safe Water & Sanitation was the most popular answer

- (c) Most students were able to identify a 'type' of foreign aid – bilateral being the most popular. A number of students went on to then describe a NGO example rather than Australian Government aid example. This reinforces the need to take the time to read the question carefully. Australian Government also provides significant funding to a range of NGOs including World Vision, Red Cross and Water Aid – for a NGO to be accepted as an answer, candidates needed to make direct reference to the government funding of this NGO. Very few did and therefore most answers did not get any points.

It was very important that students focused their aid example on a LDC. The best examples clearly demonstrated how the aid was improving global health e.g. increased life expectancy, reduced poverty, IMR.

Question 13 (Criterion 4)

- **Provide a detailed outline of ONE issue that impacts global health.**

10 marks

- war
- natural disasters
- poor governance/corruption
- debt issues
- impact of climate change
- poverty
- lack of education for women – discrimination
- lack of food/safe water and sanitation
- health issue e.g. malaria, diarrhoea, etc.

Appropriate example of Global issue chosen and detailed description of the issue:

- statistics to prove the significance of the issue
- explanation of impact of issue on individuals and communities
- may include risk factors associated with the issue if applicable

- **Describe ONE example of aid a Non-Government Organisation (NGO) provides to address this health issue, highlighting how it will improve the lives of those impacted.**

Example of aid is provided by a NGO. Must be a specific NGO project, describe the actual project. and demonstrate how it will lessen the burden caused by the issue or how it will improve the issue. NGO project is usually addressing a contributing factor of the issue. E.g:

One Girl is a Melbourne based NGO that focuses on educating women in Sierra Leone and Uganda. Their aim is to reduce the number of women who are denied an education by providing a broadly based education package.

They provide scholarships that cover all school costs for a year. They also provide menstrual health and education and supply sanitary products to help ensure girls do not miss a week of school every month. They provide teaching scholarships and guaranteed employment at the end of training to help improve the quality of education provided in schools. They also teach business skills so that young women can begin their own small businesses with the use of micro loans. They raise awareness and fundraise through their 'Do It In a Dress' awareness campaign, which is held in October each year. Each \$300 raised is enough to send one girl to school for a year.

So far, over 500 girls have received scholarships, 12000 menstrual hygiene management, over 23000 boys and girls have received education in business skills, and 2400 have received education in water sanitation and hygiene (WASH).

Education is key to breaking the poverty cycle; an educated woman will: marry later, have less children, understands the importance of breastfeeding to reduce risk of diarrhoea and malnutrition, is more likely to be employed and more likely to get her children immunised. All these factors have a significant flow on effect in any community.

Marker's Comments (question 13)

Any global issue was accepted including health issues such as malaria and diarrhoea (both were extensively used – plus those outlined above). Students who chose HIV/AIDs needed to make a stronger link with LDC issues and why the rates are so high rather than just generic reasons for its spread. Very few made mention of the fact that HIV is largely a heterosexual issue in LDCs whereas in MDCs it impacts homosexuals at a higher rate. A range of NGOs were included and accepted. Some students 'made up' their NGO and obviously didn't get any points for that. A large number of students gave a good description of the NGO but did not highlight the specific improvements that the activities of the NGO made to the lives of those impacted by the health issue.

Question 14 (criteria 3 and 7)

Global health status varies dramatically throughout the world.

30 marks

- **Outline ONE major cause of morbidity or mortality in Least Developed Countries (LDCs), discussing the major contributing factors.**

- Provide an example of cause of morbidity or mortality in LCDs and includes contributing factors (risk factors). E.g.:
 - Malaria
 - diarrhoeal diseases
 - lower respiratory infections
 - Tuberculosis
 - birth/ pregnancy complications
 - malnutrition
 - Ebola
 - Covid-19
- Some students may also choose poverty, war or natural disasters as their major cause.
- Statistics to prove that it is an issue e.g. diarrhoea is the second leading cause of death in young children and the leading cause of malnutrition.
- Clearly indicates contributing factors to the health issue e.g. contributing factor to diarrhoea may be lack of access to safe water and sanitation due to impact of war or natural disasters, leading to displacement (refugee camps), disruption to piped water, salination due to climate change. Lack of knowledge/education regarding importance of handwashing, food handling, and issues surrounding open defecation.

- **Demonstrate how working towards achieving TWO Sustainable Development Goals (SDGs) will help to reduce this major cause of morbidity or mortality.**

Discusses two SDGs and illustrates how achieving them will reduce the major cause. Examples may include but are not limited to:

- SDG 1 – No Poverty – leading cause of poor health
- SDG 2 – No Hunger – malnutrition, nutritional deficiencies
- SDG 3 – Good health and wellbeing – TB, Malaria, Birth complications,
- SDG 4 – Quality Education – Lack of education – low health literacy – HIV increase
- SDG 5 – Gender Equity – FGM, sex trade, gender-based violence
- SDG 6 – Safe Water and Sanitation – decrease waterborne illnesses

Marker's Comments (question 14)

A significant majority of students chose this question with a number of students doubling up from question 13 with the same issue. This was acceptable as long as the answer reflected the differing requirements of the question. Students who chose this question found it more difficult to achieve an 'A' compared with those who chose question 15. It is important for students to remember that an 'in depth' knowledge needs to be demonstrated about a topic in a 30 minute question. Statistical evidence value added to any answers. Students were able to identify some contributing factors but missed a chance to explain why. E.g. war, natural disasters, corruption. A number of students linked, for example, 'lack of safe water and sanitation' to their health issue but did not say how or why. Most students were able to accurately identify 2 SDGs. A few students went to SDGs beyond 1-6. However, while they could name the SDG, a number could not provide examples regarding how they could be successfully implemented. While not required, better answers saw students link their LDC and provided health indicators to reinforce importance of achieving the SDG. Good answers provided clear examples of SDGs in action that are directly linked to the health issue. Some also reflected country progress towards SDGs as proof that the two were directly linked.

Further proof – e.g. since access to piped water has increased to ..., diarrhoea incidences have decreased significantly which has contributed to the lowering of IMR rate from 160/1000 live births in 2000 to 45/1000 live births in 2019. Currently Country A is 'on track' to achieving this SDG by 2030.

Question 15 (criteria 3 and 7)

Health indicators can be used to identify key differences between Least Developed Countries (LDCs) and More Developed Countries (MDCs). **30 marks**

Choose FIVE key indicators and address the following for EACH:

- **Name and define the indicator.**

5 Appropriate key indicators (full name) provided with a brief description of each. Examples may include but are not limited to:

- **Life Expectancy:** average number of years a person is expected to live in the conditions they were born into
- **Infant Mortality Rate:** number of deaths in children under 1 per 1000 live births
- **U5Mortality Rate:** number of deaths in children under 5 per 1000 live births
- **% access to safe water:** this is measured by the percentage of the population having access to and using improved drinking water sources such as piped household connection, borehole, protected dug well, protected spring, rainwater collection
- **Maternal mortality ratio:** the annual number of female deaths from any cause during pregnancy and childbirth or within 42 days of termination of pregnancy, expressed per 100,000 live births,
- **Total Fertility Rate:** the number of children that a woman of childbearing age is expected to have in a particular country
- **GNI:** Gross National Income PP – total income earned by a country divided by the population
- **HIV/AIDs rate:** percentage of population with HIV/AIDS

- **Provide data to demonstrate the difference between a LDC and a MDC of your choice.**

Example answer:

	Sierra Leone (LDC)	Australia (MDC)
Life Expectancy	54 years of age	83.5 years of age

- Provide ONE possible contributing factor for the variance in data.

Discusses one contributing factor for variance. Wide variety of reasons available to use. Is the factor directly linked to show why LE may differ between Sierra Leone and Australia.

Major outbreaks of Ebola, landslides and more recently Covid-19 has further reduced the country's ability to invest in health services, safe water and sanitation, and education leaving people more vulnerable. During the Ebola outbreak schools were shut for over 12 months and when they reopened, many girls did not come back. A high rate of teen pregnancies occurred during this time and some schools did not want those girls to return. (Good answers will include statistics around the number of people who have died or been impacted by these environmental factors.)

Repeat for each key indicator.

Marker's Comments (question 15)

Many students who chose this question did well. This was more straightforward than question 14 but did require students to include a number of 'ballpark' figures for health indicators. Most were able to provide a basic description of their indicator using the correct rate and were able to make a comparison with a MDC – mostly Australia. A range of figures were included and mostly accepted however, students should be aware that with accurate and up to date figures, being readily available, they need to be close to the mark for the higher end points.