

2014 Health and Human Development GA 3: Examination

GENERAL COMMENTS

The 2014 Health and Human Development examination was the first to reflect the new study design and examination format. The examination was generally well handled by students, the majority of whom were able to answer some or all parts of the questions. Students were able to address most questions that required health definitions and key subject content, but, as in past examinations, many found it difficult to apply the content to unfamiliar situations.

Where data was provided, students generally showed skills in being able to read and interpret the information and incorporate the data into their responses. Other areas of strength included an understanding of the food sources and functions of nutrients (in particular, carbohydrates), dementia as a National Health Priority Area, VicHealth priorities, the Ottawa Charter, responsibilities of local government for health and emergency aid. Students were able to demonstrate their understanding of the interrelationships between health, human development and sustainability based on the provided stimulus material.

An area needing further attention is the Australian Dietary Guidelines and their relationship to other food selection models, in particular the Australian Guide to Healthy Eating. The role of Nutrition Australia also continues to be poorly understood and students would be well advised to build their level of understanding given its inclusion as key knowledge in the study design. Many students found it difficult to describe a health promotion program they had studied. This was evident in relation to dementia, HIV/AIDS and immunisation, all of which are required learning. Students struggled to define global health and outline how it is affected by a human rights issue. This is key knowledge and students may benefit from undertaking greater revision and practice in its application.

Some elements of examination technique needed attention and should be focused on throughout the year. Students should use their reading time to read the questions carefully and understand what is being asked. Where a response is continued on the back page of the question and answer book or in a separate answer book, students should indicate clearly that the answer has been continued and label the additional response with the relevant question number.

SPECIFIC INFORMATION

Note: Student responses reproduced in this report have not been corrected for grammar, spelling or factual information.

This report provides sample answers or an indication of what the answers may have included. Unless otherwise stated, these are not intended to be exemplary or complete responses.

The statistics in this report may be subject to rounding errors resulting in a total less than 100 per cent.

Questions 1a. and 1b.

Marks	0	1	2	3	Average
%	20	22	26	32	1.7

While many students were able to accurately define disability adjusted life year (DALY) and the physical dimension of health, some students were unable to do so. These health terms are key terms in the study design.

1a.

DALY is a measure of burden of disease. One DALY equals one year of healthy life lost due to premature death and time lived with illness, disease or injury.

1b.

The physical dimension of health relates to the efficient functioning of the body and its systems and includes the physical capacity to perform tasks and levels of physical fitness.

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Question 2

Marks	0	1	2	Average
%	22	15	63	1.4

To be awarded full marks, students needed to accurately use at least one example of relevant data from the table to compare the health status of Australia to both Denmark and New Zealand. While the majority of students answered this question well, some failed to use the data as required.

The following is an example of a high-scoring response.

Australia has a higher life expectancy at birth at 82 years than New Zealand at 81 years and Denmark at 79 years. Australia has a higher under five mortality rate at 5 deaths/1000 live births than Denmark 4 deaths/1000 live births but lower under five mortality rate than New Zealand at 6 deaths/1000 live births.

Questions 3a. and 3b.

Marks	0	1	2	3	4	5	Average
%	7	17	25	22	19	9	2.6

Overall, these questions were not answered well.

3a.

Students needed to identify a value that underpins the Australian health system and explain how the selected value is evident in the Child Dental Benefits Schedule. While many students were able to identify a relevant value, others had difficulty applying the meaning of the value to the details provided on the Child Dental Benefits Schedule. While any of the seven values were appropriate for one mark, students who selected the value of accessible, efficient or sustainable were able to apply this to the Child Dental Benefits Schedule. The values of responsive, safe, effective and continuous were more difficult to apply.

The following is an example of a high-scoring response.

Accessible: relates to all Australian's having equal access to health care irrespective of income. This is reflected in the Child Dental Benefits Scheme because it is available to families who have low incomes, as they must receive certain government benefits (family tax Benefit part A) for part of the year. It is therefore ensuring that all people including those with low incomes can access dental health services.

3b.

Possible examples included cosmetic surgery, home nursing care, treatment in a private hospital, physiotherapy, chiropractic services, acupuncture, naturopathy, podiatry, alternative health services and ambulance transport. Many students provided examples of health products such as glasses rather than health services.

Questions 4a. and 4b.

Marks	0	1	2	3	4	5	Average
%	4	26	17	26	9	17	2.6

4a.

Most students were able to use the information in the graph to identify that females had a consistently higher life expectancy at birth than males between 1982 and 2010–2012.

4b.

Examples of appropriate biological determinants included: body weight, blood pressure, blood cholesterol levels and genetic predisposition.

Examples of social determinants included: impact of unemployment, gender roles/occupation, accessing health care and peer pressure.

Students who were able to identify and explain relevant biological and social determinants were able to answer this question well; however, many students did not select examples that accounted for the differences in life expectancy between males and females.

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The following is an example of a high-scoring response.

Body Weight: Males are more likely than females to be overweight or obese, increasing their risk of conditions such as cardiovascular disease and diabetes, thus they have a lower life expectancy.

Access to Health care: Due to the 'macho' attitude among men, they are less likely than females to access health care, meaning conditions may not be diagnosed or treated in time, increasing morbidity and mortality and decreasing their life expectancy compared to females.

Question 5

These questions were not answered well. Many students struggled to show an understanding of why the Australian Government would develop dietary guidelines and the relationship between the Australian Dietary Guidelines and the Australian Guide to Healthy Eating (AGHE). These concepts are key knowledge in the study design.

Question 5a.

Marks	0	1	2	Average
%	21	56	23	1

Possible answers included:

- to help Australians to adopt healthy lifestyles that will promote health and wellbeing
- to promote healthy eating
- to reduce the risk of diet-related conditions such as hypertension and impaired glucose regulation, type 2 diabetes, cardiovascular disease and some types of cancer
- levels of illness such as impaired glucose regulation, type 2 diabetes, cardiovascular diseases and some types of cancer, which have been increasing.

The following is an example of a high-scoring response.

To encourage Australians to make and prepare healthy food choices so as to maintain healthy weight and promote wellbeing.

To encourage a decrease in diet and lifestyle related diseases such as cardiovascular disease and risk factor obesity, by providing accurate information on preventing from becoming obese and getting diagnosed with a lifestyle disease.

Question 5b.

Marks	0	1	2	Average
%	64	23	13	0.5

Students were required to explain the relationship between the Australian Guide to Healthy Eating and the Australian Dietary Guidelines. Possible answers included:

- The AGHE is a food selection tool that forms part of the Australian Dietary Guidelines and provides assistance for people to plan, select and consume adequate proportions of foods from each of the food groups.
- The AGHE provides a visual representation of the recommended dietary advice detailed in the Australian Dietary Guidelines (or advice regarding guideline 2 or 3).

The following is an example of a high-scoring response.

The Australian Guide to Healthy Eating (AGTHE) reflects the information in the Australian Dietary Guidelines (ADG), specifically guideline 2. "To enjoy a wide variety of nutritious foods from the 5 food groups every day and drink plenty of water." The AGTHE reflects this and gives proportions of each food group people should aim to consume and present this in a visual way with the food groups represented being (vegetables and legumes), (fruits)(lean meat, fish, poultry eggs)(Grain foods such as cereals and wholegrain breads)(milk, yoghurt, cheese).

Question 5c.

Marks	0	1	2	3	4	Average
%	44	23	20	7	6	1.1

This question was not answered well. Diabetes mellitus includes three types of diabetes. Students needed to show their understanding of the condition by recognising that food intake could impact on the levels of type 2 or gestational diabetes rather than just referring to the umbrella term. Many students chose to explain the more complex link between salt and type 2 diabetes, but their explanations were not always clear.

The following is an example of a high-scoring response.

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Foods containing saturated fats are energy dense and likely to be stored as fat if they exceed the consumers energy needs. This increases the risk of weight gain and obesity which is a risk factor for diabetes type 2. By reducing these foods individuals reduce the incidence of diabetes mellitus.

Alcohol too, is energy dense, therefore limiting its consumption may reduce the risk of weight gain, and the development of obesity, which is a risk-factor for type 2 diabetes.

Questions 5di. and 5dii.

Marks	0	1	2	3	4	Average
%	10	26	42	12	11	1.9

Many students struggled to explain the difference between trans and saturated fats, although the majority of students were able to provide relevant examples of food sources of saturated fat.

5di.

Possible examples of the difference between the two types of fat were:

- trans fats lower the levels of healthy HDL cholesterol, which increases the risk of cardiovascular disease, whereas saturated fats do not
- trans fats alter the structure of cell membranes, which can contribute to insulin resistance and a greater risk of type 2 diabetes, whereas saturated fats do not
- trans fats are created through the process of hydrogenation, whereas saturated fats are more likely to occur naturally in foods
- the levels of trans fats found naturally in foods is significantly lower than levels of saturated fats.

The following is an example of a high-scoring response.

Saturated fats (animal based) increases low density lipoproteins in the body whereas trans fats increases low density lipoproteins AND decreases high density lipoproteins in the body. Trans fat is artificial and is worse for the body than saturated.

5dii.

Relevant food sources of saturated fats included: beef or fatty cuts of meat; dairy products such as full cream milk, cream and cheese; coconut milk and cream; fried takeaway foods such as chips and dim sims; commercially baked foods such as pastries and biscuits; and butter.

Some students indicated fast foods as a source of saturated fat. Unless a relevant example of fast food was provided, this answer was considered too broad as not all fast foods contain saturated fat.

Question 5e.

Marks	0	1	2	Average
%	6	16	77	1.7

The majority of students answered this question well. Most chose carbohydrates or fibre as the major nutrient in breads and cereals and were able to provide the relevant major function as a determinant of health. For example, a function of fibre is that it gives a sensation of being full and therefore decreases the chance of obesity.

Questions 6a.–6bii.

Marks	0	1	2	3	4	5	Average
%	15	28	24	18	9	5	2

6a.

Most students were able to interpret the information in the graph and identify that Oceania had shown the greatest increase in obesity.

Questions 6bi. and 6bii.

Questions 6bi. and 6bii. were not answered well. The study design refers to the global marketing of alcohol, fast/processed foods and tobacco. Many students struggled to explain how global marketing had led to an increased consumption of fast/processed foods or alcohol in developing countries and how this could explain the increased percentage of overweight and obesity.

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6bi.

Possible answers included:

- Processed food: Multinational fast food companies have been heavily marketing processed foods to those in developing countries. This has resulted in many people changing from their traditional diets, which were largely unprocessed and nutrient-dense, to foods that are more energy-dense. These foods are often high in saturated fats and sugar and have contributed to the higher rates of overweight and obesity.
- Alcohol: Alcohol manufacturers have been increasingly marketing their products in developing countries as they see these countries as new marketing opportunities. This has seen an increase in the consumption of alcohol. Alcohol contains energy in the form of kilojoules, so excessive consumption of alcohol can lead to weight gain and therefore overweight and obesity.

The following is an example of a high-scoring response.

The increase in global marketing of processed foods that are high in saturated fats, sugar and sodium means these foods have replaced traditional diets in developing countries. Increased consumption of these foods lead to excess being stored in the body as fat, thus increasing the percentage of overweight and obesity in developing countries.

6bii.

Question 6bii. was handled well by students who understood the challenges in health and health care faced by developing countries compared to developed countries, often referred to as the double burden of disease.

The following is an example of a high-scoring response.

Developing countries face a double burden of disease, meaning they have high rates of communicable diseases such as tuberculosis, and also high rates of lifestyle diseases such as obesity. This presents as a challenge to developing countries, as they face two very different disease groups that require two different strategies to overcome them. Developed regions however, have low rates of communicable diseases, which means they are able to focus strategies just on reducing the prevalence of overweight and obesity.

Questions 7a. and 7b.

Marks	0	1	2	3	4	5	Average
%	31	19	17	13	12	9	1.8

7a.

This question drew on key knowledge from Area of Study 2 in Unit 3 and required students to describe how dietary advice provided by Nutrition Australia could help to reduce the levels of obesity in Australia. Many students were unable to make the connection between the type of dietary advice provided and the levels of obesity. Students could have selected from a range of examples, such as:

- The Healthy Living Pyramid
- provision of a range of cookbooks, publications and information via the Nutrition Australia website
- annual National Nutrition Week
- consultancy (menu assessments, advisory services, school programs, food industries)
- the provision of teacher resource packages.

The following is an example of a high-scoring response.

Healthy Living Pyramid: This pyramid shows the proportion of each food groups that are recommended for consumption, such as 'eat most' (including vegetables, fruit and bread), 'eat moderately', (including milk and meat) and 'eat least', (including butter). By following this advice, an individual can eat amounts of food in adequate proportion, hence reducing their risk of storing excess kj's as body fat. This therefore helps to reduce the risk of becoming overweight, and the levels of obesity in Australia.

7b.

Students were required to have an understanding of the different types of costs to the community associated with obesity. It was important that the costs identified in the response included direct links to obesity. However, many students did not make the specific link to obesity. Some students provided examples that represented indirect costs to the individual rather than the community.

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Possible examples included the following:

Direct costs

- costs associated with maintaining an ambulance service for people who suffer a heart attack or stroke due to obesity
- costs to the health care system associated with treating obese people with health conditions
- costs associated with the implementation of health promotion programs to address the levels of obesity

Indirect costs

- loss of productivity due to an obese person becoming ill and being unable to work
- costs to the welfare system to provide financial support to obese people who are unable to work
- costs to the government associated with providing carers' payments to care for obese people who suffer from significant disability

Questions 8a. and 8b.

Marks	0	1	2	3	4	Average
%	7	12	25	39	17	2.5

These questions drew on understanding of the characteristics of developed and developing countries.

8a.

Most students understood that the five mortality strata are based on the mortality rates of children (under 5 years of age) and the mortality rates of adult males (aged 15/19–59). For full marks students needed to refer specifically to adult male mortality rates rather than just adult mortality rates.

8b.

Students could choose from a range of examples of social, environmental and economic characteristics of developing countries. Most students were able to give two examples, some of which included:

- high levels of poverty or low gross national income
- limited or no opportunities for global trade
- very limited range of industries
- high level of international debt
- low level of gender equality
- high birth rates
- low levels of primary education
- limited or no social security systems
- no health systems in place
- poor infrastructure
- limited access to safe water and sanitation
- limited access to food
- poor-quality housing with many people living in urban slums
- higher mortality rates (child, infant, maternal).

Question 9a.

Marks	0	1	2	Average
%	14	47	39	1.3

This question assessed students' level of understanding of dementia as the newest National Health Priority Area. Most students were able to answer this question well by providing two reasons why dementia was identified as a National Health Priority Area.

Possible answers included:

- Dementia is a major burden of disease in Australia (particularly among people aged over 65).
- It costs the health care system a significant amount of money each year, mainly through hospitalisation and formal care.
- The incidence of dementia is expected to rise in the future as the average age of Australia's population increases.

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Question 9b.

Marks	0	1	2	Average
%	11	28	61	1.5

This question was answered well and indicated that most students had a good understanding of dementia and the relevant biological and behavioural determinants.

Possible answers included the following.

Biological

- Age: Advancing age is the greatest risk factor, with the incidence increasing significantly beyond 65 years.
- Diabetes: Having diabetes increases the risk of developing dementia.
- Genetics or family history: A family history of dementia increases the risk of developing dementia.
- Blood pressure: High blood pressure during middle adulthood increases the risk of developing dementia.
- Heart disease: Those who suffer from heart disease appear to be at greater risk of developing dementia.
- Body weight: Those who are obese are at greater risk of dementia.

Behavioural

- Tobacco use: Those who smoke or who are subject to passive smoking appear to have an increased risk of dementia.
- Inactivity: Those who are inactive appear to have reduced brain function and an increased risk of dementia.
- Lack of mental stimulation: A lack of stimulation in terms of utilising memory and undertaking problem-solving activities appears to increase the risk of dementia.
- Alcohol consumption: The consumption of alcohol can damage the brain and increase the risk of developing dementia.
- Diet: Maintaining a healthy diet is important for brain health. A poor diet, particularly with high levels of saturated and trans fats, is associated with an increased risk of developing dementia.

Question 9c.

Marks	0	1	2	3	Average
%	30	24	27	19	1.4

The ability to describe programs relevant to each of the National Health Priority Areas is important key knowledge in Unit 3, Outcome 1. This question was not particularly well answered, and marks awarded generally related to the level of detail provided. Students are reminded to provide sufficient detail when describing programs.

Many students chose 'Your Brain Matters' as a program introduced to reduce the burden of disease associated with dementia, although others such as 'Know the signs', the 'Living with Memory Loss' program and 'Mind your Mind' were also relevant.

The following is an example of a high-scoring response.

Alzheimer's Australia has developed the Your Brain Matters health promotion program to reduce burden of disease associated with dementia. It encompasses various factsheets in 22 different languages, a brain app which allows users to complete quizzes and puzzles to become aware of their risks of developing dementia. Website contains information about the importance of taking care of your health (maintaining healthy weight), heart (checking blood cholesterol regularly) and brain (remaining socially active), hence aiming to reduce burden of disease associated with dementia.

Question 10a.

Marks	0	1	Average
%	33	67	0.7

Most students were able to identify the VicHealth priority of Encourage Regular Physical Activity evident in the Walk to School program.

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Question 10b.

Marks	0	1	2	Average
%	60	12	28	0.7

Many students struggled to describe how the Walk to School program supports VicHealth's mission. Answers could have included:

- work in partnership with others to promote good health
- provides support to initiatives that assist individuals, communities, workplaces and broader society to improve wellbeing.

The following is an example of a high-scoring response.

'Walk to School' program works in partnership with others (council and Monash Council) to promote good health, and recognises that the social determinants (and environmental determinants) impact on health. It also supports this initiative which assist individuals to improve wellbeing hence supporting VicHealth's mission.

Questions 10ci. and 10cii.

Marks	0	1	2	3	Average
%	28	7	31	33	1.7

10ci.

Any two of:

- create supportive environments
- develop personal skills
- reorient health services
- build healthy public policy
- strengthen community action.

Most students were able to accurately identify two of the priority action areas of the Ottawa Charter.

10cii.

This question required students to link one of the action areas selected to the Walk to School program. Most students had little difficulty in doing this, provided they selected an action area that was evident in the program. Students who selected 'Reorienting Health Services' struggled to link this to the program. Students are reminded that they should select an option carefully to ensure it enables them to best show their understanding.

The following is an example of a high-scoring response.

Priority Action Area: Create Supportive Environments

Outline: By raising awareness of physical, environmental and social benefits of active transport, and encouraging walking to school, the 'walk to school program', creates a supportive environment for children to exercise and improve wellbeing.

Question 10d.

Marks	0	1	2	Average
%	27	27	46	1.2

Most students were able to identify two responsibilities of local government with regard to health and/or health funding. Students are reminded that they must read questions carefully as some students used health promotion programs, despite the question requiring them to list other responsibilities.

Examples of responsibilities that could have been selected include:

- municipal public health and wellbeing plans
- maintaining parks and sporting facilities
- monitoring environmental health
- developing and enforcing by-laws, such as laws relating to the consumption of alcohol in public places
- immunisation programs
- Meals on Wheels
- water quality testing

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- removal of waste
- providing maternal and child health centres.

Question 11a.

Marks	0	1	Average
%	19	81	0.8

Most students were able to define emergency aid as the rapid assistance given to people or countries in immediate distress to relieve suffering, during and after man-made emergencies such as wars and natural disasters like a flood, tsunami or earthquake.

Question 11b.

Marks	0	1	2	3	4	5	6	Average
%	12	10	15	20	19	16	7	3

Students needed to use examples from the Oxfam aid program to explain how health, human development and sustainability interrelate. Most students were able to link examples of the program to each of the three concepts. Of greater challenge was the need to show how these concepts connect or interrelate. Where stimulus material is provided and referred to in the question, students must use examples in their answer. Some students gave a description of how the three concepts interrelate but did not use any of the examples provided.

The following is an example of a high-scoring response.

Through the provision of safe drinking water and toilets, rates of communicable diseases such as diarrhoea will decrease, thus improving physical health. Through health promotion activities, social health of community members may be improved due to interactions with others. Healthier individuals are more able to attend school and the hygiene promotion activities run by Oxfam which will enable them to expand their choices through greater employment prospects and education. Through greater employment prospects, individuals may be able to earn an income and thus access essential resources such as food and health care, and a decent standard of living. Thus individuals will be able to develop to their full potential and improve their human development. When people are educated and earn an income they will be able to contribute to the economic growth and prosperity of their country and resources will be able to assist the future generation in meeting their own needs while still meeting needs of the present, enhancing economic sustainability. Also those who send their children to school will be able to gain an education and further improve access to sanitary resources through increased education, promoting social sustainability.

Question 12a.

Marks	0	1	2	Average
%	73	23	4	0.3

This question drew on students' understanding of the reasons why Millennium Development Goal 6: Combat HIV/AIDS, malaria and other diseases is important and then apply this understanding to an unfamiliar situation. Most students found this question difficult. Students who read the question carefully noted that they could not use 'reducing the burden of disease' in their answer as this was already contained in the question.

Possible answers included:

- A program that addresses HIV/AIDS is part of Millennium Development Goal 6 and one of the priorities of our overseas aid program.
- Considerable gains in human development can be achieved by reducing the number of HIV infections.
- HIV/AIDS is a major barrier to the elimination of poverty in developing countries. AIDS-related illnesses prevent adults from working to earn enough money to feed and clothe their family. Children are often left as orphans as their parents die. They are unable to attend school, gain an education and therefore earn an income, trapping them in a cycle of poverty.
- Developing countries with high rates of HIV/AIDS struggle to provide adequate health care for sufferers and fewer people employed leads to less revenue to provide health, education, welfare and infrastructure for the population.

The following is an example of a high-scoring response.

To work towards achievement of Millennium Development Goals (MDGs), especially MDG 6: Combat HIV/AIDS, malaria and other diseases.

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To achieve the objective to reduce poverty, as by reducing burden of disease associated with HIV/AIDS, people can return to work and education and break the cycle of poverty.

Question 12b.

Marks	0	1	2	3	Average
%	35	27	24	14	1.2

Many students were able to describe an HIV/AIDS program, although students who had a thorough understanding of the range of programs implemented in developing countries were able to provide greater detail and were more likely to be awarded full marks. Merely naming a program was not sufficient. Marks were awarded for the description of the program. Knowledge of programs focusing on HIV/AIDS is a key part of Unit 4, Area of Study 2. Students are reminded that an immunisation program is not appropriate for HIV/AIDS.

The following is an example of a high-scoring response.

World Visions 'Care and Prevention for children and the most vulnerable' program involves the training of teachers and pastors in Zambia, to deliver accurate information to their communities regarding the spread of HIV/AIDS. Children are also taught to sing songs and recite poems carrying strong messages regarding HIV/AIDS prevention.

Question 12c.

Marks	0	1	2	3	Average
%	48	14	20	18	1.1

This question was not answered well, with many students unable to identify and explain any of the six points from the World Health Organization's (WHO's) six-point agenda. This is specific knowledge outlined in Unit 4, Area of Study 2.

Possible answers included the following:

- Promoting development: WHO works to ensure that all people, regardless of their socio-economic background, can access resources to promote health. Promoting health promotes development and ensures that all people can lead productive lives and participate in their community.
- Fostering health security: WHO works to deal with threats to global health by coordinating efforts and strategies to deal with emerging diseases and epidemics. This includes providing training programs to assist countries, track the spread of diseases, assist countries to develop policies to reduce disease outbreaks and develop global guidelines to reduce the spread of disease and treat outbreaks.
- Strengthening health systems: In many poor countries, health services are not accessible, especially to the most vulnerable and disadvantaged. WHO works to provide appropriately trained staff, financing of health services, a system for collecting statistics and to increase access to technology and essential medicines.
- Harnessing research, information and evidence: WHO works to ensure statistics, information and research are provided to inform the setting of health priorities and strategies and to measure the success of interventions that have been implemented. To do this they develop common global standards and measurements to better ensure resources and information can be shared.
- Enhancing partnerships: Improvements in global health are best achieved through a collaborative approach. WHO provides leadership with regard to global health issues but is dependent upon the support and cooperation of many partners. They encourage global cooperation for the implementation of health promotion programs.
- Improving performance: WHO works to improve its effectiveness by continually reviewing practices and changing the way it works as a result of the reviews. WHO monitors its actions in relation to its outcomes to ensure it is able to work efficiently and reach as many people as possible.

The following is an example of a high-scoring response.

One of WHO's six-point agenda, is 'enhancing partnerships'. WHO recognises that working with other government, organisations and communities helps to increase the effectiveness of programs. An example of a partnership that the WHO has formed, is 'the partnership for maternal and child health' to help improve the effectiveness of the delivery of maternal and child health care.

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Question 13

Marks	0	1	2	3	4	Average
%	18	13	21	25	22	2.2

This question drew on students' ability to analyse the different models of health and health promotion as required in Unit 3, Area of Study 2. Many students were able to provide an example of the advantages and disadvantages of the biomedical and social model of health, although students who provided a brief explanation rather than just listing the examples provided higher-quality answers. Students are also encouraged not to provide the same example stated differently or reversed as both an advantage and a disadvantage.

Possible answers included the following:

Advantages

Biomedical model of health

- helps cure disease and can lead to extended life expectancy
- investing in research leads to improved knowledge of disease and can lead to better/improved treatments
- community has an expectation that medical help to cure illness will be available when required and the biomedical system meets this community expectation
- when ill, knowledge of the disease increases and can contribute to the body of knowledge of the medical profession but also the individual to adopt better health behaviours once cured

Social model of health

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

Disadvantages

Biomedical model of health

- certain treatments and medications that are not covered by government funding can be costly to individuals
- treatments only consider the disease, not the whole person
- does not address the broader determinants of health
- does not address the root cause of the condition, i.e. cardiovascular disease, that could be caused by lifestyle factors such as nutrient intake and physical activity levels

Social model of health

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

Question 14a.

Marks	0	1	2	3	Average
%	5	20	36	39	2.1

Many students were able to read and interpret the graph accurately to evaluate the progress made towards achieving universal primary education. Students needed to use the information in the graph to be awarded full marks.

The following is an example of a high-scoring response.

All countries have made an improvement in achieving universal primary education overall however from 1990-2000 eastern Asia dropped from 97% to 96%. Most countries are close to the target of 100% of children achieving primary education apart from

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sub-saharan Africa which in 2011 was at 77%, however it has made the biggest improvement, beginning at 53% in 1990. Eastern Asia is closest to achieving the goal in 2011 out of the countries with 98% of children having primary education.

Questions 14bi. and 14bii.

Marks	0	1	2	3	4	Average
%	13	25	28	21	12	2

14bi.

This question drew on the key knowledge in Unit 4, Area of Study 1, which requires students to be able to describe the purpose for each Millennium Development Goal and give reasons why they are important. The purpose is to ensure that by 2015, all children everywhere (boys and girls) are able to complete a full course of primary schooling.

14bii.

Students were required to state any two of the following reasons to explain why it is important to achieve Millennium Development Goal 2.

- Education leads to greater employment opportunities and income, which means people are able to afford safe and nutritious food and have access to health care services including medication. This brings about increases in health status.
- Better education is associated with economic growth, which benefits the entire population both in terms of health status and human development.
- Access to education can lead to greater knowledge of health information, which can bring about a change in behaviours that improve health status.
- Higher education and literacy rates in parents are associated with higher literacy rates in subsequent generations. This brings about improved health and sustainable human development.

Questions 15a. and 15b.

Marks	0	1	2	3	4	Average
%	25	27	22	14	12	1.6

15a.

This question required students to describe the Human Development Index (HDI). While most students were able to provide some detail, a relevant and detailed description of this measurement of health status was needed to gain full marks.

The following is an example of a high-scoring response.

A tool developed by the United Nations to rank and measure countries levels of social and economic development. It provides a single statistic based on 3 dimensions, health, education and living standards, and 4 indicators, life expectancy at birth, mean years of schooling, expected years of schooling and gross national income per capita.

15b.

Most students were able to read and interpret the graph and describe the relationship between the HDI and the percentage of one-year-olds vaccinated against measles. However, some students did not read the question carefully and did not use the data.

The following is an example of a high-scoring response.

The percentage of measles vaccination rates of one-year-olds in 2010, was higher in countries with a high human development index in 2012. Australia who experience a high HDI (0.938) and is classified as a developed country had 94% of one-year-olds vaccinated against measles, whereas Central African Republic experienced a low HDI (0.352) and is considered a developing country, reflected in only 62% of one year olds being vaccinated against measles.

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Questions 15ci. and 15cii.

Marks	0	1	2	3	4	5	6	7	Average
%	24	10	10	10	11	12	12	11	3.1

15ci.

Students who knew the elements of sustainability and stated them clearly in their description of an immunisation program were able to provide a high-quality response. Students were expected to clearly identify two of the elements of sustainability and then describe how each one could be used to implement an immunisation program. Any two of the following elements of sustainability could have been used: affordable, equitable, appropriate.

The following is an example of a high-scoring response.

An immunisation program could be implemented that trains locals and current medical staff in the least developed countries on how to correctly administer immunisations and also the early signs of diseases so they can receive early treatment. The immunisation medicines could be provided for free as most people in developing countries do not have funds for a user-pays system (Affordable). By providing to the most poverty stricken groups of the population the program also reflects 'equity'.

15cii.

Students who had described an appropriate program in part ci. were better prepared to explain how the program could improve human development in this part. High-scoring responses were very detailed and linked the program to aspects of human development. Many students found the explanation difficult.

The following is an example of a high-scoring response.

By receiving immunisations, individuals are less likely to contract communicable diseases in their life time. This then allows them to participate in the life of their community and have the physical capacity to seek employment. In turn this expands their choices and allows them to achieve a decent standard of living.

Questions 16a.–16bii.

Marks	0	1	2	3	4	5	Average
%	12	38	22	15	8	5	1.8

16a.

Students had little difficulty in providing one example of a human rights issue for part a. Possible examples included: slavery, human trafficking, gender inequity, food insecurity, genocide, conflict, discrimination, poverty and violence.

16bi.

Many students were unable to provide an explanation of the term global health. Global health is defined as the health of populations in a worldwide context that go beyond the perspectives and concerns of individual countries. Global health is about an international collaborative approach to achieving equity in health for all people worldwide.

16bii.

This question required the application of the example of human rights given in 16bi to global health.

The following is an example of a high-scoring response.

Having the right to adequate food will decrease malnutrition, thus decreasing the morbidity and mortality from malnutrition in populations worldwide. It will also increase people's life expectancy, thus impacting on global health as it attempts to achieve equity in provision of food and health status for all people worldwide.