

2011 Health and Human Development GA3: Examination

GENERAL COMMENTS

Students answered most questions on the 2011 Health and Human Development examination. If students needed more space for their answers they generally used the back pages of the answer book; however, many students did not indicate that they had done so. Students are reminded to clearly indicate at two points on the paper that further information has been included in the back of the answer book: on the page of the question that is being continued and in the back of the answer book where further information is written (including the question number).

Students need to pay attention to the instructional word in each question; for example, ‘describe’, ‘explain’, ‘identify’, ‘evaluate’, etc. Students should know what these words mean and ensure that they follow these instructions when writing their answers. For example, a question that asks students to explain will require a more detailed and different type of response compared to a question that asks students to identify or define.

Reading questions carefully and identifying the information required in the answer are skills that require practice. For example, in Question 5c. many students provided the definition of sustainable human development, rather than showing how the interrelationships were evident in the program described. Students should remember that a good answer addresses the question and all its parts, provides the necessary detail in a concise way and uses relevant data where required. Many students ignored the stimulus materials in Section B, Question 7. Students are reminded that stimulus materials can be used to form a basis for their answers; for example, many students wrote that melanoma was the biggest killer in Australia, when the given data did not show this.

SPECIFIC INFORMATION

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

For each question, an outline answer (or answers) is provided. In some cases the answer given is not the only answer that could have been awarded marks.

Section A

Question 1

1a.

Marks	0	1	2	Average
%	46	38	16	0.7

A measurement of human development that combines indicators of the life expectancy, educational levels and income. The Human Development Index provides a single statistic that can be used as a reference for both social and economic development. It provides a rating from 0 to 1, according to the level of development.

Students could have been awarded a mark if they used the new indicators in the first part of the definition – life expectancy at birth, mean years of schooling, expected years of schooling and Gross National Income per capita.

1b.

Marks	0	1	2	Average
%	40	41	19	0.8

A possible answer would have been: Australia has a high Human Development Index (HDI) and therefore has a high life expectancy, and high levels of income and education. Australians can therefore develop to their full potential, having access to knowledge, health and a decent standard of living. This allows them to participate in the life of their community and decisions affecting their lives.

Many students wrote that because the country had a high Human Development Index it had high human development, but did not explain this relationship.

Students needed to choose one of the countries listed to explain the relationship between HDI and the level of human development.

The following is an example of an adequate student response.

Australia has a high HDI ranking of 0.937. This means they have a high health status (life expectancy), high level of knowledge (adult literacy rates) and high wealth (income) all of which contribute to a high level of human development as they have access to an environment where they can develop to their full potential and lead productive and creative lives.

Question 2

Marks	0	1	2	Average
%	2	12	86	1.9

Any one of the following was acceptable.

Nutrient	Major health function	Major food source
Iron	Major component of haemoglobin, which is important in the prevention of anaemia or to transport oxygen around the body	Red meat, liver, egg yolk, fish, legumes, dark green leafy vegetables
Calcium	Necessary for ossification of bones and teeth, which helps prevent osteoporosis	Milk, cheese, yoghurt, fish, soy milk
Fluoride	Maintenance of strong bones, strengthens tooth enamel and prevents dental decay	Fluoridated drinking water, small amounts in tea and seafood
Vitamin A	Bone maintenance and maintains healthy vision	Liver, oily fish, full cream milk and cheese, egg yolk, margarine and butter, dark green and orange fruits and vegetables (apricots, mango, rockmelon, carrots, pumpkin, spinach, broccoli)

Many students gave a development function instead of a health function for the nutrients. It is important that students know the difference between development and health functions.

Question 3

Marks	0	1	2	3	Average
%	29	29	28	14	1.3

Burden of disease is a measure of the impact of diseases and injuries. It measures the gap between current health status and an ideal situation where everyone lives to old age free of disease and disability. Burden of disease is measured in a unit called a DALY.

A possible answer for diabetes would have been: The major contribution to burden of disease is through healthy life lost through disease, while for injuries the major contribution to burden of disease is through healthy life lost through premature death, even though the burden of disease or DALYs are the same.

Many students were able to write a definition but did not know how to use the material in the graph to illustrate its meaning.

Question 4a.

Marks	0	1	2	Average
%	20	42	38	1.2

Socioeconomic factors such as income, employment, education, social support and housing are all intricately linked to health. Education, occupation and income are the most commonly used measures of socioeconomic status.

Question 4b.

Marks	0	1	2	Average
%	16	53	31	1.2

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A possible answer would have been: The rates of premature death increase as SES decreases, increasing from 100 per 100 000 females in the highest SES category to approximately 175 per 100 000 in the lowest SES category.

The gap in premature deaths increases for men and women as SES decreases. This difference is approximately 75 per 100 000 in the highest SES, increasing to approximately 140 per 100 000.

Question 4ci–ii.

Marks	0	1	2	3	Average
%	24	21	26	29	1.6

Question 4ci.

Other determinants of health (other than socioeconomic status) are:

- biological – body weight, glucose intolerance, blood pressure, cholesterol levels and birth weight
- behavioural – tobacco use, physical activity, alcohol use, illicit drug use, eating practices
- social – access to health care, education, employment, housing, early life experiences, social networks and support.

Question 4cii.

Possible answers included:

- body weight – high levels of obesity are often found in the lowest socioeconomic status population group. This may have an impact on high levels of type 2 diabetes, cardiovascular diseases, colorectal cancer and therefore rates of premature death
- income may influence foods chosen. People from a low socioeconomic status are more likely to consume a high-fat diet, which may be less expensive than a diet of fruit, vegetables and meat. This may lead to diseases such as obesity, cardiovascular diseases, cancer and type 2 diabetes
- access to health care may be reduced for those with low socioeconomic status due to the cost. This reduces opportunities to access preventative care, diagnosis and treatment, increasing the risk of premature death from a range of diseases such as cancer, communicable diseases and cardiovascular diseases.

People with low socioeconomic status are more likely to live shorter lives and have increased rates of illness, disability and death. They are more likely to have low incomes, low levels of employment, lower health literacy and a greater influence of friends towards unhealthy behaviours such as smoking, heavy alcohol use and poor diet. Risks to health include obesity and sedentary exercise levels; therefore they are more susceptible to cardiovascular diseases.

If students chose a determinant that did not link to socioeconomic status they could not be awarded any marks.

Question 5

Marks	0	1	2	Average
%	23	46	32	1.1

Possible answers included:

- compared to high income countries, low income countries lack the financial resources needed to provide safe water and sanitation facilities for their population. This contributes to higher rates of death from diseases such as diarrhoea in low income countries
- compared to high income countries, low income countries lack the financial resources needed to provide community immunisation programs. This contributes to higher rates of death from diseases such as pneumonia in low income countries
- compared to high income countries, low income countries lack the financial resources needed to provide health care facilities, which reduces the opportunities to diagnose and treat diseases such as heart disease and HIV.

Other examples could have included: food insecurity, subsidised medications, health education, levels of literacy and housing.

Students needed to link their answer to the comparison between high and low income countries and to the relationship in the differences for leading causes of death due to income.

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Marks	0	1	2	Average
%	36	40	25	0.9

The under 5 mortality rate is the number of deaths of children under five years of age per 1000 live births.

Morbidity is (one of):

- ill health in an individual and the levels of ill health in a population or group
- levels of ill health or illness in a population.

Question 7

Marks	0	1	2	3	4	Average
%	26	29	24	12	9	1.5

Possible answers could have included the following.

- Reduces women's fertility rates: An educated female is likely to delay marriage and childbearing, use reliable family planning methods, and have fewer and healthier children. This improves the physical health of girls by reducing the risks of anaemia, malnutrition and a poor immune system. Social health is improved as girls can attend school and this increases their opportunities for employment and social interaction. Confidence and self-esteem will be improved, which contributes to improved mental health.
- Lowering infant and child mortality rates: Children of an educated mother are more likely to survive. Women with some formal education are more likely to seek medical care, ensure their children are immunised, be better informed about their children's nutritional requirements and adopt improved sanitation practices. The infants and children of educated women have higher survival rates and tend to be healthier and better nourished than children of non-educated women.
- Lowering maternal mortality rates: Women with formal education tend to have better knowledge about health care practices, are less likely to become pregnant at a very young age, tend to have fewer and better-spaced pregnancies, and seek pre-natal and post-natal care. This will improve physical health by reducing the risks associated with repeated pregnancies close together, reducing the risks of infectious diseases and fistula.
- Protection against HIV/AIDS infection: Girls' education is a powerful tool for reducing girls' risks of being infected with HIV. Being educated slows and reduces the spread of HIV/AIDS by promoting awareness of the dangers associated with unprotected sex and understanding how the disease is transmitted. Reducing the rates of HIV infection will improve physical health by reducing associated symptoms and the onset of AIDS.

Many students did not read this question carefully. Students needed to discuss how the education of girls contributes to improving their health; many just gave general statements about human development without discussing health and made generalisations about developing countries. The link to education was often poorly covered.

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

By increasing education available to girls, they are less likely to comply to early marriages. As a result the risk of early pregnancies such as getting fistulas is reduced, which improves physical health. They are less likely to remain submissive and complacent to physical abuse and the independence they gain by seeking employment and earning an income improves mental health as they feel empowered. Their social health also improves as they are not isolated within the family home, but able to interact with other girls at school, enabling them to feel confident that they can have a voice within their community.

Question 8

Marks	0	1	2	Average
%	56	13	30	0.8

Core functions of the World Health Organization include:

- provide leadership on matters critical to health
- shape the health research agenda and disseminate knowledge
- set norms and standards and promote and monitor their implementation
- articulate ethical and evidence-based policy options
- provide technical support to countries
- monitor the health situation and assess health trends.

Question 9

Marks	0	1	2	Average
%	27	16	58	1.3

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Any two of:

- effective
- appropriate
- efficient
- responsive
- accessible
- safe
- continuous
- capable
- sustainable.

Many students listed affordable; however, this is not a value that underpins the Australian health care system.

Question 10

Marks	0	1	2	3	4	Average
%	38	5	12	15	30	2

The three elements of sustainability as listed in Unit 4, Area of Study 2 are affordability, appropriateness and equity.

- Affordability – the program is free but, to be sustainable, appropriate funding sources need to be secured for long-term sustainability.
- Appropriateness – the program is appropriate because it meets the needs of the community by providing access to health services and has a focus on education.
- Equity – The program provides equity as it includes literacy classes in many poor and disadvantaged villages in Bangladesh, and it provides education to both males and females.

Many students were unable to name or evaluate a program described as part of the question. Often the stimulus material was not used to assist in the evaluation.

Section B

Question 1a.

Marks	0	1	2	Average
%	32	42	26	1

Appropriate social determinants included poverty/SES level, early life experiences, social networks and support, housing, access to health care and food security.

The following are examples of answers.

- Indigenous Australians may experience poverty due to a lack of access to employment, which may mean that they are unable to access appropriate health care compared to non-Indigenous Australians. This may contribute to reduced life expectancy for Indigenous Australians.
- The estimated life expectancy of Indigenous Australians is lower than that for non-Indigenous Australians – this variation may occur because many Indigenous Australians have less access to health care because of the areas in which they live.

It was important for students to explain the variations between Indigenous and non-Indigenous Australians, not simply describe the impact on Indigenous Australians. Many students did not use the information given in the stimulus material; for example, life expectancy differences, rates for diabetes mellitus, rates of hospitalisations and mortality rates.

Question 1b.

Marks	0	1	2	3	4	Average
%	13	16	33	20	18	2.2

Behavioural and biological determinants, or examples that represent either of these, were accepted. Appropriate determinants included physical activity, drug use, immunisation, eating practices, body weight, birth weight and syndrome X.

Genetic predisposition/family history was often used to explain diabetes or obesity; however, this was incorrect.

Examples of social determinants could also be used as long as students used a different example from that in Question 1a.

The following are examples of answers.

- Indigenous Australians often lack access to health care compared to non-Indigenous Australians. This reduces the opportunity for preventive health care, early diagnosis and treatment of a range of diseases and conditions leading to reduced life expectancy, higher rates of cardiovascular disease, kidney disease and higher rates of diabetes than non-Indigenous Australians.
- Eating practices within the Indigenous community have changed over time. The traditional fibre-rich, high-protein, low saturated fat diet has changed to one that is high in refined carbohydrates and saturated fats. This increases the risks of diseases such as obesity, diabetes mellitus and kidney disease. For example, rates of diabetes mellitus for Indigenous Australians are six times higher than for non-Indigenous Australians.

In general, a key factor for differences is socioeconomic disadvantage – lower incomes, higher unemployment, lower education, more overcrowded households than non-Indigenous Australians. Indigenous Australians tend to have a lower socioeconomic status that may lead to increased smoking, alcohol misuse, overweight and obesity than non-Indigenous Australians.

The following is an example of a student response.

Behavioural – Indigenous Australians have a higher rate of alcohol consumption in large quantities than the average non-indigenous Australians which leads to many accidents from drink driving and therefore results in their high injury rates and hospitalisations and mortality being around 'twice the rate' of non-Indigenous Australians.

Behavioural – Indigenous Australians show high rates of smoking which leads to many cancers, especially lung cancer, which could contribute to the life expectancy being 12 years less for males and 10 years less for female than non-Indigenous Australians

Question 1c.

Marks	0	1	2	3	Average
%	41	12	23	24	1.3

Values included appropriate, responsive, accessible and capable. Some students used sustainable, which was a correct value, but as the placement was short term it is difficult to argue that the program is sustainable.

The following are examples of appropriate answers.

- Appropriate: Placing 273 health professionals in remote primary health care services on short-term placements would enable the Indigenous people to access appropriate health services close to them when they require it.
- Responsive: The Closing the Gap program is being responsive to the needs of the Indigenous people by providing a range of health professionals in a remote area.
- Accessible: By placing a range of health professionals in areas that previously had no services, medical assistance becomes more accessible.
- Capable: Health professionals are skilled in delivering health services, so professionals skilled in delivering services to Indigenous Australians would be appropriate to send.

Many students did not use the stimulus material provided in the question to explain how the program related to a value.

Question 2a.

Marks	0	1	2	3	4	Average
%	27	15	24	21	12	1.8

Possible programs included: Roll Back Malaria program, indoor residual spraying, Pacific Malaria Initiative – vector-borne disease control program of the Solomon Islands Government, insecticide-treated mosquito nets, anti-malarial drugs and covered water wells.

A possible answer on insecticide-treated mosquito nets could have been: By providing these nets to people in areas where mosquitoes are prevalent people are able to sleep safely, without the fear of being bitten by mosquitoes that may carry the risk of malaria, therefore decreasing the incidence of malaria for that group.

This question was not answered well. The question related to dot point 7 in Unit 4, Area of Study 2, where students should have studied a program that focused on malaria. Some students referred to melanoma, obesity or measles, and others did not answer this question.

Question 2b.

Marks	0	1	2	3	4	5	6	Average
%	32	12	16	15	12	7	5	2.1

A possible answer could have been: By providing insecticide-treated mosquito nets to all people living in an environment where mosquitoes may carry malaria, the health of individuals and the population of the area would have a higher health status as the level of malaria risk would be reduced. Fewer people suffering from malaria would mean the levels of risk factors had been lowered, life expectancy would increase and morbidity rates would decrease. This would create an environment in which the people could return to education and/or work, allowing them to develop their potential to lead productive lives, which in turn would enhance their capabilities of what they can be and do as they participate in the life of their community given they have good health.

Many students were unable to apply the concepts of health status and human development. Many wrote that the program would improve health status and human development, without showing that health status meant an individual's or a population's overall health, taking into account life expectancy, amount of disability and levels of disease risk factors. They were then only able to define human development without explaining how the program influenced it. If students did not link to the program described in 2a. no marks were awarded.

Question 3a.

Marks	0	1	2	Average
%	75	11	14	0.4

VicHealth's mission is to build the capabilities of organisations, communities and individuals in ways that:

1. change social, economic, cultural and physical environments to improve health for all Victorians
2. strengthen the understanding and the skills of individuals in ways that support their efforts to achieve and maintain health.

This question was not answered well. Many students did not answer the question and this meant they could not answer part b.

Question 3b.

Marks	0	1	2	Average
%	76	11	13	0.4

- Example 1: change social, economic, cultural and physical environments to improve health for all Victorians. The key strategy for the program is expecting the funded local councils to address, for example, the physical environment (transport), cultural environments (working with newly arrived migrants to introduce them to new foods), economic environment (teaching budgeting) to address food insecurity.
- Example 2: strengthen the understanding and skills of individuals in ways that support their efforts to achieve and maintain health through regular access to a variety of foods, particularly fruit and vegetables, providing culturally relevant education to help newly arrived families on how to recognise 'healthy' foods and prepare foods unfamiliar to them, and provide help in budgeting finances.

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

The Food for All program provides culturally relevant education to help individuals recognise 'healthy' foods. As a result the programme is attempting to strengthen the skills of individuals as they are also taught how to prepare these foods and budget. All of which attempts to promote healthy eating and living by increasing skills.

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Question 3ci.

Marks	0	1	2	Average
%	43	15	42	1.4

Any two of:

- address broad determinants of health beyond the individual
- involve intersectorial collaboration with other sectors
- aim to reduce social inequities
- empower individuals and communities.

Many students wrote sectorial instead of intersectorial, and inequalities for inequities. The correct principles should be learned.

Question 3cii.

Marks	0	1	2	3	4	Average
%	49	7	14	11	18	1.4

The following are examples of answers.

- Involve intersectorial collaboration with other sectors. The Food for All program involves local governments collaborating with local charities and community-based health workers to improve the planning of things that influence access to foods, therefore meeting the principle.
- Reduce social inequities – funding is provided to local governments with 20% or more of their population living in disadvantaged neighbourhoods. The Food for All program includes consideration of ease of shopping close to where people live, easy ability to transport food and culturally relevant education on how to recognise ‘healthy’ foods, thus reflecting this principle.
- Empowers individuals and communities to provide culturally relevant education to assist newly arrived families on how to recognise ‘healthy’ foods and prepare foods unfamiliar to them, and to provide help in budgeting finances to develop their skills.

Many students were unable to give examples of the program in order to demonstrate the principles.

The following are examples of high-scoring responses.

The Food for All program attempts to reduce social inequities by targeting areas with at least 20% of the population living in disadvantaged neighbourhoods. This suggests that despite income, education, gender the services provided which include should be provided to all. The program also helps new migrants and those having difficulty with transport and finances still have access to nutritious foods.

Intersectorial collaboration is present as VicHealth works with the local governments of each of the disadvantaged communities, along with local charities and community-based health workers to all support health eating.

Question 4a.

Marks	0	1	2	Average
%	29	37	34	1.1

The following are examples of answers.

- Political instability can lead to conflict, which means that land can become unavailable for food production. This contributes to malnutrition and high levels of infant and under 5 mortality rates.
- Conflict arising from political instability can lead to the destruction of infrastructure such as wells and water supplies, roads and health care facilities. This increases the risk of diseases such as diarrhoea and infectious diseases.
- Money invested in defence forces rather than health services – if access to health services is reduced, there is likely to be increased morbidity in the population, thus decreasing the overall health status and life expectancy of the population.

Question 4b.

Marks	0	1	2	Average
%	38	31	31	0.9

The following are examples of answers.

- Conflict arising from political instability can lead to the destruction of infrastructure such as wells and water supplies, roads and health care facilities. This can have an impact on human development by reducing access to education, decision-making capacity and opportunities for decent standards of living and productive lives.
- Lack of respect for human rights can occur with political instability. This could lead to victimisation and discrimination, which impacts on human development. People are disempowered and are unable to contribute to their community in a productive way. This reduces people’s capacity to lead a productive life and develop to their full potential.
- Money invested in defence forces rather than health services and education that reduces access to these services, affecting the capacity to achieve a decent standard of living and participating in a community.

Question 5a–b.

Marks	0	1	2	Average
%	7	29	65	1.6

Question 5a.

One of:

- the ratio of girls to boys enrolled in school is less for both primary and secondary school
- the ratio of enrolments is increasing in both primary and secondary schools
- the ratio of enrolments is increasing in primary students
- the ratio of enrolments is increasing in secondary students.

Question 5b.

One of:

- the ratio of girls to boys enrolled is less in primary school
- the ratio of girls to boys enrolled is less in secondary school
- the ratio of primary enrolments is much greater than the ratio of secondary enrolments.

Question 5c.

Marks	0	1	2	3	4	5	6	Average
%	11	16	25	23	16	6	3	2.5

Education is important for bringing about knowledge and awareness of the risk factors that contribute to disease and illness such as HIV/AIDS and increases the capacity of people to access preventative health measures, therefore improving the level of health of individuals and the community by reducing morbidity and mortality.

With improved health, people have the potential to attend school or participate in work that helps them lead productive lives and earn an income that helps to provide a decent standard of living. This allows people to expand their choices, which enables them to participate in the life of their community and make decisions affecting their lives. Human development is achieved.

Through education, health is improved and the community has to access employment that contributes to economic sustainability. Higher levels of employment create opportunities for investment in a healthy environment that ensures sustainable health and human development outcomes.

It is important that students do not just write the words ‘sustainable human development’ without showing how the parts are linked through the role of education. The question was based on the last dot point in Unit 4, Area of Study 1, ‘the interrelationships between health, human development and sustainability to produce sustainable human development in a global context’. Skills for this outcome include ‘analyse in different scenarios the interrelationships between, health, human development and sustainability’. Many students did not use the stimulus material in the question to help them formulate a response.

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

Through education an individual becomes aware of risks of issues such as poor sanitation (increasing chance of developing communicable diseases like diarrhoea) towards physical health. They can protect themselves by condoms against contracting HIV/AIDS, and girls especially are less likely to have early pregnancies, which may lead to fistulas. Through education individuals can seek employment and an income which then offers them the opportunity to obtain nutritious food to improve physical health reducing malnutrition or make informed choices according to their own needs and interests. Education is

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sustainable as it can be passed on over generations and if a mother is educated her daughters are also more likely to be educated, which ultimately helps to break the cycle of poverty. Education also enables girls especially to feel empowered as by earning an income and contributing to their family, they will earn more respect from the community. This in turn will help improve mental health and help them participate in the life of the community and reach their full potential.

Question 6

This question was based on Unit 4, Outcome 1. Dot point 5 relates to the eight Millennium Development Goals, their purpose and the reasons why they are important. Few students demonstrated knowledge of Goal 8.

Question 6a.

Marks	0	1	2	Average
%	61	28	11	0.5

The following is an example of an answer: The purpose of Millennium Development Goal 8 ‘Develop a global partnership for development’ is to help countries reach the other seven goals. Unless developed countries work with developing countries in ways that help developing countries manage resources – for example, education, employment and infrastructures – it is impossible for developing countries to reach the goals.

Other examples include:

- addresses the needs of the least-developed countries through the provision of official development assistance
- allows developing countries to competitively trade their goods on the developing market
- helps developing countries achieve the other seven Millennium Development Goals
- assists developing countries to reduce their levels of debt
- works towards the provision of affordable medications
- provides greater access to information and communications technologies.

Question 6b.

Marks	0	1	2	3	4	Average
%	53	24	16	4	3	0.8

Global partnerships are important to assist economies in developing countries to be improved, enabling the needs of the population to be more adequately met, particularly in the areas of health, education and welfare. With countries working together, the level of debt of developing countries can be reduced. This will contribute to improved global health status and ultimately sustainable human development by enabling money to be used for basic health care and education rather than to pay off debt. Global partnerships will enable cooperation between companies, such as pharmaceutical companies and governments, to provide essential drugs at an affordable price to improve global health status.

Other examples could have included the availability of new technologies and fair trade.

The following are examples of high-scoring responses.

The goal is important as in order for many developing countries to ultimately become self-sufficient, they must be able to trade and export. Assistance is necessary to stabilise their economy and as a result bolster employment rates. By introducing technical support, involving the latest research and communication services, developing countries can begin interacting and are no longer restricted by lack of money or out-dated computer systems. It enables a country to undergo social and economic development to reach other goals.

Without a global partnership the millennium development goals would not be able to be achieved as it is the joint efforts of both developed and developing countries that will allow for the progress on these goals.

Question 6ci–ii.

Marks	0	1	2	3	4	Average
%	36	20	21	14	9	1.4

Question 6ci.

Appropriate answers included:

- bilateral or multilateral aid
- provide debt relief
- changing rules of trade to ensure greater equity
- provide access to essential medicines.

Question 6cii.

Answers could include:

- debt relief – Cancelling debt to developing countries means that they can use the money they were paying for other essential services within their country such as money for health services. Healthy people are happier and more productive and so can earn money to make a living. Cancelling debt can result in the abolition of school fees and money used to build new classrooms. Education is vital for getting out of the poverty cycle
- providing aid – Increasing aid means that money can be spent in developing countries on projects to reduce poverty such as the provision of immunisation, improved shelter, education, safe water and sanitation. This will lead to improved health, and greater capacity to work and earn an income to break the poverty cycle
- changing rules of trade – Ensuring a trading system that is open, rule-based, predictable and non-discriminatory will mean all countries (whether developing or developed) can be competitive in the global market and contribute to their economic development, which is essential for eradicating poverty. Increased economic growth provides resources for investment in education, health and infrastructure.

Question 7a.

Marks	0	1	2	Average
%	42	29	29	0.9

Answers could have included any of:

- the evidence for the prevention of cancer, especially colorectal cancer, is consistent with the recommendations for a healthy diet as set out in the Australian Guide to Healthy Eating; for example, eat a balanced diet, eat plenty of vegetables, legumes and fruit, limit saturated fats and limit alcohol intake
- a diet low in saturated fat and high in complex carbohydrates, water and vegetables may decrease the risk of developing colorectal cancer by speeding up digestive processes and promoting regular bowel movements
- obesity is a risk factor for many cancers, including colorectal cancer, and therefore it is important to limit the consumption of foods high in fat, carbohydrates and alcohol to maintain a healthy weight
- consumption of fruits and vegetables high in insoluble fibre can reduce the risk of colorectal cancer by speeding up digestive processes, adding bulk to faeces and promoting regular bowel movements.

Question 7bi.

Marks	0	1	2	3	Average
%	18	21	37	24	1.7

Students could select from a range of health promotion campaigns, including:

- Quit program to reduce the incidence of lung cancer
- Australian Guide to Healthy Eating to address colorectal cancer
- Breastscreen program to screen for breast cancer
- SunSmart to address skin cancer
- Papscreen to screen for cervical cancer
- screening program for prostate cancer
- Be a Man to be screened for prostate cancer.

The following are examples of responses.

- Breast cancer – Breastscreen Australia was introduced in 1991 and is a joint program between the state and federal governments. It is a population health program that provides free breast screening for women between the ages of 50 and 69. A mammogram helps detect early signs of breast cancer. This enables women to receive treatment at the earliest possible time and increases their chances of survival. The program increases awareness of the necessity to think of breast health.
- Lung cancer – The data shows that lung cancer has the largest death rates. One program is the Quit program, which provides a Quit course to support those wishing to stop smoking, a Quit book with tips and strategies to quit smoking, a DVD of the 10 steps to quit, a free telephone call back service and a wallet card containing information about coping with cravings.
- Skin cancer – SunSmart has used a combination of public relations and advertising to promote UV and sun protection, and skin cancer prevention messages. As the public became more aware of the ‘Slip! Slop! Slap!’ message, SunSmart began to focus on telling people how they can reduce their skin cancer risk and how to identify changes to their own skin that may be a sign of skin cancer.

Some students did not base their answer on the given data; for example, many said that melanoma was the cancer that caused the most deaths, but the data did not show this. Fundraising activities were not considered to be health programs

unless they were linked to an awareness of the cancer; for example, pink ribbon, blue ribbon and fun runs are usually focused on raising money for research or support programs.

The following is an example of a high-scoring response based on the SunSmart campaign.

The Sunsmart campaign is an initiative by the Cancer Council used to increase awareness of risks of UV exposure in relation to melanoma and other skin cancers. It utilises brochures, pamphlets and advertising in accord with hat, sunscreen and sunglass manufacturers to increase preventative measures such as slip on a hat, slop on sunscreen.

Question 7bii.

Marks	0	1	2	Average
%	37	40	23	0.9

The following are examples of possible answers.

- Breast cancer is the second most common cancer in women. Through a public health screening program, women can become aware of the necessity to monitor breast health. Early detection can reduce mortality rates from breast cancer.
- Lung cancer contributes to high rates of burden of disease in Australia, therefore a program like Quit can reduce mortality and morbidity caused by smoking. Potential for changing behaviour and reducing the incidence is high.
- Colorectal cancer contributes to high direct and indirect costs to the community, therefore a focus on diet can reduce the costs of treating those who suffer from this cancer.

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

This has been implemented especially in order to reduce UV exposure to children as research has shown exposure as a child greatly increases the risk of developing melanoma as an adult. It was also implemented as melanoma is highly preventable and significant health gains can be made by following the awareness campaign.

Question 8

This question was not answered well. The Ottawa Charter is a model for health promotion (Unit 4, Area of Study 2).

Question 8a.

Marks	0	1	2	Average
%	86	9	5	0.2

Health promotion is defined as the process of enabling people to increase control over, and improve, their health.

Question 8b.

Marks	0	1	2	3	4	Average
%	67	16	11	4	2	0.6

The following are examples of answers.

- Advocacy – lobbying governments and other organisations to improve access to and provision of health care services. Groups and/or individuals working to influence public policy in cancer services, for example, to improve health outcomes.
- Enabling – creating supportive environments and providing access to information and skills to enable people to achieve their health potential. For example, providing dietary guidelines to enable people to choose a balanced diet.
- Mediating – ensuring the coordination of health services across and within sectors. Working between clinicians and consumers to reorient health services to bring about a greater focus on health promotion rather than on diagnosis and treatment or ensuring that government and non-government organisations work together to improve health outcomes for people.

The following are examples of high-scoring responses.

Response 1

Enabling – enabling access to health promotion, individuals can be aware and learn about the importance of making healthy choices.
Advocacy – It is important to advocate for health promotion as it allows people to develop skills and knowledge in regard to their health and to make healthy choices.

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Response 2

Enabling – the approach to health promotion cannot be enforced upon an individual however they must be provided with the skills and be instilled with motivation in order to improve their own health.

Mediating – the program or activity must provide assistance to the individual by making further support available or introducing other health services such as doctors who can then help the individual to improve their health.

Question 8c.

Marks	0	1	2	3	4	Average
%	40	5	16	19	20	1.8

Example: Melanoma

Build Healthy Public Policy

- policies that exist in schools that make the wearing of hats in summer compulsory for students
- occupational health and safety requirements that make it compulsory for outdoor workers to wear hats
- provision of free sunscreen and hats to workers
- taxation subsidies on 15+ sunscreen, making it cheaper to purchase

Creation of supportive environments

- the erection of shade structures in recreational areas, schools and swimming pools so people can stay out of the sun
- rescheduling of sporting and outdoor activities to earlier in the day so people can avoid being in the sun during the hottest part of the day
- sponsorship of sporting activities and the promotion of being sun smart

Strengthening community action

- working with unions and employers to ensure that all outdoor workers are provided with information and the necessary items for sun protection
- the community working together to promote the importance of being sun smart; for example, doctors' surgeries, schools, preschools, swimming pools and other recreation areas, community health centres, the media, chemists and a range of community events

Develop personal skills

- teach people the importance of staying out of the sun or being sun smart in schools and workplaces
- key people who are role models can be educated to pass key messages on to the community; for example, elite athletes
- parents should be taught so they can ensure their children practise sun smart behaviour
- people should be given information on how to recognise early signs of skin cancer so they can receive early treatment and minimise the impact of the disease

Reorient health services

- a commitment by the various levels of government to allocate funding for prevention campaigns that are carefully planned and evaluated to shift the focus from curing skin cancer to preventing it.

The following is an example of a high-scoring response based on lung cancer.

By creating a supportive environment in workplaces, schools, cinemas and major public areas which are smoke free zones. This will help to reduce death rates due to lung cancer as smoking is a major cause of it, furthermore this will also reduce incidences and as a result lung cancer deaths due to passive smoking.

Developing personal skills of individuals in order to inhibit cravings for smoking and ultimately give up smoking as soon as possible will help reduce death rates due to lung cancer.