



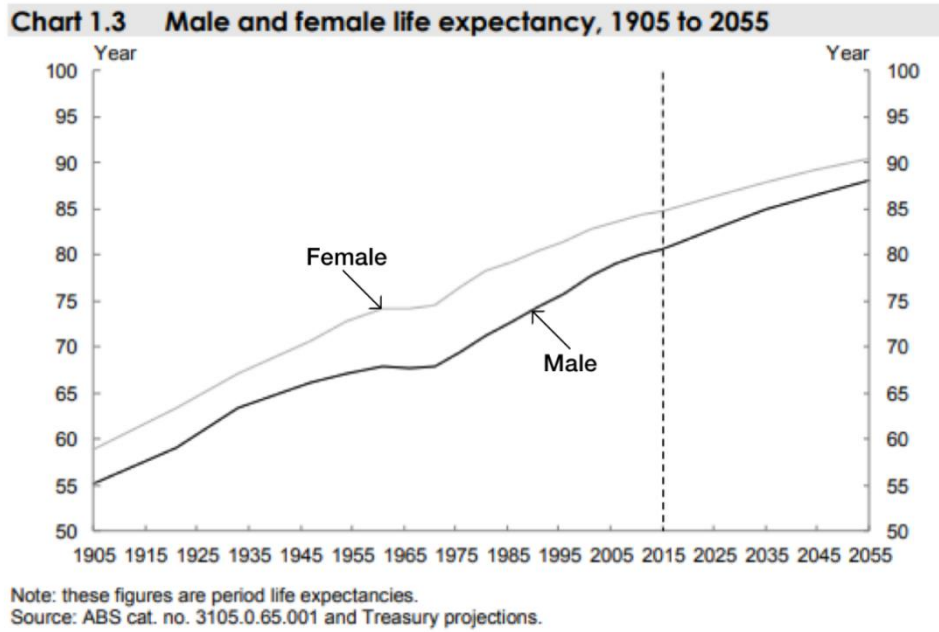
PRACTICE QUESTIONS FOR VCE

HEALTH AND HUMAN DEVELOPMENT

Unit 3: Area of Study 2
Promoting health and
wellbeing

SET 1

Question 1 (1 mark)



Source: The Treasury, CC BY 3.0 AU license,
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Using the information from the graph above, draw a conclusion about the impact of the ‘new’ public health system on life expectancy.

Question 2 (1 mark)

In 2012–13, the proportion of Aboriginal and Torres Strait Islander peoples aged 18 years and over who did not meet the daily recommended intake for fruit and vegetables (two serves of fruit and five serves of vegetables) was 97%. In comparison, the national average was 94%.

A breakdown by age of Aboriginal and Torres Strait Islander peoples who do not meet the daily recommended intake for fruit and vegetables is provided in the table below.

Age group	Inadequate fruit and vegetable consumption
15–17	96.5%
18–34	97.9%
34–49	98.1%
50+	94.0%

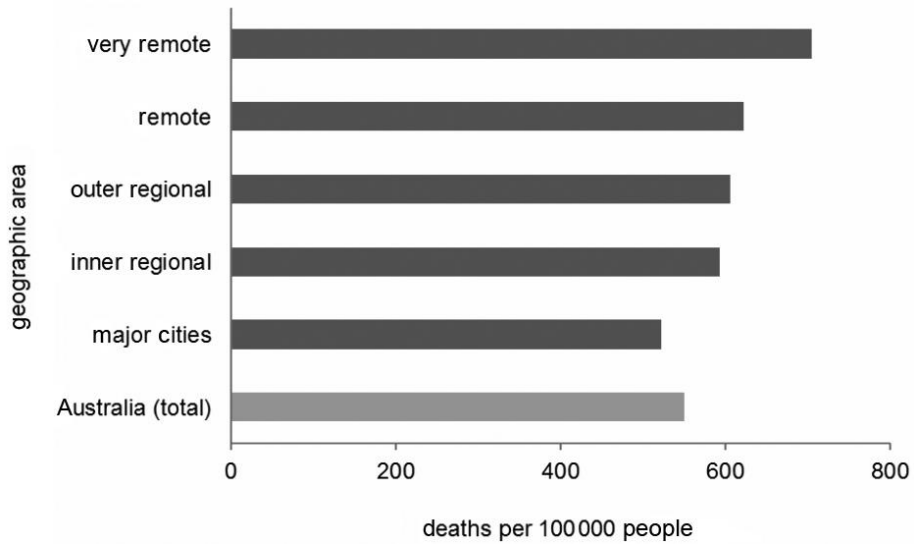
Data: Australian Bureau of Statistics, 2013,
 Australian Aboriginal and Torres Strait Islander Health Survey:
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Many food models recommend a high intake of fruit and vegetables. Many Aboriginal and Torres Strait Islander peoples have been exposed to such food models.

Outline **one** limitation of food models, such as the ‘Australian Guide to Healthy Eating’, in changing the dietary habits of Aboriginal and Torres Strait Islander peoples.

Question 4 (6 marks)

The following graph shows the number of deaths for different geographic areas.



Source: <https://www.aihw.gov.au/reports/rural-health/rural-remote-health/contents/deaths-remoteness>

Describe two action areas of the Ottawa Charter for Health Promotion and explain how they could be used to decrease the differences displayed in the graph above.

Action area 1 _____

Action area 2 _____

ANSWERS

Question 1

Sample response

The 'new' public health system, which focuses on prevention, has improved the life expectancy of men and women in recent times (e.g. for women, life expectancy increased from 75 years of age in 1980 to 85 years of age in 2015).

Mark allocation: 1 mark

- 1 mark for outlining a conclusion about the positive impact on life expectancy



Tip

- *While you do not need to explain why the 'new' public health system has had the impact identified, you should show an understanding that it focuses on prevention.*

Question 2

Sample response

Lack of skills and knowledge: While the 'Australian Guide to Healthy Eating' is a visual representation of ingredients, Aboriginal and Torres Strait Islander peoples may lack the knowledge of how to prepare a meal with such ingredients, meaning that they choose prepared meals that lack the appropriate balance of nutrients suggested in the 'Australian Guide to Healthy Eating'.

Note: Other possible responses include socioeconomic status, cultural traditions and food security.

Mark allocation: 1 mark

- 1 mark for outlining a limitation of food models, which clearly links back to the dietary habits of Aboriginal and Torres Strait Islander peoples

Question 3

Sample response

The Australian Government uses the *Australian Dietary Guidelines* and the ‘Australian Guide to Healthy Eating’ to help change and improve the dietary habits of Australians.

The *Australian Dietary Guidelines* include five guidelines for overall dietary habits. Guidelines 2 and 3 make some suggestions about nutrient amounts in the daily diet. For example, Guideline 3 suggests to limit intake of foods containing saturated fat, added salt, added sugar and alcohol.

The ‘Australian Guide to Healthy Eating’ provides a visual representation of the *Australian Dietary Guidelines* and includes examples of foods and proportions that should be eaten.

While both initiatives provide information to help Australians make healthy choices, they rely heavily on the education and skills of the consumers. For example, if you don’t know which foods are high in added salt, how can you limit them? Although the ‘Australian Guide to Healthy Eating’ has pictures of the foods (containing nutrients), they are shown mainly as individual foods. So where does a pizza fit in? Without some knowledge and skills, this dietary guidance is likely to go unheeded.

Both initiatives also suggest a high intake of fresh fruit and vegetables. This can be heavily dependent on food security and access. Due to geographical location, housing and socioeconomic status, it may not be feasible for people to access sufficient fresh fruit and vegetables, which could inhibit their ability to follow the guidelines.

While both initiatives provide important information in a variety of ways, without further support of education and access to food, they have a limited capacity to cause significant change in the dietary habits of Australians.

Mark allocation: 6 marks

- 6 marks for listing and evaluating two initiatives and their limitations; the response must also evaluate the capacity of the programs to cause change
- 4–5 marks for listing and evaluating two initiatives and their limitations
- 2–3 marks for listing and evaluating two initiatives
- 1 mark for listing one or two Australian Government initiatives



Tip

- Use specific examples from the initiatives to show a greater depth of understanding.

Question 4

Sample response

Action area 1: building healthy public policy where good health and wellbeing play a large part in decision making

This may include the inclusion of bike paths and recreational infrastructure in the planning and budgeting for remote and rural areas. This will increase opportunities for physical activity and decrease the risk of lifestyle diseases such as cardiovascular disease (CVD) and deaths in rural and remote areas.

Action area 2: strengthening community action by supporting the government, local health care providers and local community groups to run free health screening and information sessions in rural and remote areas

This may include health professionals travelling to remote and rural areas to increase access to preventive health care. Multiple groups working together for better health will decrease the risk of lifestyle diseases such as CVD and deaths in rural and remote areas.

Mark allocation: 6 marks

- 1 mark for identifying each action area of the Ottawa Charter for Health Promotion (up to 2 marks)
- 1 mark for describing each action area (up to 2 marks)
- 1 mark for explaining how each action area could be used to decrease the gap between deaths in different geographic locations (up to 2 marks)

Note: The explanation should show a clear understanding of the action area and a practical application of this to areas outside major cities.