

PRACTICE QUESTIONS FOR VCE

HEALTH AND HUMAN DEVELOPMENT

Unit 3: Area of Study 2 Promoting health and wellbeing

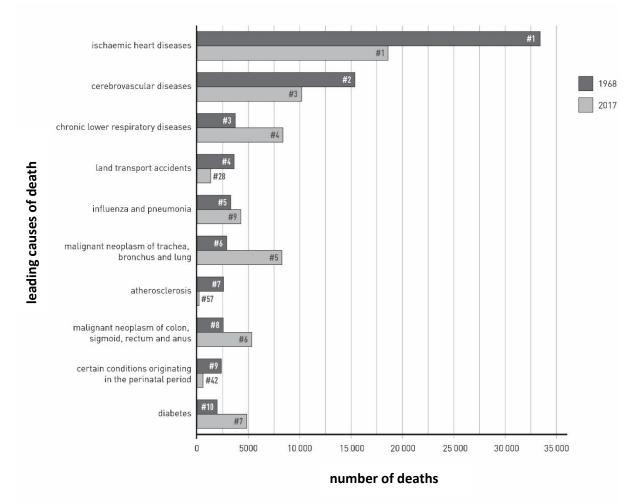
SET 4

Question 1 (6 marks)

Consider the following two sources relating to life expectancy.

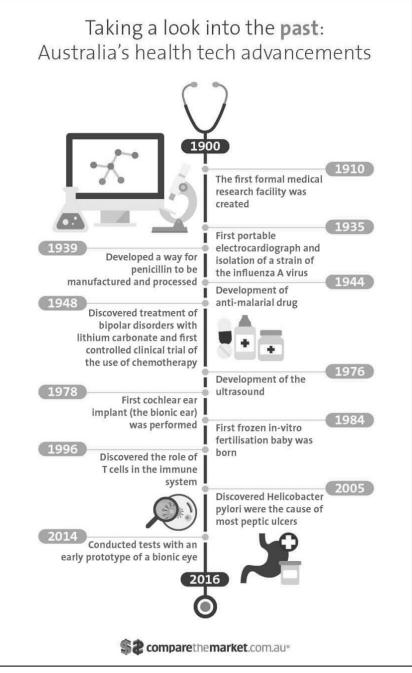
Source 1

The following data is from the Australian Bureau of Statistics.



Source: https://www.abs.gov.au/ausstats/abs@.nsf/0/88EFFE07A1559DD1CA258354000BABB4?Opendocument to the state of the sta





Source: https://www.comparethemarket.com.au/blog/ health/past-present-future-health-tech/

Using the information provided, analyse the extent to which the biomedical model of health and the 'old' and 'new' public health models helped to improve life expectancy in Australia between 1900 and 2017.



Question 2 (6 marks)

a. Explain the relationship between the *Australian Dietary Guidelines* and the 'Australian Guide to Healthy Eating'.

2 marks

b. Discuss the role either the *Australian Dietary Guidelines* or the 'Australian Guide to Healthy Eating' could play in decreasing the impact of **one** dietary risk on Australia's health status and burden of disease.

4 marks

ANSWERS

Question 1

Sample response

The 'old' public health model focused on changing the physical environment to improve health: in particular, to decrease the impact of infectious disease. This included a focus on improving housing. Improved housing led to a decrease in pneumonia and influenza by addressing overcrowding, which decreased the spread of these diseases and therefore the number of deaths. This could account for pneumonia and influenza's decrease in ranking from 5th leading cause of death in 1968 to 9th in 2017.

While the 'old' public health model focused on decreasing infectious diseases, the biomedical model of health focuses on the use of technology to diagnose and treat disease. The biomedical model would have contributed significantly to the development of immunisations and treatments in hospitals to prevent deaths. One example is the isolation of influenza type A in 1935, which may have contributed significantly to the change in ranking of 'certain conditions originating in the perinatal period' from the 9th leading cause of death in 1968 to the 42nd in 2017.

The biomedical model treats individuals once a disease is present. It does not stop people from contracting diseases, especially non-communicable diseases such as cancers and heart disease.

The 'new' public health model focuses on education and the prevention of diseases and conditions. Education has increased participation in risk minimisation practices such as the development of, and adherence to, road rules. This could explain the significant change in ranking for land transport accidents from the 4th leading cause of death in 1968 to the 28th in 2017. However, as the graph suggests, this model needs to continue its focus on non-communicable diseases to decrease the impact of lifestyle diseases, such as some cancers and heart disease.

All three models have had a significant impact on the number of deaths between 1968 and 2017. The major causes of death have changed due to the impact of these models, and the models have been developed to reflect these changes.

Mark allocation: 6 marks

This type of question will be marked holistically.

5–6 marks	 Response includes: reference to both sources an in-depth understanding of all three models of health an understanding of the extent to which each model has contributed to the changes in the causes and number of deaths from 1968–2017 an evaluation of the strengths and weaknesses of each model.
3–4 marks	 Response includes: reference to both sources an understanding of some of the models of health an understanding of the extent to which each model has contributed to the changes in the causes and number of deaths from 1968–2017 an evaluation of the strengths and weaknesses of some of the models.
1–2 marks	Response includes:reference to one sourcereference to some models of health.
0 marks	Question not attempted, or response is not relevant to the question.

Tips

- It is important that you carefully plan your response before you begin writing to ensure it reads easily and synthesises the information.
- When given multiple sources of information you should refer to each at least once.

Question 2a.

Sample response

The 'Australian Guide to Healthy Eating' is a visual representation of the *Australian Dietary Guidelines*. The *Australian Dietary Guidelines* were created first and the 'Australian Guide to Healthy Eating' was based on these. The *Australian Dietary Guidelines* suggest eating a wide variety of foods from the five food groups, so the 'Australian Guide to Healthy Eating' is divided into five parts.

Mark allocation: 2 marks

- 1 mark for showing an understanding that the 'Australian Guide to Healthy Eating' is based on the *Australian Dietary Guidelines*
- 1 mark for a specific example of how they relate to each other



- Tip
 - Ensure you know the difference between food selection models, particularly the 'Australian Guide to Healthy Eating' and Nutrition Australia's Healthy Eating Pyramid.

Question 2b.

Sample response

The *Australian Dietary Guidelines*, specifically Guideline 3, recommends limiting saturated fat, added sugars and salt. Limiting the intake of these foods can help prevent diet-related diseases such as cardiovascular disease. Cardiovascular disease contributes significantly to Australia's burden of disease through the ill health and morbidity (YLD) experienced by sufferers. Cardiovascular disease also significantly contributes to Australia's life expectancy because it can cause premature death (YLL). By adhering to the *Australian Dietary Guidelines*, particularly Guideline 3, Australia's burden of disease and its health status increased.

Mark allocation: 4 marks

- 1 mark for showing a clear understanding of the food selection model chosen
- 3 marks for a detailed explanation of how the information provided in the food selection model can decrease the impact of a dietary risk on Australia's burden of disease and health status