

STUDENT NUMBER

Letter

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HEALTH AND HUMAN DEVELOPMENT

VCE Units 3 & 4 Trial examination 2018

Reading time: 15 minutes

Writing time: 2 hours

QUESTION AND ANSWER BOOK

Structure of book

<i>Number of questions</i>	<i>Number of questions to be answered</i>	<i>Number of marks</i>
16	16	Total 100

- Students are permitted to bring into the examination room: pens, pencils, highlighters, erasers, sharpeners and rulers.
- Students are NOT permitted to bring into the examination room: blank sheets of paper and/or correction fluid/tape.
- No calculator is allowed in this examination.

Materials supplied

- Question and answer book of 29 pages.
- Additional space is available at the end of the book if you need extra paper to complete an answer.

Instructions

- Write your **student number** in the space provided above on this page.
- All written responses must be in English.

Students are NOT permitted to bring mobile phones and/or any other unauthorised electronic devices into the examination room.



Please note

This sample examination paper is by no means intended to be an indication of the structure, format, emphasis, weighting of marks or content of the Victorian Curriculum and Assessment Authority's VCE Health and Human Development examination paper.

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Home Economics Victoria is a health promotion charity and a registered training organisation. Since 1958 our organisation has supported educators in empowering young people to live sustainably and take responsibility for their own physical, mental and social wellbeing.

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Instructions

Answer **all** questions in the spaces provided.

Question 1 (4 marks)

a. Describe spiritual health and wellbeing.

2 marks

b. Describe an interrelationship between the physical and mental dimensions of health and wellbeing.

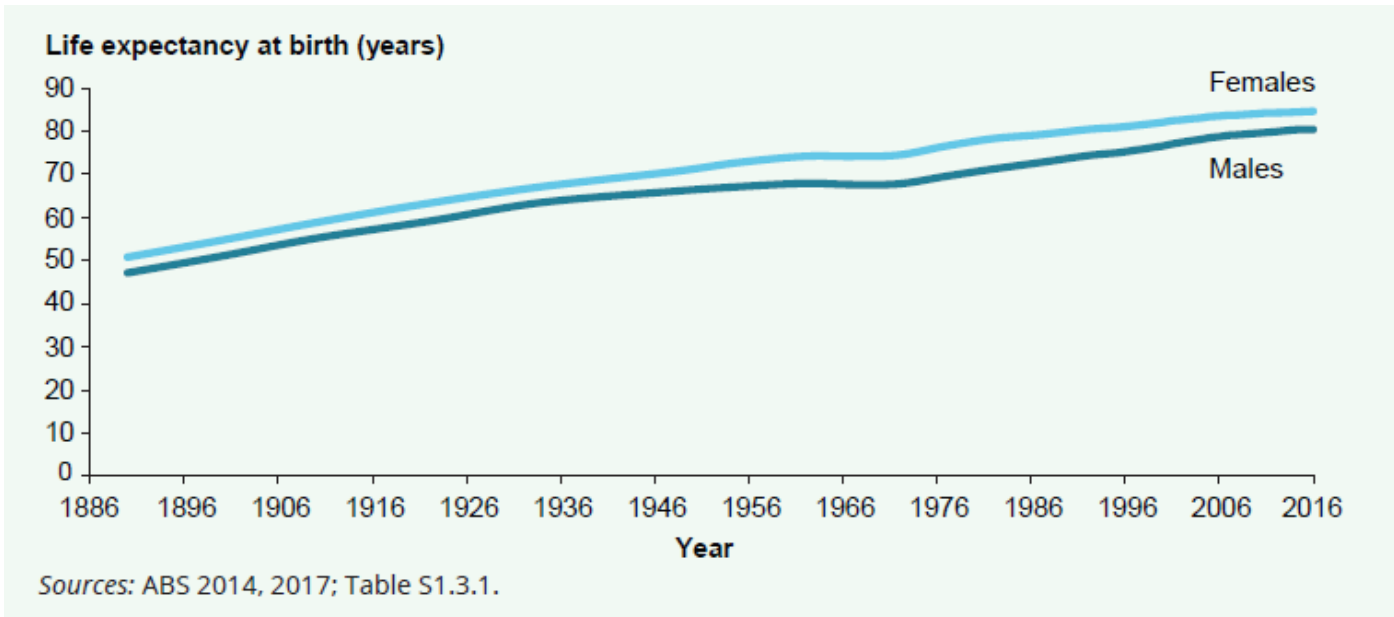
2 marks

Question 2 (4 marks)

It is important to view health in a global context. Describe the individual and collective importance of optimal health as a resource globally.

Question 3 (10 marks)

Life expectancy at birth, by sex, 1886-2016 (Australia)



Source: Australian Institute of Health and Welfare 2018, *Australia's Health 2018*, p. 10

a. Use data shown in the figure above to describe the health status of Australians. 2 marks

Models of health are the frameworks in which health care has taken place over time and the ways in which we have sought to understand the nature of health and disease. Each model has been influenced by the historical setting in which it was developed.

b. The history of the ‘old’ public health in Australia dates back to British settlement in 1788.






Explain ways that the focus of the ‘old’ public health contributed to the improvements in life expectancy in the 1900s. 4 marks

c. Using an example explain one strength and one limitation of the social model of health in bringing about improvements in Australia’s health status. 4 marks

Question 4 (4 marks)

Reducing exposure to modifiable risk factors could prevent a large proportion of the burden of disease experienced by the Australian population. The table below shows the proportion of people with selected risk factors in Australia according to geographic location.

Proportion of people with selected risk factors

	 Current daily smoker	 Overweight or obese	 No/low levels of exercise	 Lifetime risky drinking	 High blood pressure
Major cities	13%	61%	64%	15%	22%
Inner regional	18%	67%	69%	18%	24%
Outer regional/ Remote	22%	68%	72%	24%	22%

Source: Australian Institute of Health and Welfare 2018, *Australia's Health: in brief 2018*, p. 35

Analyse the data above and explain how geographic location contributes to variations in the health status of Australians.

Question 5 (8 marks)

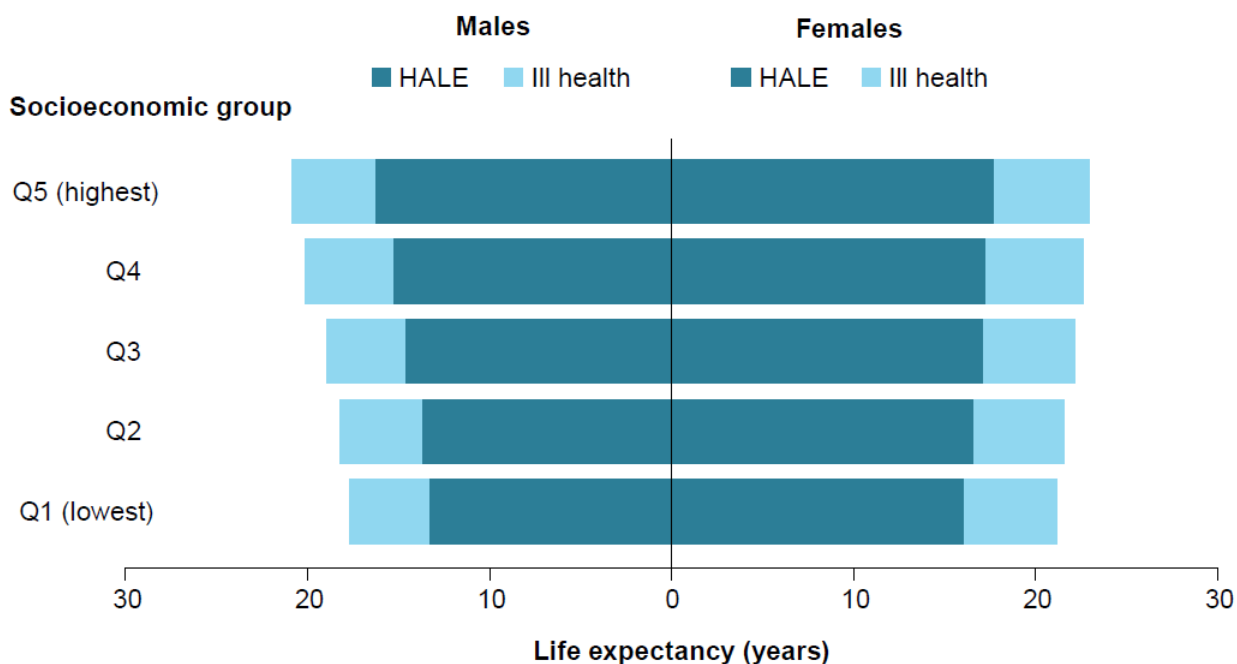
Medicare is Australia’s universal health insurance scheme.

- a. Analyse how Medicare promotes health and wellbeing in Australia, in relation to access and equity. 4 marks

- b. Evaluate the role of private health insurance. 4 marks

Question 6 (8 marks)

Life expectancy at age 65 in full health (HALE) and ill health, males and females, by socioeconomic group, 2011



Source: Australian Institute of Health and Welfare 2017, *Health-adjusted life expectancy in Australia: expected years lived in full health*, p. 10

- a. Analyse the data shown in the graph and describe the relationship between life expectancy at 65 and health-adjusted life expectancy (HALE) and what these indicators tell us about the health status of Australians. 4 marks

- b. Identify one sociocultural and one environmental factor and explain how each could contribute to the differences identified in part a.

4 marks

Sociocultural factor: _____

Environmental factor: _____

Question 7 (12 marks)**Source 1****Aboriginal Road to Good Health**

The Diabetes Victoria *Life!* Road to Good Health program is a type 2 diabetes prevention program for Aboriginal people and their families. It is designed to support Aboriginal health workers and health professionals working with Aboriginal communities to promote healthy lifestyles and encourage individuals, families and community groups make healthy lifestyle choices.

Benefits of the program for participants include: choosing healthier habits so they can be strong for their family and community; teaches how to prevent type 2 diabetes and other problems like heart disease and high blood pressure; it is run by Aboriginal health services and workers; and is free and can be involve partners, friends or family members.

Participants learn:

- how different foods affect health
- what food is good, cheap and easy
- how to spend food money
- how to maintain a healthy weight
- what to look for on a food label
- how to get active and stay on track
- choosing healthy foods and
- how to prevent diabetes.

In early 2016, the Victorian Aboriginal Health Service (VAHS) Healthy Lifestyle and Tackling Tobacco Team worked in collaboration with Diabetes Victoria to integrate the *Life!* Road to Good Health program into VAHS's Six Week Challenge – a healthy lifestyle program with a focus on tobacco reduction.

Road to Good Health provided VAHS with culturally appropriate supporting resources to assist in topic delivery including participant workbooks with recipes and healthy eating and exercise books and posters.

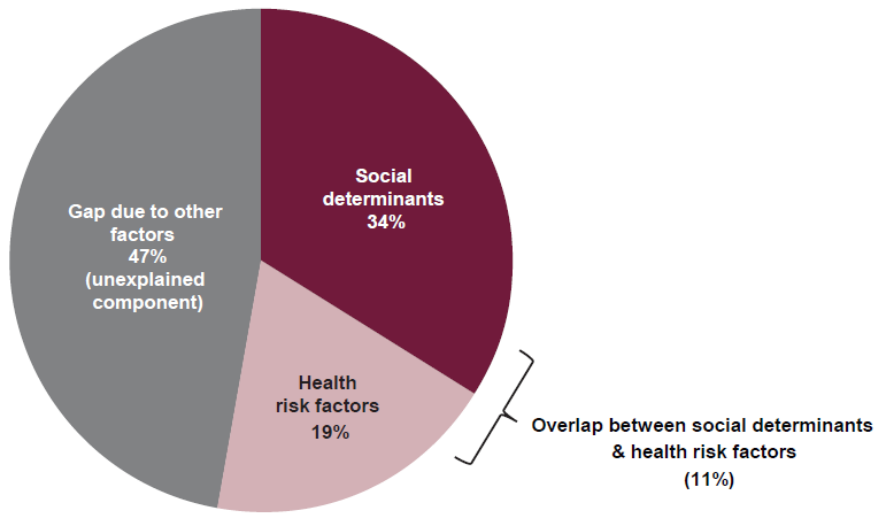
Participant engagement was strong and feedback showed that a flexible, fun, family friendly approach and a passionate facilitator were key factors to its success.

VAHS also connected with Darebin Community Health to be part of the program and collaborated with other health teams such as dietitians, diabetes educators and personal trainers.

Source: www.lifeprogram.org.au

Source 2

Main contributors to the health gap

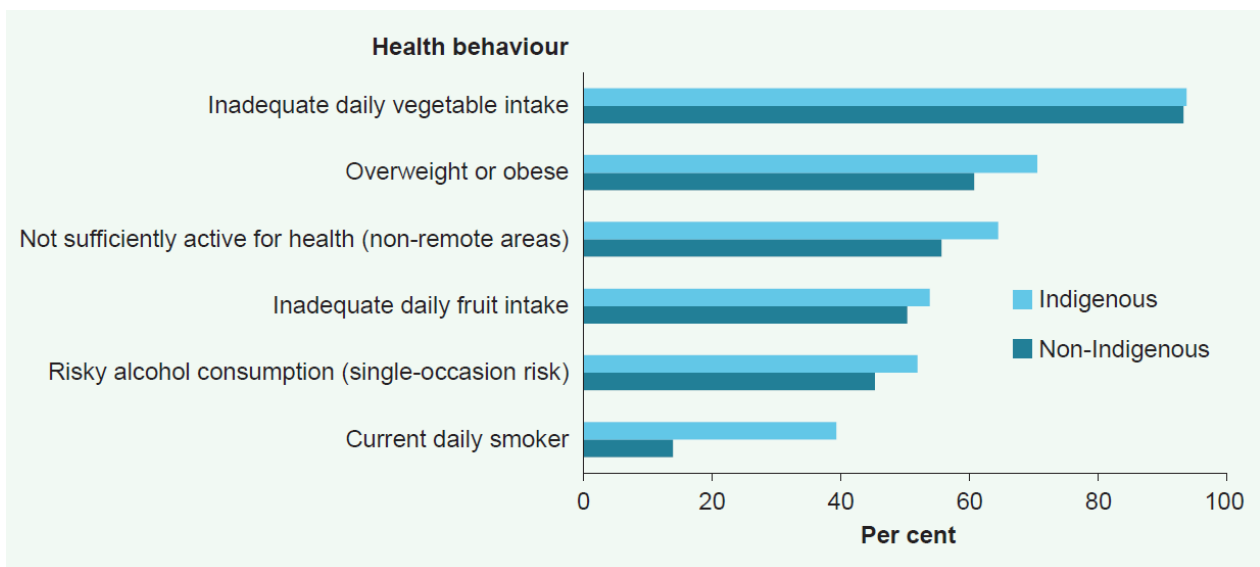


Source: Australian Institute of Health and Welfare 2018, *Australia’s Health: in brief 2018*, p. 32

A range of biological, sociocultural and environmental factors contribute to the well-documented health gap between Indigenous and non-Indigenous Australians.

Source 3

Age-standardised prevalence of selected health behaviours and risk factors, by Indigenous status



Source: Australian Institute of Health and Welfare 2018, *Australia’s Health 2018*, p. 331
 Refer to the information in Source 1.

- a. Identify one action area of the Ottawa Charter for Health Promotion and explain how it is reflected in the VAHS Six Week Challenge and *Life!* Road to Good Health program. 2 marks

Action area of the Ottawa Charter for Health Promotion: _____

Explanation

- b. Drawing on the information in the pie chart on p. 13, explain the role of one factor that accounts for this health gap. 2 marks

- c. Selecting evidence from the sources presented and using your understanding of dietary change, draw conclusions about the impact of dietary initiatives on the health and wellbeing of Indigenous Australians and the challenges faced by organisations that are focused on bringing about dietary change in Indigenous Australians. 8 marks

Question 8 (11 marks)

The concept of ‘human development’ is another way of examining the similarities and differences between countries. Examine the table below which compares Australia with two other countries for a range of indicators, including the Human Development Index (HDI).

	Human Development Index (HDI) value, 2016	HDI rank	Life expectancy at birth (years)	Mean years of schooling	Infant mortality rate (per 1000 live births)	Maternal mortality ratio (per 1000 live births)
Australia	0.939	2	82.5	13.2	3.0	6
Indonesia	0.689	113	69.1	7.9	22.8	126
Papua New Guinea	0.516	154	62.8	4.3	44.5	215

Note: The World Bank classifies Indonesia as a country with medium human development and Papua New Guinea with low human development.

Source: Human Development Report 2016 and World Health Organization (WHO)

- a. Using information from the table above, explain the differences in the Human Development Index (HDI) ranking between Australia, Indonesia and Papua New Guinea. 3 marks

- b. Evaluate the usefulness of the Human Development Index (HDI) in measuring human development. 4 marks

The characteristics of high-, middle- and low-income countries can be classified into three categories – social, economic and environmental.

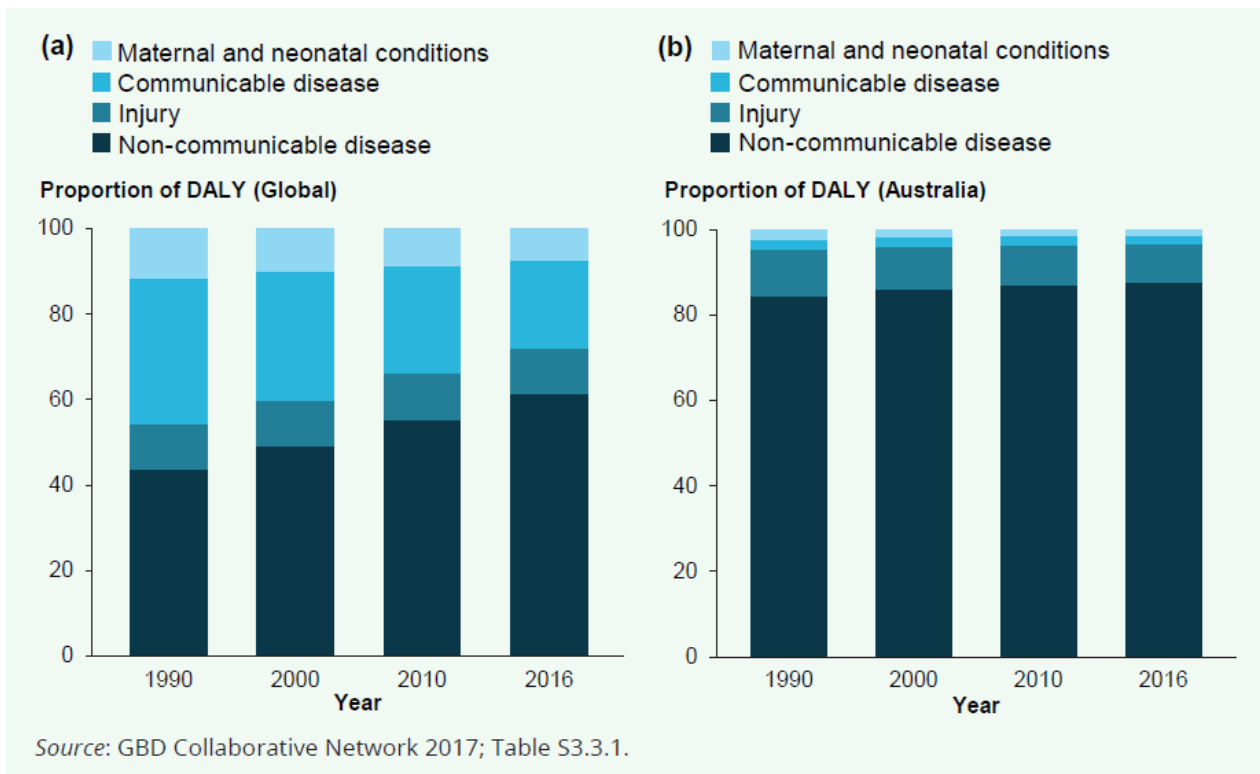
- c. Describe an example of a social characteristic and an environmental characteristic that would be different between Australia and middle- and low-income countries, such as Indonesia and Papua New Guinea. 4 marks

Social characteristic: _____

Environmental characteristic: _____

Question 9 (6 marks)

Burden of communicable disease, injury, maternal and neonatal conditions and non-communicable disease, (a) globally and (b) in Australia, 1990, 2000, 2010 and 2016



Source: Australian Institute of Health and Welfare 2018, *Australia's Health 2018*, p. 218

- a. Explain what is meant by 'burden of disease', demonstrating in your answer the relationship to DALY, YLL and YLD. 3 marks

- b. Explain why the burden of disease from 'maternal and neonatal conditions' is considerably lower in Australia compared to the rest of the world. 3 marks

Question 10 (4 marks)

Sustainability is important in the promotion of health and wellbeing in a global context.

There are three elements of sustainability – social, economic and environmental – which are interrelated.

Explain what is meant by environmental sustainability and describe its role in the promotion of health and wellbeing.

Question 11 (6 marks)

The implementation of effective aid programs is important for increases in levels of improved health and wellbeing throughout the world. Effective aid programs are important in addressing the Sustainable Development Goals (SDGs).

The information in the case study below is an example of work being done in relation to SDG 6 – ‘Ensure availability and sustainable management of water and sanitation for all (Clean water and sanitation).’

WaterAid is an international non-profit organisation that was set up in 1981 as a response to the UN International Drinking Water & Sanitation decade.

Meet Novi, WaterAid Timor-Leste’s Senior Hygiene Officer

Novi spends her days teaching communities and our local partners about the importance of hygiene to ensure good health. She also designs hygiene promotion training with partners and community health workers linked with the Department of Health.

Here she tells us about her work:

“We aim to change the behaviour of community members so that we can reduce diseases that are caused by lack of water, sanitation and hygiene. The change in behaviour that we are aiming for is for people to get in the habit of washing their hands every day, especially after using the toilet and before eating.

The work we do means that children can attend school and get a better education because they are not sick. The work we are doing on menstrual hygiene also links to this.

WaterAid gives me lots of opportunities to build my capacity and for communities to feel the benefits of the work we do because there is ongoing support from WaterAid. The ongoing support and monitoring from government and WaterAid is very important for the long-term sustainability of the projects.

Encouraging women to engage with our activities is so important. If it is just men that lead, it is different, when women also lead they talk to all people in the community.

WaterAid is like a family and always feels like it is a learning organisation. I really like this. We link with other WaterAid country programs and other partners. We have such a clear vision and mission.”

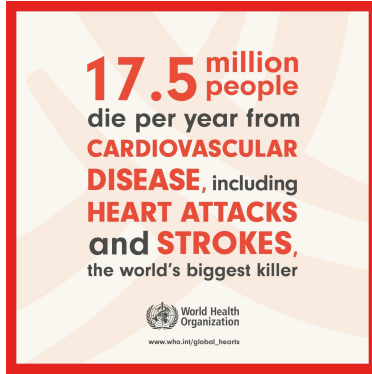
Source: <https://www.wateraid.org/au/stories/novis-story>

When implementing an aid program in a low-income country, many factors need to be taken into account in order for the program to be effective.

Evaluate the effectiveness of the WaterAid case study, in promoting health and wellbeing and human development in Timor-Leste.

Question 12 (9 marks)

The World Health Organization (WHO) is a specialised agency of the United Nations that is concerned with international public health. It has a set of leadership priorities that give focus and direction that are of greatest importance to the WHO and provide an agenda for their work.



Source: www.who.int

- a. Describe the leadership priority that is reflected in the images above. 2 marks

WHO priority: _____

- b. Using an example of WHO's work, discuss how the priority identified in part a. is reflected in the work of WHO. 3 marks

- c. There are a range of factors that contribute to similarities and differences in health status and the burden of disease. Explain the implications of global marketing of tobacco on health and wellbeing in low-income and middle-income countries. 4 marks

Question 13 (3 marks)

The Department of Foreign Affairs and Trade (DFAT) is responsible for managing the Australian Government's overseas aid program. Sustainable development to help people overcome poverty in the Indo-Pacific region is the focus of the Australian Government's aid initiatives.

CARE Australia partnering with the Australian Government

Much of our disaster response and preparedness work in the Pacific and Timor-Leste is funded by the Australian Government Department of Foreign Affairs and Trade (DFAT) and its New Zealand counterpart, the Ministry of Foreign Affairs and Trade (MFAT).

In June 2017, DFAT announced a new funding mechanism called the Australian Humanitarian Partnership (AHP). This is a strategic five-year partnership between DFAT and a select grouping of Australian and international non-government and government organisations. These include – but are not limited to – World Vision, CARE, Caritas, Oxfam, Plan International and Save the Children.

The AHP will replace the Humanitarian Partnership Agreement (HPA), which has been in effect since 2011.

The AHP enables rapid and coordinated responses to humanitarian crises – both within Australia's immediate region and beyond. It has a specific focus on strengthening the capacity of local communities and organisations in the Pacific and Timor-Leste to prepare for and respond to crises.

Source: www.careaustralia.org.au

- a. Identify the priority of Australia's overseas aid program evident in the case study. 1 mark

- b. Describe one of the types of aid reflected in the case study and explain its purpose. 2 marks

Question 14 (3 marks)

There are a number of global trends that have implications for health and wellbeing such as mass migration, climate change and conflict, which require action to be taken at a global level.

Discuss the implications of one of these global trends on the health and wellbeing of individuals in low-income and high-income countries.

Question 15 (4 marks)



(Sources: [UNDP](#) and [WeThinkItMatters](#))

The images above represent SDG 2 – ‘End hunger, achieve food security and improved nutrition and promote sustainable agriculture (Zero hunger)’.

Explain how SDG 2 (Zero hunger) contributes to the achievement of SDG 3 ‘Ensure healthy lives and promote wellbeing for all at all ages (Good health and wellbeing)’.

Question 16 (4 marks)

Social action refers to organised action to bring about positive action and change. Describe and justify ways that individuals could take social action to promote health and wellbeing.
