



**Victorian Certificate of Education
2018**

Name: _____

Teacher's name: _____

Need more great revision?
Book ACED revision lectures at acedvce.com

STUDENT NUMBER

--	--	--	--	--	--	--	--	--	--

 Letter

--

HEALTH AND HUMAN DEVELOPMENT

Written examination – Trial 1

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>
11	11	100

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

Materials supplied

- Question and answer booklet.
- 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 assessment room.

Question 1 (6 marks)

Since becoming a participant of the National Disability Insurance Scheme (NDIS) in Tasmania, Duncan, who has Down Syndrome and turned 21 years old recently, has found a new level of independence. According to his mother Meredith, Duncan is a happy-go-lucky guy who is ‘interested in music, partying and a range of sports’, which makes him very much like any other young adult. Like most young adults, Duncan now has a part-time job, working 10 hours a week at the local laundrette, where he is responsible for folding and sorting clothes. ‘He’s very excited when his pay slip arrives,’ Meredith says. ‘The NDIS has given Duncan the opportunity to have independence away from me to do activities,’ including, paid and voluntary work, social and sporting activities. ‘He seems to be thoroughly enjoying it.’

Duncan’s independence has been extended by his self-managed NDIS plan which includes a communication device set up with a speech programme. The programme helps him communicate and organise support for weekend social and sporting activities. ‘The fact that Duncan’s plan can be revisited if necessary, under certain circumstances, has lifted a certain weight off my mind,’ Meredith says. ‘This is something that has been on my mind since Duncan was born, and I have always worried about whether I was going to live long enough to care for him. I’ve worried about how he would cope without me. Support was fairly non-existent for Duncan before the NDIS.’

Source: Adapted from: <https://www.ndis.gov.au/duncanstory.html>

- a.** What is the role of the National Disability Insurance Scheme (NDIS)? 1 mark

- b.** Outline an example of how the NDIS is promoting the social health and wellbeing of Duncan. 1 mark

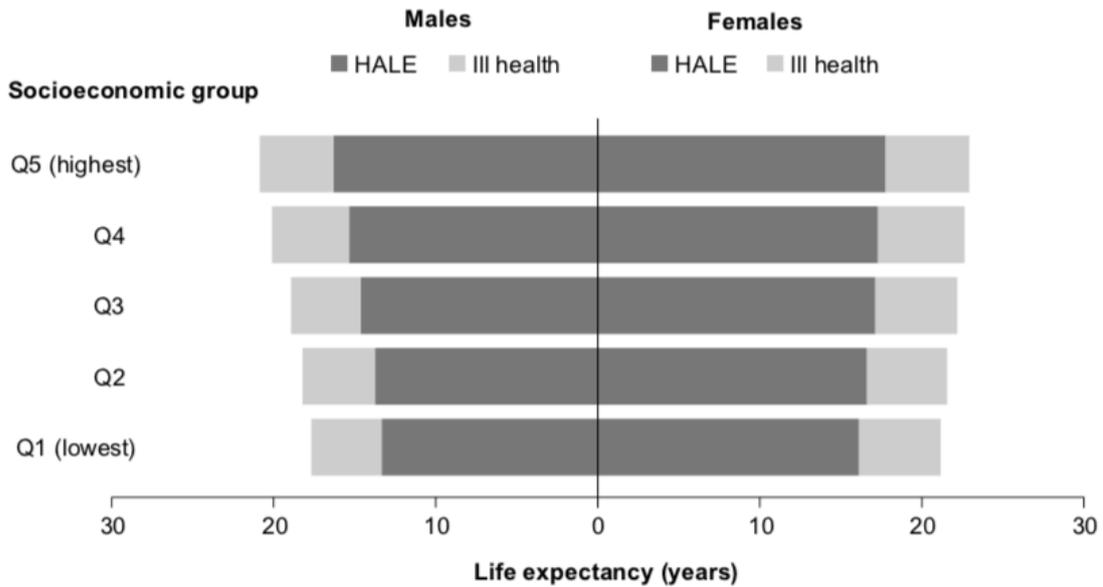
- c.** Outline an example of how the NDIS is promoting the mental health and wellbeing of Duncan’s mother. 1 mark

- d.** With reference to a service that may be included in an NDIS individual plan, describe how the NDIS is contributing to improvements in Australia’s health status. 2 marks

e. How does the NDIS promote equity in the Australian healthcare system?

1 mark

Question 2 (10 marks)



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

Source: Health-adjusted life expectancy in Australia: expected years lived in full health, AIHW 2017.

a. Describe what the health status indicator HALE refers to.

1 mark

b. Using data from the graph, contrast males and females of the lowest socioeconomic group.

3 marks

c. Using data, describe the trend in the graph for males as they increase in socioeconomic status. 2 marks

d. Identify two sociocultural factors and outline how they may have contributed to the trend that you have identified in 2c. 4 marks

Question 3 (8 marks)

a. Describe the role of the WHO. 1 mark

b. List two WHO prerequisites for health. 2 marks

c. Choose one of the prerequisites you have listed in 3b and explain how it can promote health and wellbeing in Australia. Following this, link your response to the importance of national optimal health and wellbeing. 2 marks

- d. Name a WHO priority and describe how this priority contributes to global optimal health and wellbeing. Following this, link your response to the importance of global optimal health and wellbeing. 3 marks

Question 4 (18 marks)

In September 2017, more than 35 leading community, public health, medical and academic groups united for the first time to call for urgent Federal Government action to address Australia’s serious obesity problem.

In the ground-breaking report, Tipping the Scales, the agencies identified eight clear, practical, evidence-based actions the Australian Federal Government must take to reduce the enormous strain that excess weight and poor diets are having on the nation’s physical and economic health.

Led by the ‘Obesity Policy Coalition’ and ‘Deakin University’s Global Obesity Centre’ (GLOBE), the ‘Tipping the Scales’ report draws on national and international recommendations to highlight where action is required.



Source: Adapted from <http://www.opc.org.au/what-we-do/tipping-the-scales>

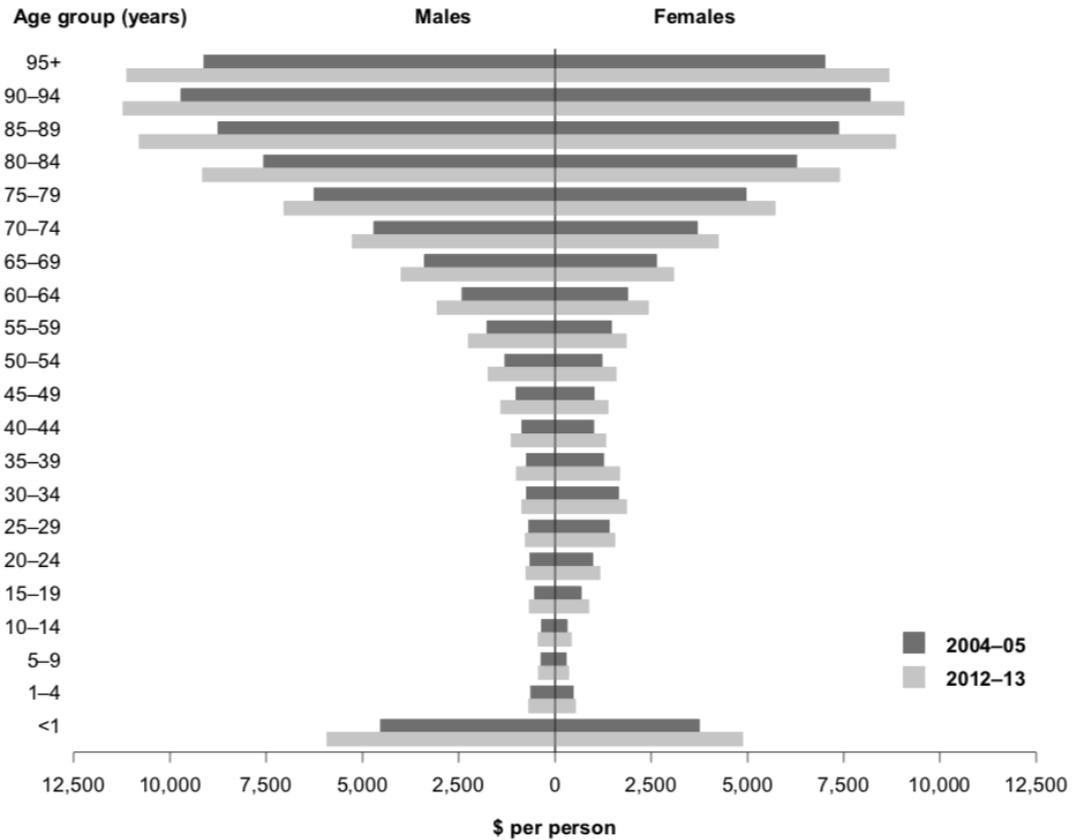
- a. Explain how a high body mass assessment can be made. 1 mark

- b.** Provide two examples of how having a high body mass can contribute to lowering Australia's health status. 2 marks

- c.** Outline two reasons why Australians may find dietary change difficult and link each reason to its possible contribution to the high levels of obesity in Australia. 4 marks

- d.** Identify two of the critical actions in the stimulus material and justify why you believe each action could reduce Australia's high obesity prevalence. 2 marks

Question 5 (7 marks)



Average hospital admitted patient expenditure per person, by age and sex, 2004-05 and 2012-13

Source: Australian health expenditure— demographics and diseases, AIHW 2017

a. Using data from the graph, describe the trend for males aged 30-34 to 90-94 in the years 2012-13. 2 marks

b. Describe the private health insurance incentive 'lifetime health cover'. 1 mark

c. List and describe another example of a government incentive for taking out private health insurance. 2 marks

d. Identify two advantages to taking out private health insurance.

2 marks

Question 6 (8 marks)

The 'Living Longer Stronger' resource kit was developed to meet health professionals' need for a resource that considered Aboriginal chronic diseases holistically, was practical, was culturally acceptable within Aboriginal communities, acknowledged the unique role of the Aboriginal Health Workers (AHWs), provided information using minimal medical jargon, and could be used to discuss with patients the importance of seeing a range of health professionals, and attending appointments.

The resource kit was produced by the Aboriginal Health and Medical Research Council of NSW Chronic Disease Program, and is made up of three separate resources. One resource is for the patient, and is titled 'A Guide To Living Longer Stronger'. It aims to help patients understand what parts of the body are affected by their disease/s and also highlights some signs and symptoms of chronic disease. There are two resources that are provided for health care workers including a poster, and a practical guide for working with Aboriginal patients with chronic disease. Advice in the practical guide includes the six actions that are strongly encouraged to be completed when a patient is seen by a health professional; they are:

1. *Checking on current smoking status,*
2. *Discussing the benefits of participating in physical activity when patient physically able,*
3. *Discussing options for good nutrition and keeping to the recommended alcohol guidelines,*
4. *Checking immunisations are all up to date,*
5. *Checking if a medicines review is required,*
6. *Checking referrals to other health professionals are made when necessary.*

Source: Adapted from <http://www.ahmrc.org.au/>

a. Referring to health status indicators, provide two justifications for such programs focussing on the health and wellbeing of Indigenous Australians.

2 marks

- c. Use the factors 'Inequality and discrimination' to outline why one of your examples and 'Access to sanitation' to outline why the other of your examples to 7b may exist. 4 marks

Question 8 (7 marks)

- a. Describe the human development index. 2 marks

- b. Describe two limitations regarding the usefulness of the human development index. 2 marks

- c. List an example of a social characteristic of a high-income country. Use this example to explain whether or not you would expect a high-income country to have a high or low human development index. 3 marks

Question 9 (10 marks)

As a result of conflict, many people may leave a conflict zone and migrate to a new country. On their journey, migrants often experience harsh weather conditions, and are forced to sleep outdoors or in cold shelters at temperatures below 16°C. Mass migration may result in people having to spend a period of time in a border camp, where basic water, sanitation and hygiene standards are frequently not met. These camps tend to lack sufficient numbers of sanitation facilities and washrooms, and drinking water is often not available in sufficient amounts.

- a.** Describe how the scenario above may impact on both the human development and health and wellbeing of the people involved. 4 marks

- b.** What threats to improvements in global health status are presented by conflict or mass migration? 2 marks

- c.** Outline how conflict may negatively impact on two dimensions of sustainability. 4 marks

Question 10 (9 marks)

*Tuberculosis (TB) is a disease caused by infection with the bacteria *Mycobacterium tuberculosis*; it spreads from person to person through the air. TB can damage a person's lungs or other parts of the body and cause serious illness. The disease can be treated with antibiotics.*

Papua New Guinea (PNG) has one of the world's highest TB rates, with over 30,000 new cases each year. Overcrowded conditions, high migrant populations, a strained healthcare system and misconceptions about the disease all contribute to its spread. Treatment requires daily medication, however, sufferers often don't seek treatment soon enough. As treatment takes a long time, around 20 percent don't complete their treatment, causing new, multiple drug-resistant strains.

In Daru, a town in PNG, World Vision Australia is partnering with the Australian Government and PNG's Health Department through the Stop TB initiative. World Vision Australia operate five DART (Daru Accelerated Response to Tuberculosis) sites, bringing testing, diagnosis and treatment closer to patients. Each uses the World Health Organization-approved approach known as DOT – directly observed treatment. "[We] set up five tents all over the island, and deployed treatment supporters and nurses who will be ready to accept the patients and take care of them every day," explains Dr Sonia Madjus, Stop TB National Project Manager.

Treatment supporters like Mother Daisy monitor attendance, make home visits and offer important moral support to help people complete their treatment. People also receive a freshly cooked meal. This helps their bodies process strong antibiotics – and encourages attendance. "The rule is if you don't take your medicine you will not be getting the lunch," Dr Madjus says. "Because they want to get lunch, more and more patients came every day."

In Port Moresby, and throughout PNG, World Vision Australia also partner with the national health department and The Global Fund to strengthen local health systems and deliver daily treatment. Along with advocacy and education, these partnerships are helping to stop the spread of TB.

Source: Adapted from the World Vision Australia Annual Report 2017.

- a.** Outline how the work done by World Vision Australia and partners may promote human development for people in Papua New Guinea. 2 marks

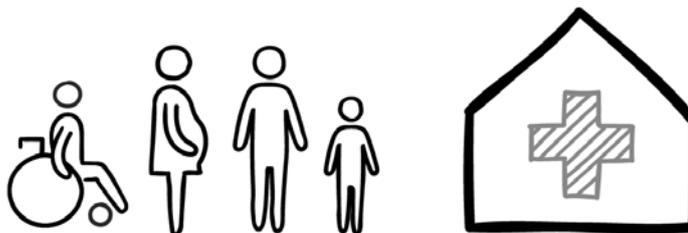
- b.** Name the Australian Government's aid program priority area that is most closely aligned with the work described in the case study. 1 mark

- c. Apart from examples given in the case study, describe two ways that the Australian Government’s aid program may do work in the priority area named in 10b. 2 marks

- d. The World Health Organisation (WHO) has identified one of its leadership priorities as ‘Social, economic and environmental determinants’. Using two examples, explain how the WHO may complete work in this area to assist the people in Papua New Guinea to reduce the prevalence of TB. 4 marks

Question 11 (10 marks)**Source 1**

Investments in health systems
could prevent
**97 million premature
deaths by 2030**



SDG HEALTH PRICE TAG
www.who.int



Source: The World Health Organization <http://www.who.int/sdg/infographics/en/>

Source 2**Health systems and funding**

- Globally, almost 12 percent of the world's population (over 800 million people) spent at least one tenth of their household budgets to pay for health services in 2010, up from 9.7 percent in 2000.
- Official development assistance for basic health from all donors increased by 41 percent since 2010, reaching \$9.4 billion in 2016.
- Available data from 2005 to 2016 indicate that close to 45 percent of all countries and 90 percent of least developed countries have less than one physician per 1,000 people, and over 60 percent have fewer than three nurses or midwives per 1,000 people.

Source: 2018 Sustainable Development Goals (SDG) Report

Source 3

The World Bank Group is committed to helping governments achieve universal health coverage by 2030, which has the potential to transform the health and well-being of individuals and societies. In many countries, there are still large coverage gaps, in particular for poor and marginalised communities. Half the world's population cannot access needed health services, while 100 million people are pushed into extreme poverty each year because of health expenses.

Health systems in many countries are also confronting the challenges of aging populations and a growing burden of lifestyle diseases. The burden of non-communicable diseases (NCDs), such as cancer, cardiovascular disease, diabetes and mental health, is growing. NCDs are now the cause of 70 percent of deaths globally, with the majority of these deaths occurring in low- and middle-income countries. At the same time, despite advances in reducing the burden of communicable disease, rates still remain high in many parts of the world for malnutrition, unmet need for sexual and reproductive health services, and maternal mortality.

Source: The World Bank <http://www.worldbank.org/en/topic/health/overview>

