

STUDENT NUMBER

Letter

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HEALTH AND HUMAN DEVELOPMENT

VCE Units 3 & 4 Trial examination 2019

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 33 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 how emotional and mental health and wellbeing differ. 2 marks

b. Explain why the concept of health and wellbeing is considered to be subjective. 2 marks

Question 2 (8 marks)

a. Explain the meaning of optimal health and wellbeing.

1 mark

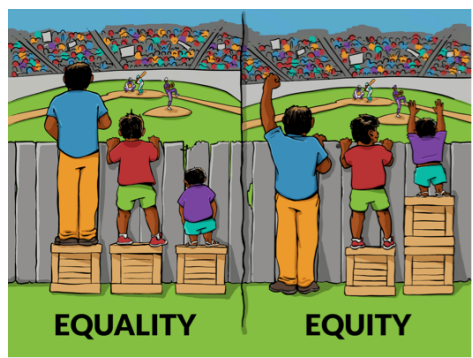
b. Explain the individual importance of optimal health and wellbeing as a resource.

3 marks

- c. Explain the meaning of social action and justify ways that individuals could take social action to promote health and wellbeing. 4 marks

Question 3 (2 marks)

The Ottawa Charter for Health Promotion is based on the belief that there are nine key prerequisites for health – that is, fundamental conditions and resources – for health. One of these WHO prerequisites is equity.



Explain the link between equity and improved health outcomes.

Question 4 (8 marks)

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



Source: Australian Institute of Health and Welfare 2017, *Health-adjusted life expectancy in Australia: expected years lived in full health 2011*, p. 8.

a. Outline how life expectancy differs from health-adjusted life expectancy. 2 marks

b. Using the data from the figure above, identify **two** similarities and/or differences between males and females across the remoteness areas. 2 x 2 = 4 marks

1. _____




2. _____

c. Identify **one** sociocultural factor and explain how it could contribute to the differences identified in part b. 2 marks

Sociocultural factor: _____

Question 5 (8 marks)

Coronary heart disease (CHD) is the leading single cause of disease burden and death in Australia. CHD is largely preventable as many of its risk factors are modifiable. The impact of CHD varies among population groups.

Comparing rates for:	 Indigenous / non-Indigenous	 Remote and Very remote / Major cities	 Lowest / highest socioeconomic areas
Having CHD	2.0x	n.a.	2.2x
Hospitalised for CHD	2.4x	1.5x	1.3x
Dying from CHD	2.1x	1.4x	1.6x
Having an acute coronary event	2.7x	n.a.	n.a.
Burden of disease (DALYs)	3.1x	1.7x (Remote) / 2.4x (Very remote)	1.8x

n.a. not available

Source: Australian Institute of Health and Welfare 2018, *Australia’s Health: in brief 2018*, p. 113.

A range of factors – smoking, alcohol, high body mass index and dietary risks – contribute to Australia’s health status and burden of disease.

- a. Choose **one** of the population groups from the table above. Explain the role of **two** of these factors in relation to differences in the rates of coronary heart disease (CHD). 2 x 2 = 4 marks

Population group: _____

Role of factor 1: _____

Role of factor 2: _____

High body mass index and dietary risks contribute to health status and burden of disease, including coronary heart disease (CHD). There are also a number of initiatives to promote healthy eating, although dietary improvements can be difficult to achieve in Australia.

- b. Choose **one** of the population groups from part a. and explain why there might be challenges in bringing about dietary change. 4 marks

Population group: _____

Explanation: _____

Question 6 (8 marks)

a. What is meant by the ‘old’ public health?

2 marks

b. Explain the strengths of the biomedical model of health in bringing about improvements in Australia’s health status.

4 marks

- c. Explain the relationship between the social model of health and the Ottawa Charter for Health Promotion. 2 marks

Question 7 (4 marks)

Analyse how the Pharmaceutical Benefits Scheme (PBS) promotes health and wellbeing in Australia in relation to access and equity. 2 x 2 = 4 marks

Access: _____

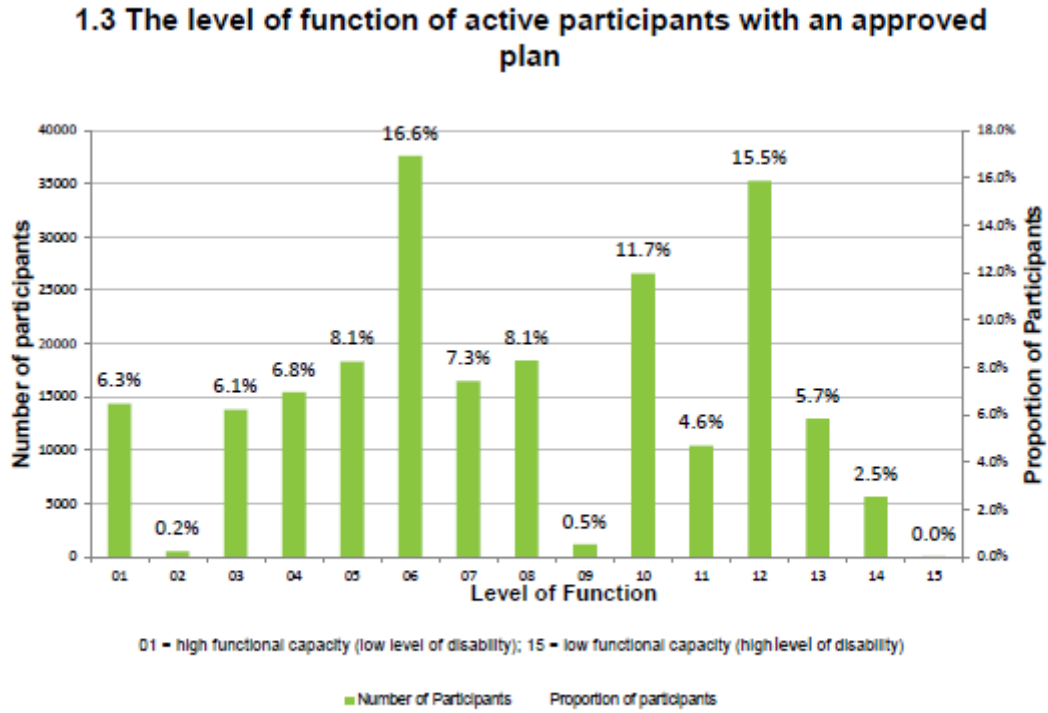
Equity: _____

Question 8 (8 marks)

The following information relates to the National Disability Insurance Scheme (NDIS).

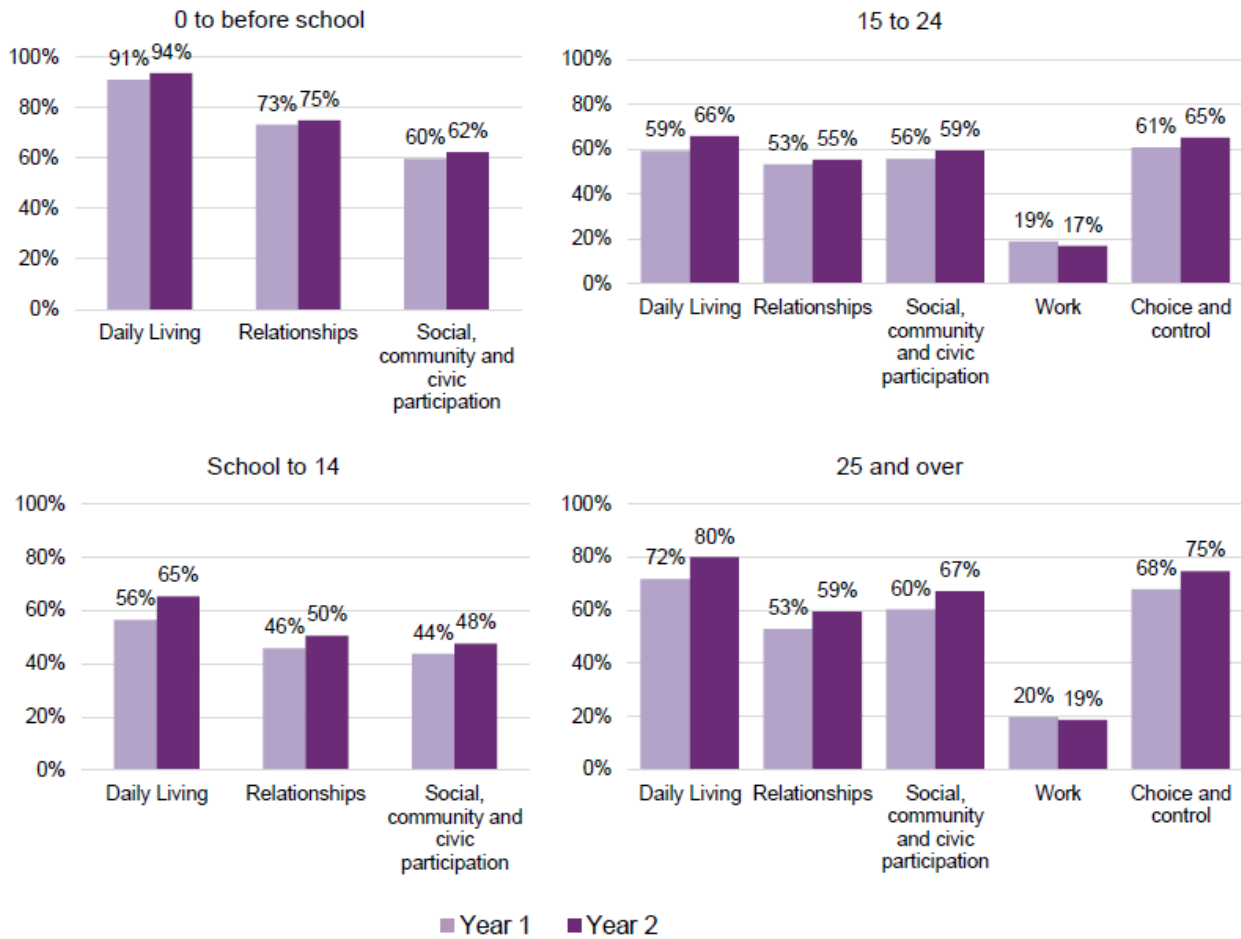
Source 1

The following data is from the NDIS quarterly report (Quarter 2, 2018-19 Report).



Source 2

The following figures are from the COAG Disability Reform Council Performance Report – National 31 March 2019 (p. 18). Participants were asked ‘Has the NDIS helped?’



Source 3**Case study – Tania**

The stroke that took away Tania’s confidence and independence at age 39 also took her away from her family and her community.

The isolation of being confined to her bed in an aged care facility for three years was as debilitating to Tania as the physical effects of her stroke.

The NDIS meant that Tania was able to put plans in place that would help her reclaim her life. Her first goal was an electric wheelchair.

Tania’s second goal was to be reunited with her husband and daughter; her NDIS funding allowed her to choose the personalised supports and equipment she needed to move back home and live with her family. It’s also helped her pursue a career educating Aboriginal people about the NDIS and improving the lives of young people in aged care facilities.

“The NDIS has absolutely changed my life for the better.”

“I am now back living and receiving support in my own home, surrounded by my family.”

Source: <https://ndis.nsw.gov.au/case-studies/tania/>

Question 9 (2 marks)

Read the information in the box below.

Learn Earn Legend!

The **Learn Earn Legend!** is a program launched by the Australian Government in 2010. The program’s message encourages and supports young Indigenous Australians to stay at school so they can get a job and be a legend for themselves, their family and their community.

The program is delivered by community leaders, sport stars and everyday local legends who young Aboriginal and Torres Strait Islander Australians respect and aspire to.

It supports events and programs throughout Australia, including: NRL Indigenous All Stars; former origin greats (FOGS) employment and careers expos; Tennis Australia National Indigenous Program; partnership with Australian Football League New South Wales and Australian Capital Territory; Local legends!; and work exposure with government program.

The Learn Earn Legend! program addresses three key Closing the Gap targets on Aboriginal and Torres Strait Islander reform:

- to halve the gap in reading, writing and numeracy achievements for Aboriginal and Torres Strait Islander children within a decade
- to halve the gap for Indigenous students in year 12 equivalent attainment by 2020
- to halve the gap in employment outcomes between Aboriginal and Torres Strait Islander and non-Indigenous Australians within a decade.

Source: <https://healthinonet.ecu.edu.au/key-resources/programs-and-projects/864/>

Identify **one** action area of the Ottawa Charter for Health Promotion and explain how it is reflected in the ‘Learn Earn Legend!’ program. 2 marks

Action area of the Ottawa Charter for Health Promotion: _____

Explanation

Question 10 (14 marks)

Examine the table below which compares Australia with two other countries for a range of indicators.

	Improved water source, urban (% of urban population with access)	Life expectancy at birth (years)	Under-5 mortality rate (per 1000 live births)	Maternal mortality ratio (per 1000 live births)	Human Development Index (HDI) value, 2017	HDI rank
Australia	100	83.1	3.7	6	0.939	3
Country X	84.9	52.2	113.5	1360	0.419	184
Country Y	97.1	68.8	43	174	0.640	129

Source: Human Development Report 2018 and World Health Organization (WHO)

- a. Using data from the table above, justify which of the three countries is a low-income country. 2 marks

Low-income country _____

Justification _____

- b. Describe an example of a social characteristic and an economic characteristic that would be different between Australia and a low-income country identified in part a. 4 marks

Social characteristic: _____

Economic characteristic: _____

c.

- i. Including reference to the indicators used in its calculation, describe what is meant by the Human Development Index (HDI). 2 marks

- ii. Evaluate the usefulness of the Human Development Index (HDI) in measuring human development. 2 marks

Compared to Australia, both Country X and Country Y have a lower percentage of their urban populations with access to improved water sources.

d.

- i. Identify the Sustainable Development Goal (SDG) relevant to this indicator. 1 mark

- ii. Explain how actions taken to achieve this SDG could assist countries in achieving SDG 3 – ‘Ensure healthy lives and promote wellbeing for all at all ages.’ 3 marks

Question 13 (8 marks)

The World Health Organization (WHO) is a specialised agency of the United Nations that is concerned with international public health. The mission of the WHO is to ‘promote health, keep the world safe, and serve the vulnerable’.

WHO’s thirteenth programme of work (GPW 13) guides its work and sets the strategic direction of the WHO for 2019-2023. GPW 13 provides a vision for ‘A world in which people attain the highest possible standard of health and wellbeing.’ The over-arching goal to ensure healthy lives and promote wellbeing at all ages is the foundation of the work of the WHO. This leads to three interconnected priorities, which is shown in the image below.



Source: www.who.int

a. Explain the link between the priorities and work of the WHO and SDG 3.

4 marks

Question 14 (4 marks)

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 **alcohol** on health and wellbeing in low- and middle-income countries.

Question 16 (10 marks)

The Department of Foreign Affairs and Trade (DFAT) is responsible for managing the Australian Government's overseas aid program.

Read the case study below about the work of the Adventist Development and Relief Agency (ADRA), the official humanitarian agency of the Seventh-day Adventist Church. ADRA is supported by the Australian government through the Australian NGO Cooperation Program.

Skills for a brighter future in Malawi

As a child growing up in Malawi, Florence did not receive a formal education. Her parents were not educated either, and Florence was raised in an environment where new ways of farming and living were not encouraged. Florence used to work on her family's farm. They frequently ran out of food, she remembers.

Now 37, Florence is married with four children. In the past, she also struggled to provide enough for them. It made raising a family a very difficult job.

This entrenched cycle of poverty began affecting her children's education as well, since they were needed to help with the farm work and could not attend school. When ADRA's Tsogolo Labwino (Towards a Brighter Future) project began in the area, "it transformed the mindset of the people," Florence says.

The project helped farmers like Florence build resilience and better manage climate shocks like drought. She learnt techniques about how to grow drought-resistant crops, improve irrigation, water management and food storage. Before too long, she began to see results.

"After following all the cultivation methods, I was able to harvest 10 bags of maize from the same land I used to harvest just 3 bags," Florence says.

During the next season, she taught what she had learnt to other farmers to assist them too. She even began to expand the different types of crops she grew to help with soil fertility. To help survive the hard times, the project also promotes community savings and loans schemes.

Florence joined this group, enabling her to access a loan to buy a cow, which provided manure as fertiliser and increased her crop yield. She now employs other people to work in her garden and hopes to open a small shop soon to boost her household income.

Through her hard work, Florence is a shining example in her flourishing community. But most impressively, Florence has demonstrated her generosity by teaching others in her community techniques to improve their food security.

Source: <https://dfat.gov.au/aid/who-we-work-with/ngos/ancp/news/Pages/skills-for-a-brighter-future-in-malawi.aspx>

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

b. Describe how this initiative reflects the features of Australia's aid program.

3 marks

c. Describe and justify the type of aid from the case study.

2 mark

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).

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.

- d. Evaluate the effectiveness of the aid program in the case study in promoting health and wellbeing and human development in Malawi. 4 marks

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