

YEAR 12 Trial Exam Paper

2019

HEALTH AND HUMAN DEVELOPMENT

Written examination

STUDENT NAME:

Reading time: 15 minutes Writing time: 2 hours

QUESTION AND ANSWER BOOK

Structure of book

Number of questions	Number of questions to be answered	Number of marks
13	13	100

- Students are permitted to bring into the examination: pens, pencils, highlighters, erasers, sharpeners and rulers.
- Students are NOT permitted to bring into the examination: blank sheets of paper and/or correction fluid/tape.
- Calculators are NOT permitted in this examination.

Materials supplied

- Question and answer book of 31 pages
- Additional writing space is available at the end of the book.

Instructions

- Write your name in the box provided above on this page.
- You must answer the questions in English.

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

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Instructions

Answer all questions in the spaces provided.

Question 1 (6 marks)

Disability-adjusted life year (DALY) is a measure of burden of disease. DALY is composed of years lived with disability (YLD) and years of life lost (YLL).

What is meant by 'burden of disease'?	2 r
Outline the difference between YLD and YLL.	2 n
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Identify a disease or condition that may result in higher YLD than YLL and justify yo response.	ur
	2 n
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Question 2 (4 marks)

The World Health Organization defines health and wellbeing as a 'state of complete physical, mental and social well-being and not merely the absence of disease or infirmity'.

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Source: https://www.who.int/about/mission/en/.

a. Explain the emotional dimension of health and wellbeing.

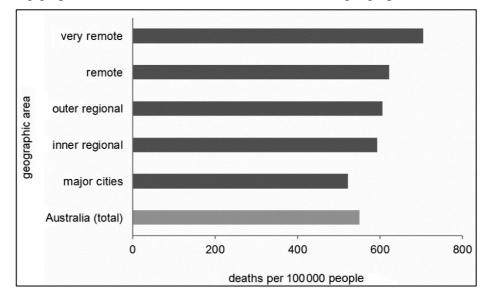
2 marks

b. Using an example, explain how a person can have poor emotional health and wellbeing yet still experience good overall health and wellbeing.

2 marks

Question 3 (11 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

graph above.	
Select one sociocultural factor and one environmental factor and explain how e	ach
could account for the relationship described in part a.	4
Sociocultural factor	
Environmental factor	

	6
Action area 1	
Action area 2	

Question 4 (5 marks)

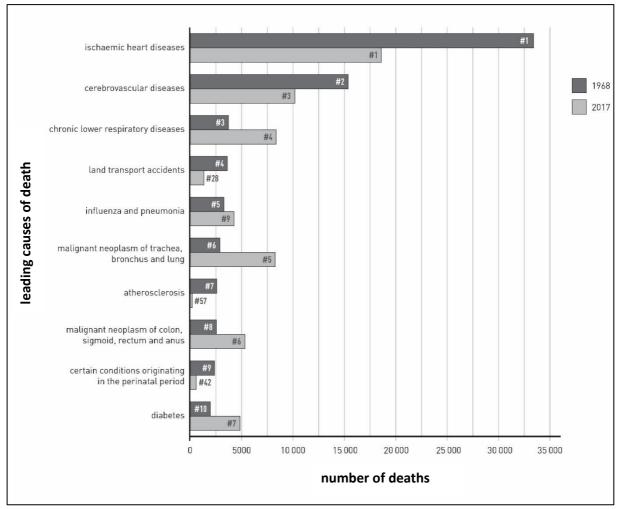
Identify two characteristics of a low-income country.	2 ma
Explain how one of the characteristics outlined in part a. would affect a country's	
burden of disease.	3 m
	— 3 III

Question 5 (6 marks)

Consider the following two sources relating to life expectancy.

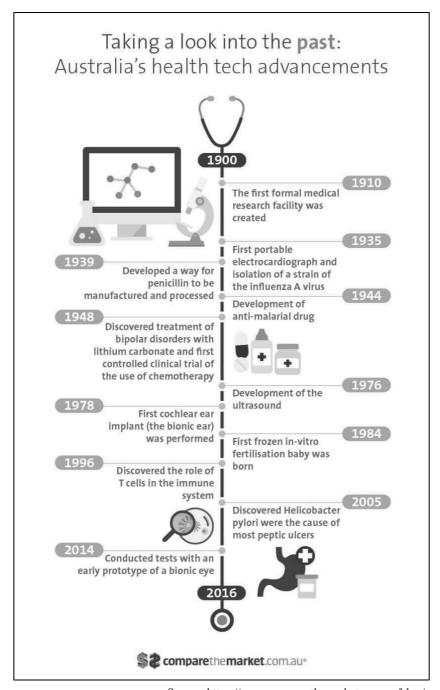
Source 1

The following data is from the Australian Bureau of Statistics.



Source: https://www.abs.gov.au/ausstats/abs@.nsf/0/88EFFE07A1559DD1CA258354000BABB4? Open document the state of the stat

Source 2



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

Using the information provided, analyse the extent to which the biomedical and the 'old' and 'new' public health models played a role in improving life expectancy in Australia between 1900 and 2017.					

Question	6	3	marks')

Equity is one of	f the nine p	orerequisites o	of health	determined	by the	World Health	Organization
(WHO).							

what is meant by the term 'equity ?	1
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Outline how achieving equity may help achieve two of the WHO's other prerequisites	
of health.	2 r
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Question 7 (11 marks)

2016 Human Development Index – Highest rankings

HDI ranki	ng Country	Human Development Index (HDI)	Life expectancy at birth	Expected years of schooling	Mean years of schooling	Gross national income (GNI) per capita
1	Norway	0.949	81.7	17.7	12.7	67,614
2	Australia	0.939	82.5	20.4	13.2	42,822
2	Switzerland	0.939	83.1	16.0	13.4	56,364
4	Germany	0.926	81.1	17.1	13.2	45,000
5	Singapore	0.925	83.2	15.4	11.6	78,162
5	Denmark	0.925	80.4	19.2	12.7	44,519
7	Netherlands	0.924	81.7	18.1	11.9	46,326
8	Ireland	0.923	81.1	18.6	12.3	43,798
9	Iceland	0.921	82.7	19.0	12.2	37,065
10	Canada	0.920	82.2	16.3	13.1	42,582
10	United States	0.920	79.2	16.5	13.2	53,245
12	Hong Kong, China (SAR)	0.917	84.2	15.7	11.6	54,265
13	New Zealand	0.915	82.0	19.2	12.5	32,870
14	Sweden	0.913	82.3	16.1	12.3	46,251
15	Liechtenstein	0.912	80.2	14.6	12.4	75,065
16	United Kingdom	0.909	80.8	16.3	13.3	37,931

Source: https://www.tutor2u.net/economics/reference/ human-development-index

The table above depicts the four indicators used to measure a country's Human Development Index (HDI).

What are the dimensions of the HDI?	3 r
Who is responsible for the HDI index?	
•	1

13 2019 HHD EXAM

Explain why the US has a lower life expectancy than Hong Kong, but a higher HDI	2 1
vay clearly has the highest level of human development in the world because it is rater one on the HDI.'	nked
To what extent do you agree with this statement?	
	5 1

Question 8	8 (11	marks)
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What is the purpose of the Sustainable Development Goals (SDGs)?	3 ma
	
	
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Identify two key features of SDG 3, 'Good health and wellbeing'.	
	2 ma
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English home of a model on the other CDC 1. Oh manual 2. and having in this in-	
Explain how actions taken to achieve SDG 1, 'No poverty', could assist in achieving SDG 3.	
	3 ma
	
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Question 9 (8 marks)

a. Using one of the programs below, explain how 'new' public health is improving the health status of Australians.

4 marks

Smoking: Quit program	The Quit program has worked hard to phase out tobacco advertising on television and radio. The Quit program has encouraged changes to laws regarding plain packaging and non-smoking areas. The Quit program also has a Quitline that offers support and advice for those trying to give up smoking.
Skin cancer: SunSmart program	The SunSmart program encourages schools to have policies such as 'no hat no play'. SunSmart also advocates for shade when planning outdoor spaces. SunSmart has an app that informs people of the UV levels for the day. They also have a catchy slogan, 'slip, slop, slap, seek and slide', which encourages people to slip on a shirt, slop on some sunscreen, slap on a hat, seek shade and slide on sunglasses.
Road safety: TAC Driver Reviver program	The TAC Driver Reviver program opens up to 220 Driver Reviver sites each holiday season. These are located along popular routes and offer places for drivers to stop and refresh, with free tea, coffee, snacks and toilet facilities. The TAC Driver Reviver program involves volunteers from the SES, CFA and Lions Club. The TAC Driver Reviver program also has holiday motoring tips (e.g. education about the dangers of driving when fatigued) on its website.

		4

Question 10 (10 marks)

The Australian Government allocates a significant amount of the yearly Budget to health care, particularly towards Medicare and the Pharmaceutical Benefits Scheme (PBS). Below are two summaries of Medicare and PBS statistics for the 2017–18 financial year.

Source 1

More GP attendances and more benefits paid

In 2017–18, patients accessed almost 155 million GP services, at a cost in Medicare benefits of \$7.8 billion. This compares to 149 million services in 2016–17 at a cost of \$7.5 billion in Medicare benefits. This is an increase of 4.9% in service volume and an increase in benefits of 5.5% compared with 2016–17.

More Medicare services overall

The volume of total Medicare services in 2017–18 was 414.3 million services, at a cost of \$23.2 billion in Medicare benefits. This compares to 394.3 million services 2016–17, at a cost of \$22.0 billion in Medicare benefits. This is an increase of 5.9% in service volume and an increase in benefits of 6.3% compared with 2016–17.

Source: http://www.health.gov.au/internet/main/publishing.nsf/Content/Annual-Medicare-Statistics

Source 2

Total Pharmaceutical Benefits Scheme (PBS) government expenditure (both Section 85 and Section 100) on an accrual accounting basis for the 2017–18 financial year was \$11,690 million (excluding revenue), compared with \$12,058 million for the previous year. This is a decrease of 3.0%.

Total 2017–18 PBS subsidised prescription volume increased by 0.8% to a total of 204.1 million, compared to 202.4 million for the 2016–17 financial year.

In 2017–18, PBS government expenditure (Section 85 and Section 100) was \$11,602.9 million (excluding rebates), which is 88.9% of the total cost of PBS prescriptions. The remainder was patient contributions, which amounted to \$1,455.5 million.

Source: http://www.pbs.gov.au/info/statistics/expenditure-prescriptions/expenditure-prescriptions-twelve-months-to-30-june-2018

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now wedicare promotes numan development.	3

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Question 11 (7 marks)

Papua New Guinea (PNG) and Australia: a broad and enduring partnership

- 560 Australia Award Scholarships 2018, 60% of which were awarded to women
- 3000 legal and support officers trained
- \$6 billion worth of two-way trade in 2017
- Around 5000 Australian businesses operate in PNG investing over \$16 billion into PNG economy

Adapted from: https://dfat.gov.au/geo/papua-new-guinea/development-assistance/Documents/papua-new-guinea-and-australia-a-broad-and-enduring-partnership-infographic.pdf

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	lentify one Australian aid priority that is targeted in the aid programs in Papua New ruinea.	_
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23 2019 HHD EXAM

Identify two reasons why Australia would provide significant aid to Papua New Guine	2 ma
Explain and way in which the weak of the World Health Organization (WHO) sould	
Explain one way in which the work of the World Health Organization (WHO) could	
complement any of the programs on page 22.	
	2 ma
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Question 12 (6 marks)

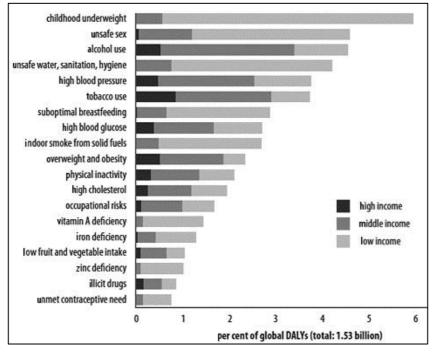
Guide to Healthy Eating'.	2
Discuss the role one of the models from part a. could play in decreasing the impact	of
one dietary risk on Australia's health status and burden of disease.	4
	4

Question 13 (12 marks)

Consider the following three sources relating to the effect of alcohol on health and wellbeing.

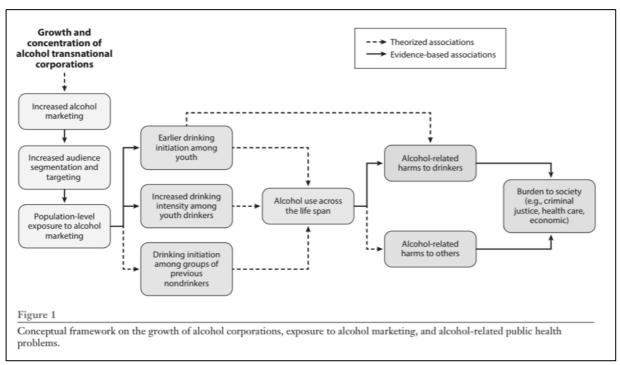
25

Source 1



Source: https://epianalysis.wordpress.com/2012/02/28/alcohol/under a Creative Commons Attribution-Share Alike 3.0 license. Full terms at https://creativecommons.org/licenses/by-sa/3.0/deed.en.

Source 2



Source: https://www.annualreviews.org/doi/pdf/10.1146/annurev-publhealth-040617-014711

Source 3

a.

In 2012, alcohol consumption was responsible for 3.3 million deaths globally, or nearly 6% of all deaths, and 5.1% of disability-adjusted life years. Alcohol use contributes to both communicable diseases, such as the transmission of HIV infections and tuberculosis, and non-communicable diseases, such as cancer and liver cirrhosis. With the increasing prevalence of drinking in some low- and middle-income countries (LMICs), such as in sub-Saharan Africa and India, the myriad of alcohol-related public health problems, including harms to drinkers and harms to others, may become more severe. In places experiencing economic development, global alcohol corporations tend to seek opportunities to expand their consumer base, including through increased use of alcohol marketing strategies that appeal to groups that typically have lower rates of drinking, such as youth and women. Similarly, in high-income societies, where alcohol consumption is highly prevalent, such as the United States, Western Europe, and New Zealand, alcohol corporations use innovative techniques to reach new consumers and maintain current drinkers with the development of new products and marketing on the internet.

... The growth of transnational alcohol corporations may lead to more widespread use of alcohol marketing and increased audience segmentation and targeting, which lead to increased population-level exposure to alcohol marketing. Exposure to alcohol marketing is associated with earlier drinking initiation among youth and a greater intensity of drinking among those already drinking, as well as drinking initiation by groups of previous non-drinkers, including women in many LMICs. Alcohol consumption across the life span contributes to alcohol-related harms to drinkers and to others. The effects of harmful alcohol consumption span across several sectors of society, such as criminal justice, health care systems, and the economy.

Source: https://www.annualreviews.org/doi/pdf/10.1146/annurev-publhealth-040617-014711

n health and wellbeing in high-income, middle-income and low-income countries.	8 ma
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	27	2019 HHD EXAM
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global marketing of alcohol.		
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END OF QUESTION AND ANSWER BOOK

Extra space for responses Clearly number all responses in this space.		

29

2019 HHD EXAM

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