

Trial Examination 2020

VCE Health and Human Development Units 3&4

Written Examination

Question and Answer Booklet

Reading time: 15 minutes

Writing time: 2 hours

Student's Name: _____

Teacher's Name: _____

Structure of booklet

<i>Number of questions</i>	<i>Number of questions to be answered</i>	<i>Number of marks</i>
13	13	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 booklet of 26 pages

Additional space is available at the end of the booklet if you need extra paper to complete an answer.

Instructions

Write your **name** and your **teacher's name** 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.

Students are advised that this is a trial examination only and cannot in any way guarantee the content or the format of the 2020 VCE Health and Human Development Units 3&4 Written Examination.

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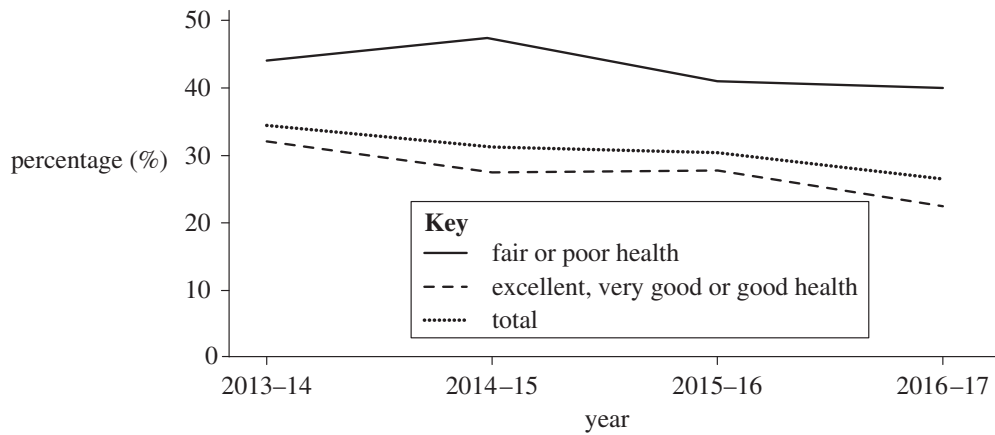
Instructions

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

Question 1 (6 marks)

The following graph shows the percentage of people in Australia aged 15 and over who did not see an after-hours general practitioner (GP) at least once when needed, by self-assessed health status, from 2013 to 2017.

Percentage of people aged 15 and over who did not see an after-hours GP at least once when needed, by self-assessed health status, 2013–14 to 2016–17



Source: Reproduced and modified from the Australian Institute of Health and Welfare (2018), 'Australia's health 2018'. *Australia's health series* no. 16. AUS 221. Canberra: AIHW, p. 395. Accessed January 2020. <https://www.aihw.gov.au/getmedia/7c42913d-295f-4bc9-9c24-4e44eff4a04a/aihw-aus-221.pdf>

- a.** Describe what is meant by 'self-assessed health status'. 1 mark

- b.** Using information from the graph, draw **one** conclusion about the relationship between people accessing after-hours care and self-assessed health status. 1 mark

- c. i.** Identify **two** prerequisites of health and explain how each prerequisite may relate to reasons why a person would delay accessing an after-hours GP. 2 marks

1 _____

2 _____

- ii.** Explain how failing to access after-hours healthcare could impact on health outcomes in Australia. 2 marks

Question 2 (4 marks)

Describe **two** economic and **two** environmental characteristics common to high-income countries.

Economic characteristics _____

Environmental characteristics _____

Question 3 (12 marks)

The table below shows proportions of overweight and obese persons aged 18 and over, in relation to socioeconomic status areas and sex.

Age-standardised proportion of overweight and obese persons aged 18 and over, by socioeconomic status (SES) areas and sex, 2017–18.

<i>Socioeconomic group</i>	Men	Women
	<i>%</i>	<i>%</i>
Group 1 (lowest SES areas)	76.5	66.3
Group 2	75.4	61.1
Group 3	72.7	60.4
Group 4	73.8	57.8
Group 5 (highest SES areas)	72.8	49.6

Source: Based on the Australian Bureau of Statistics data (2019). *Microdata: National Health Survey, 2017–18*. ABS cat. no. 4324.0.55.001. Canberra: ABS. Customised data report. Accessed January 2020.

- a.** One of the most common and practical methods of measuring overweight and obese persons in population surveys is calculating a person’s body mass index (BMI).
 How is BMI calculated? Include the ranges of BMI at which a person is classified as overweight and obese. 3 marks

How BMI is calculated _____

Overweight classification _____

Obese classification _____

- b.** Using information from the table above, what conclusions can be made in relation to overweight and obesity levels in the Australian adult population? 2 marks

c. What is meant by ‘socioeconomic status’? 2 marks

d. Apart from socioeconomic factors, explain how **one** other sociocultural factor could influence differences in overweight and obesity levels between males and females. 2 marks

e. Explain how increased rates of high body mass could impact on the burden of disease in Australia. 3 marks

Question 4 (2 marks)

Explain how lack of sanitation could impact on the health of girls in low-income countries.

Question 5 (13 marks)

The following table shows data related to health status and human development for a range of countries.

Country	Gross national income per capita* (PPP International \$, 2013)	Under-five mortality rate* (per 1000 live births, 2018)	Adult mortality rate* (between 15 and 60 years, per 1000 population m/f, 2016)	Expenditure on health* (as % of GDP, 2014)	Daily cigarette smoking** (estimated prevalence % m/f, 2017)
Indonesia	9260	25	205/146	2.9	54.3/0.8
Australia	42 540	4	77/45	9.4	12.2/9.3
Mozambique	1040	73	386/292	7.0	18.2/1.3

Source: Data reproduced with permission from:

*World Health Organisation (2018) 'Country health profiles (Indonesia, Australia, Mozambique)'. Accessed May 2020.
<https://www.who.int/countries/en/>

**World Health Organisation (2019), 'Tobacco control profiles - countries, territories and areas'. Accessed May 2020.
https://www.who.int/tobacco/surveillance/policy/country_profile/en/

- a. Using data from the table above, compare the health statuses of Australia and Mozambique. 2 marks

- b. Using data from the table above, explain how poverty could contribute to the differences in health status between Australia and Mozambique. 3 marks

- c. i.** Explain 'global marketing'. Include at least **two** examples in your answer. 2 marks

- ii.** Discuss the influence that global marketing might have on the differences in smoking rates for males in the three countries in the table on page 8. 4 marks

- d.** Explain the possible impact of tobacco smoking on human development in Mozambique. 2 marks

Question 6 (14 marks)

The information below relates to the World Health Organisation’s updates on coronavirus disease.

World Health Organisation’s rolling updates on outbreak of coronavirus disease (COVID-19)

12 February 2020: More than 400 experts and funders met at WHO’s Geneva HQ to accelerate research to stop the COVID-19 outbreak. Featuring updates from the frontlines of the response in China, the meeting addressed issues such as: developing easy-to-apply diagnostics, accelerating existing vaccine candidates and preventing infection.

18 February 2020: WHO has shipped supplies of personal protective equipment to 21 countries. By the end of this week, 40 countries in Africa and 29 in the Americas are due to have the ability to detect COVID-19.

22 February 2020: During the past month about 11 000 African health workers have been trained using WHO’s online courses on COVID-19, which are available free of charge in English, French and other languages.

Source: Reproduced with permission from the World Health Organisation (2020), ‘Rolling updates on coronavirus disease (COVID-19)’. Accessed February 2020.
<https://www.who.int/emergencies/diseases/novel-coronavirus-2019/events-as-they-happen>

- a.** Identify **two** key features of Sustainable Development Goal (SDG) 3 that are reflected in the information above and explain how they are evident. 4 marks

Key feature 1 _____

Explanation _____

Key feature 2 _____

Explanation _____

- b.** Use **one** example of collaboration between sectors in society to illustrate the relationship between SDG 3 and SDG 1 in relation to the COVID-19 outbreak. 3 marks

Question 7 (10 marks)

Consider the following three sources relating to public health in Australia.

Source 1**Child deaths**

Deaths in early childhood have reduced substantially over the past 100 years. In 1907, child deaths (aged 0–4 years) accounted for 26% of all deaths compared to less than 1% in 2017.

Source: Reproduced from the Australian Institute of Health and Welfare (2019), 'Age at death'. *Deaths in Australia*. Accessed January 2020. <https://www.aihw.gov.au/reports/life-expectancy-death/deaths-in-australia/contents/age-at-death>

Source 2**Trends in deaths**

There has been a long and continuing decline in death rates in Australia. Over the period 1907 to 2017, the age-standardised death rate for males fell by 72% and by 76% for females.

The reduction in rate difference between male and female rates since 1968 has largely been driven by the reduction in deaths due to circulatory diseases.

Source: Reproduced and adapted from the Australian Institute of Health and Welfare. (2019), 'Trends in deaths'. *Deaths in Australia*. Accessed January 2020. <https://www.aihw.gov.au/reports/life-expectancy-death/deaths-in-australia/contents/trends-in-deaths>

Source 3**My QuitBuddy app**

My QuitBuddy is a free mobile phone app designed to support and encourage you to quit smoking. It lets you set personal goals, track your progress and see how much money you've saved. Alerts and other messages help you keep on track and support is available from the many other people using the app.



Source: Reproduced with permission from:
The Department of Health (2020), 'Quitting methods'. Accessed January 2020. <https://www.health.gov.au/health-topics/smoking-and-tobacco/how-to-quit-smoking/quitting-methods#apps>
The Department of Health (2020), 'My QuitBuddy app'. My QuitBuddy image. Accessed January 2020. <https://www.health.gov.au/resources/apps-and-tools/my-quitbuddy-app>

Question 8 (4 marks)

a. Outline **two** strengths of the social model of health. 2 marks

b. Outline **two** limitations of the biomedical model of health. 2 marks

Question 9 (10 marks)

The following information discusses the Cao Lanh Bridge project in Vietnam.

Cao Lanh Bridge project – Vietnam

The Mekong Delta is the third largest industrial centre in Vietnam and contributes 70% of Vietnam’s agricultural and fishery exports. However, poor road networks and vulnerability to natural disasters have prevented agricultural and industrial investments. To support the Government of Vietnam address this, Australia has co-financed the civil works for the Cao Lanh Bridge, as well as 25 km of interconnecting roads. Australian support is ensuring new infrastructure is built to be resilient to the impacts of climate change, thereby enabling the Mekong Delta to achieve its vast agricultural and industrial potential in the long term.

Source: Reproduced and adapted from the Department of Foreign Affairs and Trade (2017), ‘Cao Lanh Bridge fact sheet’. Accessed February 2020. <https://www.dfat.gov.au/about-us/publications/Pages/vietnam-cao-lanh-bridge-fact-sheet.aspx>

- a.** Describe **two** dimensions of sustainability reflected in the project above. For each dimension, provide **two** examples of how the project could promote sustainability. 6 marks

Dimension 1 _____

Dimension 2 _____

b. Outline **two** features of climate change that could affect health and wellbeing in Vietnam. 4 marks

Question 10 (11 marks)

The information below relates to the *Be Deadly, Be Healthy* program.

The *Be Deadly, Be Healthy* program

The *Be Deadly, Be Healthy* program was developed by the West Gippsland Healthcare Group (WGHG) in response to both evidence of the need to improve Aboriginal health and support from the local community. There were previously no physical activity programs for the Aboriginal community in this area.

Led by a WGHG physiotherapist, the result is a weekly physical activity program that involves exercise sessions, group walks, gym circuits and cardio/strengthening exercises. Other activities planned include bike riding and Zumba classes.

The program is freely available to all Aboriginal people in the local area. Upon joining the program, participants undergo an assessment and discuss their health goals. An evaluation of each person’s progress occurs every three months.

It is intended that community staff at Ramahyuck and the local gym will be trained as needed to ensure that the service is sustainable.

Source: Reproduced and adapted with permission from Rural Workforce Agency Victoria (2015), ‘Being Deadly, Being Healthy’. Accessed February 2020. <https://www.rwav.com.au/being-deadly-being-healthy/>

- a.** Identify the Australian Dietary Guideline that is addressed by the *Be Deadly, Be Healthy* program. 1 mark

- b.** Identify **two** action areas of the Ottawa Charter for Health Promotion and explain how each is reflected in the *Be Deadly, Be Healthy* program. 4 marks

Action area 1 _____

Outline _____

Action area 2 _____

Outline _____

- c.** Describe how this program could improve physical and spiritual health and wellbeing. 4 marks

Physical _____

Spiritual _____

- d.** Explain why achieving optimal health and wellbeing is important for the nation as a resource. 2 marks

Question 11 (4 marks)

Eating a variety of healthy foods is the key to a well-balanced diet and good nutrition.

- a.** Explain how a well-balanced diet can improve the social dimension of an individual's health and wellbeing. 2 marks

- b.** Describe **two** challenges a person may face in maintaining a well-balanced diet. 2 marks

Challenge 1 _____

Challenge 2 _____

Question 12 (8 marks)

The following information discusses young people’s attitude towards private health insurance.

Youth exodus from private health insurance
Young people don’t see private health insurance as good value for money. More and more young people are turning their backs on private health insurance: dropping it or opting not to take out a policy in the first place.

Source: Adapted from *How do you stop the youth exodus from private health insurance? Cut premiums for under 55s.*
Published in *The Conversation* 4 December 2019. Accessed January 2020.
<http://theconversation.com/how-do-you-stop-the-youth-exodus-from-private-health-insurance-cut-premiums-for-under-55s-128101>

- a.** Outline **two** reasons why the government would be concerned that young people are dropping out of private health insurance. 2 marks

1 _____

2 _____

- b.** Describe **two** incentives that the Australian government has introduced since the late 1990s to encourage people to take out private health insurance cover. 4 marks

1 _____

2 _____

- c. Apart from government incentives that encourage people to take out private health insurance, identify **two** other advantages of having private health insurance. 2 marks

1 _____

2 _____

Question 13 (2 marks)

Outline **one** way in which low fibre intake contributes to the burden of disease in Australia.

END OF QUESTION AND ANSWER BOOKLET

